Tayside NHS Board

A meeting of Tayside NHS Board **Clinical and Care Governance Committee** will be held on **Thursday 5 October 2017 in the Board Room, Level 10, Ninewells Hospital, Dundee at 1:30pm.** Apologies/enquiries to: Donna Howey, Head of Committee Administration, 01382 740760 (ext 40760) or email donna.howey@nhs.net

AGENDA

			LEAD OFFICER	ACTION	REPORT NUMBER	
1		**Apologies**				
2		**Chairman's Welcome and Introduction**	Chair			
3		**Minute of the Previous Meeting**				
3.1		Minute of the Clinical and Care Governance Committee 17 August 2017	Chair	for approval		attached
3.2		Action Points Update Clinical and Care Governance Committee 5 October 2017 Open Business	Medical Director/ Nurse Director	to note		attached
3.3		Matters Arising				
4		**Declaration of Interests – Intimation of any updates**				
5		**Governance**				
5.1		Clinical and Care Governance Committee workplan 2017-18	Medical Director/ Nurse Director	to note		attached
6		**Developmental**				
		No items				
7		**Strategic Clinical Risks**				
7.1	15	Delivering Care for Older People	Medical Director/ Nurse Director	to note	CCGC/2017/77	attached
7.2	16	Clinical Governance	Medical Director/ Nurse Director	to note	CCGC/2017/81	attached
7.3	22	Children, Young People and Families	Nurse Director	to note	CCGC/2017/75	attached
7.4	121	Person Centredness	Medical Director/ Nurse Director	to note	CCGC/2017/78	attached
7.5	144	Maternity Services	Medical Director/ Nurse Director	to note	CCGC/2017/82	attached
7.6	494	Capacity and Flow	A Cook	to note	CCGC/2017/73	attached
7.7	395	Mental Health Services: Sustainability of Safe and Effective Services	Medical Director	to note	CCGC/2017/83	attached

8	**Assurance**				
8.1	Clinical Governance and Risk Management Update	T Passway	to review and approve	CCGC/2017/76	attached
8.2	Medical Education Report	Medical Director/ Nurse Director	to note	CCGC/2017/70	attached
9	**Local and National Reports**				
9.1	Scottish Public Services Ombudsman (SPSO) Reports	Medical Director/ Nurse Director	to note	CCGC/2017/72	attached
10	**Policies and Guidance**				
10.1	Pressure Ulcer Prevention and Care for Adults in Hospital	C McLean	to adopt	CCGC/2017/85	attached
11	**Items for information and action as required**				
11.1	Guidelines for the Management of Chest Drains for Adult Inpatients	Medical Director/ Nurse Director	to adopt	CCGC/2017/71	attached
11.2	Spiritual Healthcare Committee Minute 14 March 2017	Medical Director/ Nurse Director	to note		attached
11.3	Record of Attendance Clinical and Care Governance Committee	Chair	to note		attached
12	**Items for internal and external communication**				
13	**AOCB**				

For Governance reasons, it is proposed that the following items be taken in reserved business.

In accordance with the Freedom of Information (Scotland) Act 2002 Section 30

14	**Minute of the Previous meeting**				
14.1	Minute of the Clinical and Care Governance Committee 17 August 2017 Reserved Business	Chair	for approval		attached
14.2	Action Points Update Clinical and Care Governance Committee Reserved Business	Medical Director/ Nurse Director	to note		attached
14.3	Matters arising				

15	**Items for discussion**				
15.1	Chair's Assurance Report for the Clinical Quality Forum (CQF) for the meeting held on 17 July 2017	Medical Director/ Nurse Director	to note	CCGC/2017/74	attached
15.2	Action Note Clinical Quality Forum 17 July 2017	Medical Director/ Nurse Director	to note		attached

In accordance with Freedom of Information (Scotland) Act 2002 Section 36(2), Section 38

16	**Items for discussion**				
16.1	Risk 414 Managed/ 2C Practices	M Watts	to note	CCGC/2017/80	attached
16.2	Performance Review Framework – Directorate of Public Health	H Scott	to note	CCGC/2017/79	attached
16.3	Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice	M Anderson	to note	CCGC/2017/84	attached

17	**Items for information and action as required** Nil				

18   AOCB

19   Date of Next Meeting

The next meeting of the Clinical and Care Governance Committee will take place on Thursday 14 December 2017 at 1:30pm in the Board Room at Kings Cross.

Mrs Alison Rogers
Chair
Clinical and Care Governance Committee
October 2017

Distribution

Members
Mrs Gillian Costello   Nurse Director, Tayside NHS Board **(Lead Officer)**
Dr Andrew Cowie   Non-Executive Member, Tayside NHS Board
Mrs Linda Dunion   Non-Executive Member, Tayside NHS Board
Mrs Judith Golden   Non-Executive Member, Tayside NHS Board
Mr Stephen Hay   Non-Executive Member, Tayside NHS Board
Ms Lesley McLay   Chief Executive, NHS Tayside
Dr Robert Peat   Non-Executive Member, Tayside NHS Board
Dr Crawford Reid   Non-Executive Member, Tayside NHS Board

Mrs Alison Rogers   Non-Executive Member, Tayside NHS Board **(Chair)**
Prof Andrew Russell   Medical Director, NHS Tayside **(Lead Officer)**
Prof Margaret Smith   Non-Executive Member, Tayside NHS Board

In Attendance
Dr Alan Cook   Medical Director, Operational Unit, NHS Tayside
Ms Margaret Dunning   Board Secretary, NHS Tayside
Mrs Tracey Passway   Clinical Governance and Risk Management Team Leader, NHS Tayside
Ex – Officio Attendance
Prof John Connell   Chair, Tayside NHS Board

Minute   NHS Tayside

Tayside NHS Board

CLINICAL AND CARE GOVERNANCE COMMITTEE – OPEN BUSINESS

Minute of the above meeting held at 1:30pm on Thursday 17 August 2017 in the Board Room, King's Cross, Dundee

Present

Professor John Connell	Chair, Tayside NHS Board (to item 8.7)
Mrs Gillian Costello	Nurse Director, Tayside NHS Board
Mrs Linda Dunion	Non-Executive Member, Tayside NHS Board
Mrs Judith Golden	Non-Executive Member, Tayside NHS Board
Dr Robert Peat	Non-Executive Member, Tayside NHS Board
Mrs Alison Rogers	Non-Executive Member, Tayside NHS Board **(Chair)**
Professor Andrew Russell	Medical Director, Tayside NHS Board

Apologies

Dr Andrew Cowie	Non-Executive Member, Tayside NHS Board
Ms Margaret Dunning	Board Secretary, NHS Tayside
Mr Stephen Hay	Non-Executive Member, Tayside NHS Board
Ms Lesley McLay	Chief Executive, NHS Tayside
Professor Margaret Smith	Non-Executive Member, Tayside NHS Board

In Attendance

Mr Mark Anderson	Head of Property, NHS Tayside (for item)
Ms Lucy Burrow	Head of Controlled Drugs Governance, NHS Tayside (for item)
Dr Stephen Cole	Consultant in Anaesthesia and Intensive Care and Co Chairman Donation Committee (for item)
Dr Alan Cook	Medical Director - Operational Unit and Consultant, NHS Tayside
Miss Donna Howey	Head of Committee Administration
Mrs Alison Moss	Complaints and Feedback Team Lead, NHS Tayside (for items)
Miss Gillian Munro	Head of Spiritual Care Department, NHS Tayside (for ietm)
Ms Arlene Napier	Associate Director, Clinical Governance and Risk, NHS Tayside
Ms Claire O'Brien	Principal Clinical Pharmacist, NHS Tayside
Ms Tracey Passway	Clinical Governance and Risk Management Team Leader
Ms Joan Wilson	Associate Nurse Director - Children, Young People, Families, Primary Care, Protection, NHS Tayside (for items)

Mrs Alison Rogers in the Chair

		ACTION
1	**APOLOGIES**	
	The apologies were noted as above.	
2	**WELCOME AND INTRODUCTION**	
	Mrs Rogers welcomed all present and advised that this was the last meeting of the Clinical and Care Governance Committee that Mrs Arlene Napier would be in attendance as she was retiring at the end of September 2017.	
	Mrs Rogers thanked Arlene for her work and support of the Clinical and Care Governance Committee and wished her all the very best for her retirement.	

3 MINUTE OF PREVIOUS MEETING

Open Business

3.1 Minute of the Clinical and Care Governance Committee 11 May 2017 Open Business

The Minute of the Clinical and Care Governance Committee 11 May 2017 Open Business was approved on the motion of Mrs L Dunion and seconded by Mrs J Golden.

The Committee:
- Approved the Minute of the meeting held on Thursday 11 May 2017

3.2 Action Points Update Clinical and Care Governance Committee Open Business

The Committee:
- Noted the action points update

3.3 Matters Arising

There were no matters arising.

4 Declaration of Interests

Dr Peat declared an interest in the mental health services items on the agenda as a Consultant with Support in Mind Scotland.

5 Governance

5.1 Clinical and Care Governance Strategy 2017- 2019 (CCGC/2017/55)

Professor Russell introduced this item and advised of the work progresses since the development of the original Clinical Governance Strategy in 2012.

Ms Passway noted that this was an evolving Strategy and was evidence based. The Executive Letter on Clinical Governance from 1998 was still extant and updated Executive Direction was awaited. The Strategy had a review timescale of two years but there was the potential that this would be reviewed earlier due to changes anticipated in respect of Duty of Candour and the refreshed document will be submitted to the Clinical and Care Governance Committee.

During discussion, it was noted that it would be useful to have version control at the front of the Strategy, indicating where changes have been made to the document. It was also confirmed that the Strategy was a Clinical and Care Governance Strategy.

The Committee:

- Endorsed the Clinical and Care Governance Strategy 2017- 2019 subject to the inclusion of version control at the front of the Strategy

5.2 Draft Clinical and Care Governance Committee Terms of Reference 2017-18 (CCGC/2017/70)

Mrs Costello highlighted that the Terms of Reference now included an emphasis on whole system clinical and care governance reflecting integration with the health and social care partnerships.

The Committee:

- Endorsed the Clinical and Care Governance Committee Terms of Reference 2017-18

5.3 Clinical and Care Governance Committee Workplan 2017-18

The Committee:

- Noted the Clinical and Care Governance Committee workplan 2017-18

6. Developmental

No items were raised for discussion.

7 Strategic Clinical Risks

7.1 Delivering Care for Older People (CCGC/2017/47)

It was noted that Mrs G Costello was the owner of this strategic risk and Dr C Rodriguez was the risk manager. This risk was routinely discussed at the Older Peoples' Board and was updated following this discussion.

A risk review had been undertaken on 7 June 2017 and it had been agreed that the inherent risk score had initially been set too low at 16. It was agreed that this should be increased to a score of 20 – Almost Certain x Major/Very High. This change would be reported at the meeting of the Strategic Risk Management Group on 1 September 2017.

The Committee:
- Noted the Assurance Report for the Delivering Care for Older People Strategic Risk

7.2 Clinical Governance (CCGC/2017/66)

Mrs Napier spoke to this report. She advised that this risk was reviewed at every meeting of the Clinical Quality Forum and she highlighted the following:

- The Adverse Event Management Policy was approved by Directors on the 17July 207 and was to be considered by the Audit Committee on 24 August 2017
- The refreshed Clinical and Care Governance Strategy was submitted for approval at this meeting of the Clinical and Care Governance Committee
- Meetings were taking place to include Chief Social Work Officers in the future membership of the Clinical Quality Forum to provide assurance on Clinical and Care Governance within the three Health and Social Care Partnerships

- A new three month risk review date had been added with the next risk review due September 2017

It was highlighted that the risk score was expected to decrease in the coming months.

The Committee:
- Noted the Assurance Report for the Clinical Governance Strategic Risk

7.3 Children, Young People and Families (CCGC/2017/48)

It was noted that Mrs G Costello was the owner and Mrs J Wilson was the manager of this strategic risk. Mrs Wilson outlined the controls that were in place and these were noted as the ongoing actions embedded in the work and reporting arrangements of the Children and Young People's Board; the Child Protection Executive Group; the Transforming Health Visiting and School Nursing Implementation Board and the GIRFEC Implementation Group. All of these groups have active workplans that provide evidence of progress.

As all of these actions were progressing through implementation, it was likely that the risk score would reduce, the risk was reviewed every six months and was governed via the Children's and Young Peoples Board.

During discussion, it was noted that all of the clinical strategic risks were considered at every meeting of the Clinical and Care Governance Committee.

The potential to archive the risk was discussed and it was noted that due process would need to be followed and there would need to be evidence that any progress could be sustained.

There was detailed discussion of a forthcoming strategic inspection of Children's Services in Perth and Kinross and how reporting of this was anticipated to be taken forward in NHS Tayside including the involvement of Non Executive Members. It was advised that outcome reports would be discussed at the partnership groups and then reported back to the individual respective organisations. Arrangements were in place for professional, organisational meetings; these would not include Non Executive Board Members.

Mrs Wilson advised that these inspections were undertaken every three years and the inspection format could change. Previously the inspections had focussed on child protection and they now covered children's services as a whole. It was noted that a paper was discussed at a recent Directors' meeting on the timeline and risk associated with this forthcoming inspection. An area that had been highlighted was that children's services are not managed within the Integrated Joint Boards and the links needed to be stronger. It was noted that Non Executive Members would be encouraged to get involved with focus groups when arranged.

It was anticipated the outcome of the inspection would be reported back to the Board by the Chief Executive. It was acknowledged that if questions were raised by Inspectors during the inspection, there was a duty to respond at the time and not wait for the final report.

The Committee:
- Noted the Assurance Report for the Children, Young People and Families Strategic Risk

7.4   Person Centredness (CCGC/2017/68)

Mrs Costello advised that a review of this risk had been undertaken. She highlighted the collaborative approach that had been undertaken with Gillian Munro, Head of Spiritual Care and Charles Sinclair, Associate Nurse Director.

The improved scoring to 9 medium from 12 high was noted.

The Committee:
- Noted the Assurance Report for the Person Centredness Strategic Risk

7.5   Maternity Services (CCGC/2017/71)

Mrs Costello reported that work was ongoing to separate the professional and clinical care elements of this strategic risk from the estate and infrastructure risks. This work involved the Chief Operating Officer, the General Manager for Maternity Services and the Head of Property.

A comprehensive risk review was to be undertaken at a meeting on 21 September 2017 and agreement to the risk changes was anticipated to be discussed at the Strategic Risk Management Group meeting on 1 September 2017.

The professional and clinical care elements of the maternity services risk would be reported through the Clinical and Care Governance Committee.

Professor Russell advised of updates that would be required to refresh the maternity services action plan that was put in place following external review in 2012. He highlighted in particular that in September 2017, there would be a full complement of obstetricians. An updated action plan would be a control in respect of the clinical care aspects of this strategic risk.

There was discussion about the recruitment and retention of midwifery staff in Angus. It was noted that the home birth pilot programme in Angus had exceeded expectations. Staff had embraced this new model of care and feedback from women and families involved with the home birth pilot had also been favourable. It was hoped that the pilot could be continued meantime and it was recognised there was interest in this model nationally.

The Committee:

- Noted the Assurance Report for the Person Centredness Strategic Risk

7.6   Capacity and Flow (CCGC/2017/49)

Dr Alan Cook spoke to this report. He advised that the risk remained high. He outlined the impact of the changes in admission to the Acute Medical Unit and Short Stay Medicine Unit at Ninewells Hospital.

It was noted that the patient was assessed and managed and admitted only if required and there was a focus on patient discharge planning and ensuring patient capability to avoid readmission.

It was also noted that the discharge hub was working well in Perth Royal Infirmary and the Unscheduled Care Board was exploring a number of initiatives. Winter would be challenging.

Dr Cook advised of interim arrangements that would be put in place in Perth Royal Infirmary from 21 August in respect of unscheduled surgical care.

The Committee:

- Noted the Assurance Report for the Capacity and Flow Strategic Risk

7.7 Mental Health Services: Sustainability of Safe and Effective Services (CCGC/2017/69)

Professor Russell advised that a mitigating action for this risk was the provision of improvement support by Health Improvement Scotland. It was noted that the action plan that comes of this work would be considered by the Clinical and Care Governance Committee.

The risk rating was queried as it was not included in the report. Mrs Napier subsequently confirmed that the risk rating was 20. This was above the Board's risk appetite level and was therefore routinely reported to Tayside NHS Board. It was noted that this detail would need to be included in future reports and Mrs Napier advised that her team could support Mr Packham in taking this forward.

It was highlighted that there was ongoing discussion in respect of additional capacity and support to manage current and future volumes of work associated with the service reconfiguration and strategic change. This would be both internal and external support.

The Committee:

- Noted the Assurance Report for the Mental Health Services: Sustainability of Safe and Effective Services Strategic Risk

8 Assurance

8.1 Clinical Governance and Risk Update (CCGC/2017/62)

Mrs Passway presented this report. She highlighted that person centredness had been expanded and was included in the patient information systems and processes and that a separate piece of work was to be undertaken; through Scottish Government funding to reach those who did not readily or were not able to respond to surveys.

The Committee:

- Reviewed and approved the report
- Recognised the scope of clinical governance and risk management

8.2 Scottish Public Services Ombudsman (SPSO) Reports (CCGC/2017/57)

Mrs Alison Moss was in attendance and spoke to this report. She advised that in the period April to May 2017; there had been 10 cases in respect of NHS Tayside and 5 of these had related to consent. Mrs Moss outlined actions taken to address the recommendations and their progress.

The Committee:

- Considered the report and the learning outcomes for NHS Tayside

8.3 NHS Tayside's Annual Feedback Report 2016 - 17 (CCGC/2017/58)

It was noted that this report had been submitted to the Scottish Government Health Directorates and the Scottish Health Council for 30 June 2017. It was planned that the report timeline would be considered earlier by the Clinical and Care Governance Committee next year. It was noted that there was a challenging timescales around the completion of the report, however it was important that the Committee Members were provided the opportunity to review the report prior to submission.

During discussion the following points were highlighted:

- It would have been useful for the report to be e-mailed to the Committee in advance of submission for any comments
- Compliments received centrally by the Complaints and Feedback team were recorded and it was acknowledged that there were a significant amount of compliments received at a local ward, department and service level
- There was an extremely positive result for NHS Tayside in the national in patient survey, with Stracathro Hospital doing particularly well. It was important to ensure that this good news was reported at all levels and was visible to staff e.g. posters in the concourse areas of hospitals
- The main areas of complaint were changing/cancelling operations/not meeting waiting time targets, clinical treatment and staff attitude. Assurance was required around the nature of complaints and how this could be measured using KPIs. It was agreed that this would be discussed at the regular Clinical Governance and Risk Management meetings

The Committee:

- Noted NHS Tayside's Annual Feedback Report 2016 – 17 for information

8.4 Scottish Patient Safety Progress Acute Adult and Primary Care Update (CCGC/2017/56)

Professor Russell spoke to this report. He advised of the increased use of patient safety tools in the primary care setting and that regular reports would become standard.

The Committee:

- Noted the content of the report
- Noted the ongoing patient safety improvement work in both Acute Adult and Primary Care workstreams
- Noted the risks associated with the delivery of these workstreams
- Noted the ongoing restructure of the ihub

- Noted that local aims will be identified in the coming months through collaboration with the Health Improvement Scotland (HIS) portfolio and programme leads.

8.5 **Quality Assurance and Improvement (QAI) Arrangements for Child Protection in Tayside (CCGC/2017/52)**

Mrs Joan Wilson was in attendance and spoke to this report. She advised that this was a cumulative report of information collated over a year on areas that were monitored by the Child Protection Executive Group.

This information was discussed on a quarterly basis by the Child Protection Executive Group. Areas of concern that had been highlighted were the ability of staff to attend training due to recruitment problems and the reporting from the acute service.

During discussion the following points were highlighted:

- The lack of reporting was noted. Ms Wilson advised that every quarter, two alerts were issued to request these reports. It had been agreed to manage this differently and the Chief Operating Officer was a member of the Child Protection Executive Group and it was expected that there would be a difference made in reporting
- The training issues were also being addressed via different approaches. There were three levels of training and this would be highlighted through the appraisal process
- It would be helpful to have an understanding of the information included in the appendix such as a breakdown of the three areas in Tayside, a comment on any variation, what was good practice and how this had been shared. It was noted that this would be included in the next report

The Committee:

- Noted the performance of each service area against the standards, which are applicable to them
- Noted the actions and timescales that service areas have identified to improve performance against the standard
- Noted ongoing work to move towards electronic reporting
- Noted the performance of the service areas against the standards, which are applicable to them during the year 2016/17

8.6 **The Future of the Family Nurse Partnership (FNP) in Tayside (CCGC/2017/53)**

Mrs Wilson spoke to this report. She advised of the success of the Family Nurse Partnership in Tayside and that there was to be a celebration event with the first Minister at the end of October 2017.

The Committee:

- Noted the paper and the positive Tayside position

8.7 Safer Management of Controlled Drugs (CDs) – 2016/17(CCGC/2017/51)

Ms Lucy Burrow was in attendance and spoke to this report. She advised that there was a new model of controlled drugs management in general practice, and testing of this would start in Autumn 2017.

It was noted that NHS Tayside had led on national testing, there was improved Datix reporting, there was a national network of Accountable Officers and this included independent hospital and hospices. The challenge of information sharing both locally and nationally was highlighted.

During discussion the following points were highlighted:

- There had been a decrease in the amount of controlled drugs ordered by General Practice. It was noted that as paramedics were able to carry controlled drugs, there was less of a need in General Practice to keep a range of controlled drugs. Controlled drugs supply for paramedics was ordered centrally
- Prisoner healthcare was discussed and it was noted there was to be inspection visits in the coming weeks to Perth Prison and Castle Huntly. It was noted that other drugs circulated in prison; pregabilin and gabapentin, were peripheral to the Controlled Drugs Accountable Officer. It was noted that the Home Office was considering making these controlled drugs
- There was a really effective system of control in place for controlled drugs; however, it was felt that there may be less of a control on controlled drugs prescribed for patient use at home. It was noted that there was a level of intelligence sharing between the police and the substance misuse group

The Committee:

- Noted the contents of the report that provided assurance about local implementation of the strengthened governance arrangements for the safer management of controlled drugs
- Agreed to receive a further annual report from the CD Accountable Officer in 12 months time (August 2018)

CD Accountable Officer

8.8 Donation Committee Annual Report 2016 17 (CCGC/2017/50)

Dr Stephen Cole was in attendance for this item. He advised that NHS Tayside was one of the five top performing Boards in Scotland for transplants.

Dr Cole highlighted the move towards a system of presumed consent for organ donation in Scotland, the ongoing funding of the Donation Committee and the capacity challenge with intensive and critical care facilities.

Professor Russell congratulated and commended Dr Cole for his leadership in NHS Tayside's performance in this area. He noted that this was due to the dedication and hard work of all of the team.

During discussion the following points were noted:

- The importance of raising awareness with the public was highlighted. It was noted that there was good links and support from the NHS Tayside Communications Team and there was coverage in the local and national media
- There was an annual memorial service held in Tayside and this involved patients who had received a transplant and family members of those who had donated. There had been over 120 people present at the recent memorial service

The Committee:

- Noted the Donation Committee Annual Report 2016 17

8.9 Department of Spiritual Wellbeing, Quality Care and Professional Governance Strategy 2017-2022 (CCGC/2017/54)

Ms Gillian Munro was in attendance to speak to this report. She outlined the establishment of the Spiritual Care Department in 2003; she highlighted that this Framework was not about the Department but focussed on spiritual wellbeing throughout Tayside.

The move away from a paternalistic approach to one of supporting wellbeing and resilience was emphasised, as was the focus on staff as well as patients and carers.

During discussion the following points were highlighted:

- Dr Cook commended the support given to staff by the Department of Spiritual Wellbeing. He highlighted the beneficial impact of this team to staff and patients alike, when faced with difficult and emotional situations
- Mrs Costello paid tribute to all of the staff in the Department of Spiritual Wellbeing who had undergone significant change to their portfolios of work. As Executive Lead for Spiritual Care, she commended the Strategy to the Committee
- The format and accessibility of the Strategy was also commended; it was very easy to read and well-presented

The Committee:

- Approved the revised Strategic Framework – Department of Spiritual Wellbeing and Quality Care and Professional Governance Strategy 2017-2022

8.10 Clinical Quality Forum Annual Report 2016-17 (CCGC/2017/63)

The Committee:

- Noted the Clinical Quality Forum Annual Report 2016-17

8.11 Clinical Quality Forum Workplan 2017-18 (CCGC/2017/64)

The Committee:

- Noted the Clinical Quality Forum Workplan 2017-18

8.12   Clinical Quality Forum Terms of Reference 2017-18 (CCGC/2017/67)

The Committee:

- Noted the Clinical Quality Forum Terms of Reference 2017-18

9   Local and National Reports

No items for this meeting.

10   Policies and Guidance

10.1   Responsibility for Prescribing between Secondary and Primary Care Policy (CCGC/2017/60)

Professor Russell introduced this report and gave the background to the establishment of this policy.

Mrs Claire O'Brien was in attendance and outlined the work of the short life working group that had been established to consider the issues raised between secondary and primary care prescribing and to develop this policy.

It was noted that the policy had been widely consulted upon in Tayside, had been approved by the Area Drugs and Therapeutics Committee and the Clinical Quality Forum and endorsement was sought from the Clinical and Care Governance Committee.

During discussion, Mrs Costello asked if references to consultant could be changed to prescribers to reflect the role of non medical prescribers as well as medical prescribers. It was agreed that with this change made; the Clinical and Care Governance Committee would adopt the policy.

The Committee:

- Adopted the Responsibility for Prescribing between Secondary and Primary Care Policy subject to the amendment in relation to prescribers

11   Items for information and action as required

Record of attendance Clinical and Care Governance Committee

The Committee:
- Noted the record of attendance

12   Items for internal and external communication

Items were:

- Family Nurse Partnership success
- NHS Tayside Feedback Report
- Donation Report

- Spiritual Care Strategy
- Approval of the Responsibility of Prescribing between Secondary and Primary Care Policy

13   AOCB

13.1   Location of future meetings

Mrs Rogers advised of discussion that had been held on holding meetings of the Clinical and Care Governance Committee in alternative locations across Tayside; and would make use of tele and videoconferencing facilities.

The Committee:

- Noted the potential for different locations for future meetings of the Clinical and Care Governance Committee

For Governance Reasons, it was proposed that the following items be taken in Reserved Business

In accordance with the Freedom of Information (Scotland) Act 2002 Section 30

14   Minute of the previous meeting

14.1   Minute of the Clinical and Care Governance Committee 9 February 2017 Reserved Business

The Committee:
- Approved the Minute of the Clinical and Care Governance Committee Reserved Business of 9 February 2017

14.2   Minute of the Clinical and Care Governance Committee 11 May 2017 Reserved Business

The Committee:
- Approved the Minute of the Clinical and Care Governance Committee 11 May 2017 Reserved Business

14.3   Minute of the Clinical and Care Governance Committee 12 June 2017 Reserved Business

The Committee:

- Approved the Minute of the Clinical and Care Governance Committee Reserved Business of 12 June 2017

14.4   Action Points Update Clinical and Care Governance Committee Reserved Business

The Committee:
- Noted the Action Points Update of the Clinical and Care Governance Committee Reserved Business

14.5 Matters arising

There were no matters arising.

15. Items for Discussion

15.1 Chair's Assurance Report for the Clinical Quality Forum (CQF) for meetings held on 17 April 2017 and 15 May 2017 (CCGC/2017/61)

The Committee:

- Noted the Chair's Assurance Report for the Clinical Quality Forum (CQF) for meetings held on 17 April 2017 and May 15 2017

15.2 Action Note Clinical Quality Forum 17 April 2017

The Committee:

- Noted the Action Note of the Clinical Quality Forum held on 17 April 2017

15.3 Action Note Clinical Quality Forum 15 May 2017

The Committee:

- Noted the Action Note of the Clinical Quality Forum held on 15 May 2017

In accordance with the Freedom of Information (Scotland) Act 2002 Section 36(2), Section 38

16 Items for discussion

16.1 Murray Royal Hospital Adult Mental Health Inpatient Care: Exception Report on Environmental Actions from the Health and Safety Executive Investigation and Improvement Notice (CCGC/2017/59)

The Committee:
- Noted the report

16.2 Risk 414 Managed/ 2C Practices (CCGC/2017/65)

The Committee:
- Noted the report

17 Items for information and action as required

There were no items for discussion.

18 AOCB

There was no other competent business.

19   DATE OF NEXT MEETING

The next meeting of the Clinical and Care Governance Committee will take place on Thursday 5 October 2017 at 1:30pm within the Board Room, Level 10, Ninewells.

Subject to any amendments recorded in the Minute of the subsequent meeting of the committee, the foregoing Minute is a correct record of the business proceedings of the meeting of Tayside NHS Board Clinical and Care Governance Committee held on 17 August 2017 and was approved by the Clinical and Care Governance Committee at its meeting held on 5 October 2017.

CHAIR   **DATE**

Action Points Update

NHS Tayside

CLINICAL AND CARE GOVERNANCE COMMITTEE

Open Business (following the meeting on 17 August 2017)

	DATE	REF	HEADING	ACTION POINT	COMMENTS	LEAD	STATUS
	17 Aug 2017	8.7	Safer Management of Controlled Drugs (CDs) – 2016/17	The Committee agreed to receive a further annual report from the CD Accountable Officer in 12 months time		CD Accountable Officer	Agenda Item August 2018 meeting

CLINICAL AND CARE GOVERNANCE COMMITTEE WORKPLAN 2017-18 OPEN AND RESERVED BUSINESS

SCOPE OF CLINICAL GOVERNANCE

	11 MAY 2017		12 JUNE 2017	17 AUGUST 2017		5 OCTOBER 2017		14 DECEMBER 2017		8 FEBRUARY 2018	
	planned	actual	extraordinary meeting	planned	actual	planned	actual	planned	actual	planned	actual
GOVERNANCE											
CLINICAL AND CARE GOVERNANCE COMMITTEE: • **Annual Report** • **Terms of Reference** • **Workplan**	✔ ✔ ✔	✔ ✔ ✔		✔	✔						
CLINICAL GOVERNANCE STRATEGY				✔	✔						
12 June 2017 – single item agenda to consider the Mental Health Service Redesign Transformation (MHSRT) Programme Option Review											

CLINICAL AND CARE GOVERNANCE COMMITTEE WORKPLAN 2017-18 OPEN AND RESERVED BUSINESS

CLINICAL EFFECTIVENESS

	11 MAY 2017		12 JUNE 2017		17 AUGUST 2017		5 OCTOBER 2017		14 DECEMBER 2017		8 FEBRUARY 2018	
	planned	actual	extraordinary meeting		planned	actual	planned	actual	planned	actual	planned	actual
Clinical Governance and Risk Management Update	✔	✔			✔	✔	✔		✔		✔	
Tayside Academic Science Centre (TASC) Annual Report											✔	
Local and National Reports	✔	✔			✔	X	✔		✔		✔	

CLINICAL AND CARE GOVERNANCE COMMITTEE WORKPLAN 2017-18 OPEN AND RESERVED BUSINESS

CLINICAL RISK MANAGEMENT

	11 MAY 2017		12 JUNE 2017		17 AUGUST 2017		5 OCTOBER 2017		14 DECEMBER 2017		8 FEBRUARY 2018	
			extraordinary meeting									
STRATEGIC CLINICAL RISKS												
Delivering Care for Older People	✓	✓			✓	✓	✓		✓		✓	
Clinical Governance	✓	✓			✓	✓	✓		✓		✓	
Children, Young People and Families	✓	✓			✓	✓	✓		✓		✓	
Mental Health Services	✓	✓			✓	✓	✓		✓		✓	
Person Centredness	✓	✓			✓	✓	✓		✓		✓	
Maternity Services	✓	✓			✓	✓	✓		✓		✓	
Managed/ 2C Practices	✓	✓			✓	✓	✓		✓		✓	
Patient Flow	✓	✓			✓	✓	✓		✓		✓	
Update: PRI key Measures	✓	✓			✓	X	✓		✓		✓	

CLINICAL AND CARE GOVERNANCE COMMITTEE WORKPLAN 2017-18 OPEN AND RESERVED BUSINESS

	planned	actual	extraordinary meeting	planned	actual	planned	actual	planned	actual	planned	actual
Update: HSE Investigation and Improvement Notice and associated Action Plan	✓	✓		✓	✓	✓		✓		✓	

CONTINUOUS IMPROVEMENT AND PROFESSIONAL STANDARDS

	11 MAY 2017		12 JUNE 2017	17 AUGUST 2017		5 OCTOBER 2017		14 DECEMBER 2017		8 FEBRUARY 2018	
	planned	actual	extraordinary meeting	planned	actual	planned	actual	planned	actual	planned	actual
Clinical Policies	For adoption following scrutiny and approval by the Clinical Quality Forum throughout the year.										
New Interventional Procedures	For endorsement following scrutiny and approval by the Clinical Quality Forum throughout the year.										
Revalidation - Medical								✓			
Revalidation - Nursing								✓			
Additional Cost of Teaching (ACT) Annual Report						✓					
Medical Education Update						Mid year report				Annual Report	
Patient Safety Network Progress Report	✓	✓		Primary Care and Acute Adult	✓	Maternity and Children		Mental Health and Medicine			
Quality Assurance and Improvement (QAI) arrangements for Child Protection in Tayside				✓	✓						
Safer Management of Controlled Drugs				✓	✓						

CLINICAL AND CARE GOVERNANCE COMMITTEE WORKPLAN 2017-18 OPEN AND RESERVED BUSINESS

PERSON CENTREDNESS

	11 MAY 2017		12 JUNE 2017		17 AUGUST 2017		5 OCTOBER 2017		14 DECEMBER 2017		8 FEBRUARY 2018	
	planned	actual	extraordinary meeting		planned	actual	planned	actual	planned	actual	planned	actual
Scottish Public Services Ombudsman (SPSO) Reports	✓	✓			✓	✓	✓		✓		✓	
Scottish Public Services Ombudsman (SPSO) Annual Report					✓	X					✓	
Legal Claims											✓	
Feedback Annual Report					✓	✓						
Volunteering Annual Report											✓	

CLINICAL AND CARE GOVERNANCE COMMITTEE WORKPLAN 2017-18 OPEN AND RESERVED BUSINESS

	11 MAY 2017		12 JUNE 2017		17 AUGUST 2017		5 OCTOBER 2017		14 DECEMBER 2017		8 FEBRUARY 2018	
	planned	actual	extraordinary meeting		planned	actual	planned	actual	planned	actual	planned	actual
ASSURANCE FROM OTHER GROUPS												
CLINICAL QUALITY FORUM												
Action note	✔	✔			✔	✔	✔		✔		✔	
Annual Report					✔	✔						
Terms of Reference					✔	✔						
DONATION COMMITTEE												
Annual Report					✔	✔						
EQUALITY AND DIVERSITY STEERING GROUP												
Minute	✔											
SPIRITUAL HEALTHCARE COMMITTEE												
Minute	✔	✔										
Annual Report	✔	✔										
RADIATION SAFETY COMMITTEE												
Annual Report	✔	✔										

NHS Tayside

**CCGC/2017/77
Clinical and Care Governance Committee
5 October 2017**

DELIVERING CARE FOR OLDER PEOPLE

1. STRATEGIC RISK

As a result of a number of national and local drivers including, for example, the Scottish Governments 2020 vision and the NHS Tayside Clinical Service Strategy for Older People, there is a risk that NHS Tayside and partners will not have the capacity to deliver high quality person centred care reliably to older people irrespective of location, which may lead to damage to organisational reputation.

2. CURRENT PERFORMANCE

Risk Score:

(Likelihood x consequence):

	March 2017Position	*July 2017 Position*	*August 2017 Position*
Inherent risk (*i.e. without any controls*):	*16*	*20*	*20*
Current (*risk grade at time of risk review*):	*12*	*12*	*12*
Planned (*anticipated risk grading after all mitigating actions have been implemented*	*9*	*8*	*8*

Rationale for Current Score:

Failure in this area would have an impact on organisational reputation and the organisation failing to meet legislative requirements if the organisations had to defend its actions in a court of law. Reliable older peoples services with robust governance and clinical care governance systems and processes (as per framework agreed by NHS Tayside and partners) are essential to reduce the likelihood of these issues occurring. Improvements made have been corporate and have not yet been implemented operationally, which will be the remit of the three Integrated Joint Boards other than small tests of change but not implemented reliably.

Rationale for Planned Score:

While the impact of failures could have a major impact on patient care and organisational reputation the aim is to reduce the likelihood of this occurring.

Performance and Assurance

There is evidence of very good practice in relation to the care of older people in Tayside and the implementation of pathways and standards is being progressed and monitored. An enhanced frailty model has been in operation since November 2015, which has resulted in a 25% increase in activity for Medicine for the Elderly in the Acute Medicine Unit. Older frail people have a 3 fold reduction in time spent in Acute Medicine Unit, and there has been an 18% increase in discharge rate of frail people from Ninewells Hospital Acute Medicine Unit. As a consequence an average of only 1 frail person (who has been assessed by the Acute Frailty Team) remains in Acute Medicine Unit overnight. This is usually due to clinician's choice: including acute illness, severity or risk of delirium can be minimised by further 24 hours in the same bed with a planned discharge the next day.

Ongoing Patient Safety work with community nursing has a focus on assessing the deteriorating patient and rolling out cognitive screening using the 4AT which should reduce the number of inappropriate admissions.

Multidisciplinary team work with social work colleagues relating to proactive planned discharge has been rolled out to all specialist older people wards in Dundee and Angus. This has resulted in a 42.2% reduction in bed days lost to delayed discharge between Winter 2015 and Winter 2016. Ninewells Hospital had the lowest number of bed days lost due to social work delays in Scotland based on Day of Care Audit 2016.

A consistent challenge across all professional groups and evidenced in the recent audit is robust documentation that demonstrates the quality of care being provided. The work of the documentation steering group is outlined under local and national standards below.

Boarding of patients for non-clinical reasons remains an area of concern. Evidence tells us that boarding increases length of stay and morbidity impairs continuity of care and is detrimental to patient and carer experience. The aim of the focussed work on the locality model, which has included for example the introduction of acute frailty team in Acute Medicine Unit, planned date of discharge and clinically led capacity coordination of whole Medicine for the Elderly service on a day to day basis, has significantly improved the boarding situation within the acute geriatric unit (ward 5 & 6 at Ninewells Hospital). At this time, on average only 1 patient is boarded out of this 54 bedded unit at any point in time. This compares to previous years favourably where up to 30 people may have been boarded at any one time.

<u>Local and National Standards</u>

- Mapping Exercise/scoping work undertaken to understand baseline performance of NHS Tayside against Health Improvement Scotland Care of Older People in Hospital 2015 standards and workshops organised during June 2016; NHS Tayside Older People Clinical Strategy Standards; and Perth Royal Infirmary Health Improvement Scotland Older People Allied Health recommendations.

- Performance and Assurance Model endorsed at October 2015 Older People Clinical Board. Proposal to utilise the performance review process to measure success through the R2s and Older People Clinical Board. Recommendations to be shared with NHS Tayside Directors and Health & Social Care Partnerships Chief Officers when finalised.

- NHS Tayside is participating in national conversation to understand the implications of Care of Older People in Hospital Standards and is active in developing a meaningful inspection process nationally.

- Re-launch of Medicine for the Elderly standards planned to take place in 2017 to raise profile and ensure these are embedded.

- Collaborative work is ongoing with the Dundee Health & Social Care Partnership and in Perth & Kinross community hospitals working towards meeting the needs of people with dementia in general care settings aligned to the standards for the Mental Welfare commission (Scotland).

Implementation of Medicines Safety and Health Improvement Scotland Standard 6 Pharmaceutical Care – Including polypharmacy work in the community, use of antipsychotics in care homes and agreement on prescribing of dementia-delaying drugs across Tayside. A Tayside-wide group with representation from relevant health and social care professionals has been established to take forward the polypharmacy work and the OPCB endorsed the polypharmacy approach to the deployment of pharmacy resources to review medicines in the frail adult population, with routine updated to be submitted to the OPCB at the August 2017 meeting.

Dementia Post Diagnosis Support HEAT Target: Reported monthly by NHS Tayside to Information Services Division. In turn this is fed back in management reports to show performance against Scotland other Boards. The Post Diagnostic Support service offered by the 3 partnership areas is monitored at 6 weekly Dementia Clinical Improvement Board meetings – a sub group of the Older People Clinical Board. Future work will include developing Quality Principles to demonstrate the effectiveness of Post Diagnostic Support.

Locality Model and Enhanced Community Service: These represent the pillars to achieve the transformation required to deliver the 2020 vision that NHS Tayside has for the care of older people with the aim to provide care at home, identify older people at risk of decompensate and avoid unplanned/urgent admission to acute settings, as laid out in the NHS Tayside Clinical Services Strategy for Older People.

3.   ASSURANCE

The Older People Clinical Board will offer regular reassurance to Tayside NHS Board through the reporting to the Clinical Quality Forum and the Executive Team, by reporting on the controls listed above. In addition recommendations are being made to NHS Tayside Directors and Health & Social Care Partnerships Chief Officers to utilise performance review processes to measure compliance with standards and escalate any risks through the Older People Clinical Board and operational lines and responsibility. The Older People Clinical Board will be a R3 group within the current Tayside's Care, Clinical and Professional Governance framework.

Older Peoples Services Inspections. Currently working on an Improvement Plan following Health Improvement Scotland unannounced inspection of older peoples care in Ninewells Hospital during 7-9 June 2016. The 16 week update was presented at the Clinical and Care Governance Committee by the Associate Medical Director on the 10th November 2016. Further meeting with Nurse Director, Associate Nurse Director and Head of Nursing took place with Associate Medical Director for Older People on 14th December 2016 to take this work forward. A collated NHS Tayside Improvement plan has now been developed to ensure a focus is maintained on the thematic areas for improvement.

The Clinical Academic Nurse Consultant is supporting the Heads of Nursing in Medicine to develop a template for data collection relating to the Healthcare Improvement Scotland Care of Older People in Hospital standards and the current improvement plans. The template, to

be shared for consultation with Senior Change Nurses and Heads of Nursing across services, will provide multidisciplinary empirical and narrative data to monitor and drive improvement work. The template was developed throughout May 2017 and was disseminated for consultation on 22nd June 2017.

Health Improvement Scotland Older People's care in Stracathro Hospital on 21st and 22nd February 2017; final 16 week action plan completed and submitted to HIS on the 27th of June 2017. Improvement work with Stracathro Hospital staff is ongoing.

A Health Improvement Scotland liaison Inspector attended NHS Tayside on the 18th of July 2017 to meet with NHS Tayside members of staff and visit wards 5 & 6 in Ninewells Hospital and the Emergency Department in Ninewells Hospital, with a focus around Older People Care improvements. Closer links with Health Improvement Scotland liaison Inspector is being agreed going forward.

Post Diagnostic Support HEAT target (monthly reporting to Government). Tayside continues to perform well in relation to other Health Board areas in Scotland.

4.   REPORT DETAIL / RATIONALE FOR RISK

Specific Controls:

The Older People Clinical Board has devolved executive accountability to define the strategic direction and set the quality standards of healthcare for older people in Tayside, it will also define the competences required by the workforce to deliver person-centred care. Members of the Older People Clinical Board have the responsibility to contribute effectively to the Board objectives and through an engaging leadership style raise the profile of older people's services. NHS Tayside Board has now endorsed Clinical Services Strategy for Older People, which will inform Acute Services, Primary Care and the three Health & Social Care Partnerships' strategic planning for their older people's services. The aims of the strategy are:

- Clinical services developed in a multidisciplinary/multiagency framework within the three Health & Social Care Partnerships organisational and strategic commissioning functions.
- Clinical services designed to develop and support a compassionate workforce with the appropriate skills and education/training to deliver safe, effective and expert care to older people that maximises their informed decision-making and quality of life.
- Clinical services which provide person-centred and evidence based care delivery for older people and people with dementia in collaboration with patients, carers and key stakeholders to achieve optimum clinical outcomes and patient experience in every care setting and for every health-related condition, including end of life care.

To deliver on these aims a number of subgroups have been established and report through Older People Clinical Board.

- Locality Model/Frailty 2015 Annual Report – endorsed at the October 2015 Older People Clinical Board. Initially reported through the steering group, progress on Enhanced Community Support is now reported to the Older People Clinical Board by leads in each of the Health & Social Care Partnerships.
- Older People Mental Health Group (including work around dementia).

- Tayside-wide group looking into the standards of care for older people with mental illnesses. Regular reports to the Older People Clinical Board.

- <u>Transforming District Nursing Group</u> – Vision and model endorsed at the Older People Clinical Board October 2015. Regular reports to the Older People Clinical Board.

- <u>Nursing and Allied Health Professionals Role Development and Education Framework</u>

- <u>Documentation Steering Group</u> – Multidisciplinary Tayside wide group to develop documentation particular to older people as an adjunct to current documentation. This document will embed multidisciplinary Frailty and cognitive screening and Comprehensive Geriatric Assessment. From the assessments, person-centred care planning and evaluation will be developed in collaboration with clinical specialists. The group is liaising closely with Healthcare Improvement Scotland groups and personnel to ensure that NHS Tayside meets national standards for older people's care.

There is ongoing work taking place through the operational units and the Nursing Directorate to ensure workforce planning is evidenced based and provides safe staffing levels across all clinical environments. In addition recommendations have been made to develop a robust professional governance process around role development for nurses and Allied Health Professionals.

Strategies are being progressed to support career development and leadership in older people nursing. A competency and education framework is being formed in collaboration with clinicians from Medicine for the Elderly. Partnership working between NHS Tayside and the School of Nursing & Health Sciences (University of Dundee) has supported a Fellowship in Older People Nursing for current clinical staff in NHS Tayside. This is a three year Masters in Nursing (Older People) programme with additional clinical and educational components. Recruitment is active and the fellowship students will start in September 2017.

An Older People Clinical Academic Hub has been established in partnership with the School of Nursing & Health Sciences. The Hub is a critical mass of people working together to strengthen the development of practice, education and research relating to older people's health and social care. Currently co-chaired by the Associate Nurse Director with and educational remit, and the Reader in the School, the Hub comprises Clinicians, the Nursing Older People Team, Senior Charge Nurses, Heads of Nursing, Practice Development Nurses, Researchers, Educationalists and Research students. A conference was held in October 2016 and work is ongoing to develop the Hub as a support for those involved in developing older people's services.

Palliative and end of life care for older people is now an integral part of the Older People Clinical Board's action plan to progress. Collaborative work with Nurse Specialists in palliative care is ongoing to educate and develop staff in meeting the palliative care needs for people with dementia.

Forms of Assurance:

- Older People's Care inspections (and future inspections on community settings and dementia wards)
- Dementia Post Diagnostic Support (monthly reporting to Government)
- As R3, link with R2s across Tayside regarding care of older people.

5. CONCLUSION

There is evidence of very good practice in relation to the care of older people in Tayside and the implementation of pathways and standards is being progressed and monitored. A consistent challenge across all professional groups and evidenced in the recent audit is robust documentation that demonstrates the quality of care being provided.

NHS Tayside is in a positive position in regards to having a central voice for older people's health services as we work with Health and Social Care Partnerships in Tayside to deliver the clinical strategy for older people.

Overarching NHS Tayside performance will be reported at the Older People Clinical Board which will form part of the update presented at the Clinical Quality Forum. In addition recommendations to utilise the performance review process to understand operational unit performance and risks to deliver national and local standards.

Operational management of older people's services will take place within the three Health & Social Care Partnerships where it is envisaged that the clinical service strategy for older people will be the basis for further joint planning.

6. FURTHER ACTION

Internal local governance arrangements are required to monitor the implementation of local and national standards. It is proposed that this is the performance review process to ensure local ownership by the operational units.

The adoption of the "Locality Model" and the Enhanced Community Service for the care of older people in Tayside have been agreed. This will provide comprehensive, evidence-based and person-centred approach to older people's health care in Tayside. Different areas of Tayside are currently at different stages of this model.

Implementation of identified improvement measures to be monitored through performance review.

Planned event in early 2018 with OPCB members to explore the current state position against the older people's clinical strategy and planning for improvements required to reach our desired future state position

7. REPORT SIGN OFF

Dr C Rodriguez
Associate Medical Director, Older People

Prof A Russell
Medical Director

Mrs G Costello
Nurse Director

October 2017

NHS Tayside

CCGC/2017/81
**Clinical and Care Governance Committee
5 October 2017**

ASSURANCE REPORT ON CLINICAL GOVERNANCE RISK 16

1. **STRATEGIC RISK**
   The Board Assurance Framework Strategic Risk Profile and individual risk reports from DATIX aims to identify the Strategic Risks that could impact on the delivery of NHS Tayside's objectives. The risk to which this report relates is the Clinical Governance Risk. This risk recognises that failure to deliver reliable, safe and effective care in all health settings could lead to unexpected adverse events which would result in harm or deterioration to patients

2. **CURRENT PERFORMANCE**
   Recent and current performance against this risk is highlighted in the table below:-

Datix Ref	Risk Title	Lead Director	Inherent Risk Exposure	Feb 2016	June 2016	Nov 2016	Dec 2016	June 2017	Sep 2017
16	Clinical Governance	Medical Director / Nurse Director	25 (5x5) Very High	12 (3x4) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	16 (4x4) High	16 (4x4) High

The rationale for the current score reflects that failure in this area would have a direct impact on patients' health. It would also impact on organisational reputation and the organisation not meeting legislative requirements if the organisation had to defend its actions in a Court of Law. The current score also reflects the need to extend controls to all aspects of healthcare including primary care and the Health and Social Care Partnerships.

3. **ASSURANCE**
   The current controls in place to manage this risk are set out on the DATIX system.

   There are no outstanding actions at present. Progress on key actions are listed below and reflect an updated position to that presented at the recent Clinical Quality Forum (appendix 1 refers):

   o The Adverse Event Management Policy was presented and approved by Directors on the 17th July 2017, and endorsed by the Audit Committee in August 2017. A further phase of revision is planned and an implementation action plan to include a launch of the revised Policy is being devised.
   o The refreshed Clinical and Care Governance Strategy was approved by Clinical and Care Governance Committee in August 2017, a communication plan has been devised and is being implemented.
   o Meetings are taking place to involve Chief Social Work Officers and Clinical Leads in the membership of the Clinical Quality Forum to provide assurance on Clinical and Care Governance within the 3 Health and Social care partnerships Integrated Clinical and Care Governance arrangements are is being established, with plans for 3 meetings per year attached to the Clinical Quality Forum.
   o A new three month risk review date has been added with the next risk review due December 2017.

4. CONCLUSION

The Clinical Governance and Risk Management Team Workplan for 2017/18 provides an overview of the work undertaken by the team, all of which contributes to the achievement of the Clinical Governance Risk. Work is continuing, to maintain performance and deliver ongoing improvements. Arlene Napier Associate Director of Clinical Governance and Risk Management retired in September, Tracey Passway Clinical Governance and Risk Management Team Lead has been assigned as Manager for this Risk.

Mrs T Passway
Clinical Governance and Risk Management
Team Lead

Mrs G Costello
Nurse Director

Professor A Russell
Medical Director

October 2017

Clinical Quality Forum
11 September 2017

RISK ASSURANCE REPORT
CLINICAL GOVERNANCE
RISK 16

1. **STRATEGIC RISK**
    The Board Assurance Framework Strategic Risk Profile and individual risk reports from DATIX aims to identify the Strategic Risks that could impact on the delivery of NHS Tayside's objectives. The risk to which this report relates is the Clinical Governance Risk. This risk recognises that failure to deliver reliable, safe and effective care in all health settings could lead to unexpected adverse events which would result in harm or deterioration to patients

2. **CURRENT PERFORMANCE**
    Recent and current performance against this risk is highlighted in the table below:-

Datix Ref	Risk Title	Lead Director	Inherent Risk Exposure	Oct 2015	Feb 2016	June 2016	Nov 2016	Dec 2016	June 2017
16	Clinical Governance	Medical Director / Nurse Director	25 (5x5) Very High	12 (4x3) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	16 (4x4) High

    The rationale for the current score reflects that failure in this area would have a direct impact on patients' health. It would also impact on organisational reputation and the organisation not meeting legislative requirements if the organisation had to defend its actions in a Court of Law. The current score also reflects the need to extend controls to all aspects of healthcare including primary care and the Health and Social Care Partnerships.

3. **ASSURANCE**
    The current controls in place to manage this risk are set out in the attached DATIX report.

    There are no outstanding actions at present.

    o   The Adverse Event Management Policy is being presented to Directors on the 17th July 2017, for their approval before onward submission to the Audit Committee in August 2017.
    o   Refreshed Clinical Governance Strategy is on plan to be approved by Clinical and Care Governance Committee in August 2017.
    o   Meetings are taking place to include Chief Social Work Officers in the membership of the Clinical Quality Forum to provide assurance on Clinical and Care Governance within the 3 Health and Social care partnerships.
    o   A new three month risk review date has been added with the next risk review due September 2017.

4. CONCLUSION

The Clinical Governance and Risk Management Team Workplan for 2017/18 provides an overview of the work undertaken by the team, all of which contributes to the achievement of the Clinical Governance Risk. Work is continuing, to maintain performance and deliver ongoing improvements.

Mrs A Napier
Associate Director
Clinical Governance and Risk Management

Mrs Gillian Costello
Nurse Director

NHS Tayside
August 2017

Professor Andrew Russell
Medical Director

NHS
Tayside

CCGC/2017/75
Clinical and Care Governance Committee
5 October 2017

RISK ASSURANCE REPORT – CHILDREN, YOUNG PEOPLE AND FAMILIES – RISK NUMBER 22

1.   STRATEGIC RISK

The Board Assurance Framework Strategic Risk Profile and individual risk reports from DATIX aims to identify the Strategic Risks that could impact on the delivery of NHS Tayside's objectives. The risk to which this report relates is Children, Young People and Families.

2.   CURRENT PERFORMANCE

Recent and current performance against this risk is highlighted in the table below. The planned risk exposure rating after all mitigating actions have been implemented is 6 Medium.

DATIX Ref	Risk Title	Lead Director	Inherent Risk Exposure	Sept 2016	Jan 2017	March 2017	June 2017	Planned Risk Rating
22	Children, Young People and Families	Nurse Director	20 (5x4) Very High	9 (3x3) Medium	9 (3x3) Medium	9 (3x3) Medium	9 (3x3) Medium	6 (2x3) Medium

The current score is maintained due to work currently in progress within related Implementation Plans.

Between September and November 2017 an Integrated Children's Services Inspection by the Care Inspectorate is taking place in Perth & Kinross. The risk rating may be required to be reviewed once the outcome of this inspection is determined.

3.   ASSURANCE

The Lead Nurse Early Years has reviewed this risk and has maintained the level as previously reported due to progress made in the areas in which this risk focuses. There is added detail in relation to the work in progress to refocus the role of school nursing that is underpinned by a Development Plan and monitored through the Transforming Health Visiting and School Nursing Implementation Board. The Lead Director of this risk continues to be the Nurse Director. The risk is managed through the Associate Nurse Director.

4.   REPORT DETAIL

The controls in place to manage this risk are relevant to the current state position. Ongoing actions in this context are embedded in the work and reporting arrangements of the Children and Young People's Board; the Child Protection Executive Group; the Transforming Health Visiting and School Nursing Implementation Board and the GIRFEC Implementation Group. All of these groups have active workplans that provide evidence of progress going forward.

5.   CONCLUSION

Current and planned actions relating to the areas highlighted through this risk are currently being addressed with developments taking place relating to the Information Sharing Bill that is being progressed through Parliament followed by a formal consultation on the revised statutory guidance for Part 4 & Part 5 of the Children and Young People Act (Scotland) 2014 and the Code of Practice on sharing information. Plans to further strengthen current governance arrangements will secure assurance that relevant actions are being progressed through the Children and Young People's Board.

6.   FURTHER ACTION

The aforementioned actions will ensure a continued and enhanced commitment to improving outcomes for children, young people and families and will further mitigate risks identified.

7.   REPORT SIGN OFF

Ms D Balshaw   **Prof A Russell**
Lead Nurse Early Years   **Medical Director**

Ms J Wilson   **Mrs G Costello**
Associate Nurse Director   **Nurse Director**

October 2017

NHS Tayside

CCGC/2017/78
Clinical and Care Governance Committee
5 October 2017

ASSURANCE REPORT ON PERSON CENTRED CARE RISK

1. STRATEGIC RISK

The Board Assurance Framework Strategic Risk Profile and individual risk reports from DATIX aims to identify the Strategic Risks that could impact on the delivery of NHS Tayside's objectives.

Within NHS Tayside, Person Centred Care is a key strategic priority with a broad definition that includes patients, family, carers and staff.

The risk to which this report relates is the Person Centred Care Risk. As a result of the need to increase the delivery of person centred care, with dignity, compassion and respect, there is a risk that NHS Tayside will not be in a position to evidence this which may result in damage to organisational reputation which is linked to the principle objective to improve patient experience of our services.

2. CURRENT PERFORMANCE

Current performance against this risk is highlighted in the table below:-

Datix Ref	Risk Title	Lead Director	Inherent Risk Exposure	Feb 2016	June 2016	Oct 2016	Feb 2017	April 2017	August 2017
121	Person Centredness	Medical and Nurse Directors	20 (4x5) Very High	12 (3x4) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	12 (3x4) High	9 (3x3) Medium

The rationale for the current score (9 (3 x 3) Medium) reflects the key strategic driver of improving patient experience of care as detailed within the Local Delivery Plan. The objective states that the Board will set out how it will require services to support a more positive care experience. Actions will be set to support the transformation of culture to enable staff and the public to be open and confident in giving and receiving feedback. Robust governance processes are essential to reduce the likelihood of these issues occurring.

The risk was last reviewed and updated on 30 June 2017 by the Associate Nurse Director and Head of Spiritual Care in conjunction with the NHS Tayside Risk Manager. The next review will be in October 2017.

3. ASSURANCE

The current mechanisms, actions and controls in place to mitigate this risk include:

- Engaging key stakeholders at the first meeting of the Person Centred Board in October 2017, which will support governance, shared learning and focussed activity in relation to Person Centred Practice
- As a result of the Board being established there will be improved reporting and mechanisms for sharing practice and resource to improve reliability and consistency for reporting of feedback, methods and processes
- Celebrating learning and achievements through the development of an annual Person Centred Report
- Ensuring Person Centred Care is reflected in discussions and actions at all levels of NHS Tayside business. This includes ward level care and interactions with patients and staff, Nursing and Midwifery Quality and Professional Governance processes, Directorate Performance Reviews and Board business.

Having Person Centred Care as an agenda item, as part of both strategic and operational performance, offers a level of assurance of collaborative working supported by monitoring and surveillance for the management of this strategic risk.

4. REPORT DETAIL

Improving the experience of care of individual patients is a key strategic driver for NHS Tayside and detailed within the Local Delivery Plan. The objective is that NHS Tayside should set how services will support a positive care experience with actions to transform the culture to support staff and the public to be open and confident in giving and receiving feedback. Failure in this area could have a major impact on patient experience, and the reputation of NHS Tayside and is therefore critical.

5. CONCLUSION

The Nursing and Midwifery Directorate will continue to work collaboratively to promote clinical and non clinical staff to recognise and understand their key role in providing safe, effective and person centred care.

6. REPORT SIGN OFF

Mr C Sinclair　　　　　　　　　　　　　　　**Prof A Russell**
Associate Nurse Director　　　　　　　　　**Medical Director**

　　　　　　　　　　　　　　　　　　　　　　Mrs G Costello
　　　　　　　　　　　　　　　　　　　　　　Nurse Director

28th September 2017

Please note any items relating to Committee business are embargoed and should not be made public until after the meeting

Item 7.5

NHS Tayside

CCGC/2017/82
Clinical and Care Governance Committee
5 October 2017

RISK ASSURANCE REPORT
MATERNITY SERVICES UPDATE

1.   SITUATION AND BACKGROUND

A strategic risk in respect of Maternity Services was added Strategic Risk Portfolio of NHS Tayside in 2014 in response to the outcomes from a visit which took place in 2013.   Thereafter a further strategic risks relating to the NHS Tayside Estates Infrastructure was then added 2016. Following a recent meeting between the Nurse Director and Chief Operating Officer, it was agreed that the Maternity Services Strategic Risk required to be reframed.

2.   ASSESSMENT

A meeting took place on Thursday 21 September 2017 with the General Manager, Medicine Directorate, Chief Midwife and Clinical Services Manager, facilitated and supported by the NHS Tayside Risk Manager.

The aim of this meeting was to ensure that all aspects of the risk in relation to estate infrastructure would be transferred into an operational risk which would underpin the existing NHS Tayside Estate Infrastructure Strategic Risk. This new operational risk will be owned by the Chief Operating Officer and managed by the General Manager, Medicine Directorate.

From this meeting the following recommendations are awaiting approval by the Strategic Risk Management Group:

- Risk 144 – Maternity Services Strategic Risk has now been archived
- A new operational risk has been created – 499 – Maternity Estate. This risk remains with a pending status at present as further work is required to establish what the appropriate mitigating actions would be
- No new risk has been created in respect of any remaining clinical issues.   As part of the review it was confirmed the team were managing the current operational risks

3.   RECOMMENDATION

The Committee is asked to note:

- The update in respect of the recommendations to be made to the Strategic Risk Management Group about the maternity services strategic risk

4.   REPORT SIGN OFF

Mrs G Costello   **Professor A Russell**
Nurse Director   **Medical Director**

NHS Tayside
September 2017

NHS Tayside

CCGC/2017/70
Clinical and Care Governance Committee
5 October 2017

CAPACITY & FLOW STRATEGIC RISK (494)

1. STRATEGIC RISK

NHS Tayside's Board Assurance framework has a strategic risk related to Capacity and Flow. The risk details the challenges presented to NHS Tayside and its partners in the management of workforce and unscheduled care demand.

The strategic risk is based on:
- insufficient workforce to deliver services across acute health and social care
- insufficient resilience across Tayside to manage the fluctuations in unscheduled demand

There is therefore a risk that patients will:
- Not have access to the right care, in the right place, at the right time
- Experience harm from waits for a bed
- Be cancelled for elective procedures
- Experience harm and delay through being treated and cared for outwith specialty
- Be diverted to other hospitals or care settings when bed capacity is exhausted or care at home services is not available
- Have an unsatisfactory experience

This could result in NHS Tayside not being able to fulfil its commitments to patients, reputational damage to the organisation in not meeting organisational objectives and achieving HEAT targets and standards.

2. CURRENT PERFORMANCE & REPORT DETAIL

A set of measures and a risk scoring system is used to enable an overall risk score to inform the current performance and risk exposure rating. The scoring is based on a scale of 0 to 3 for each measure: 0 represents the most positive position and 3 represent the highest risk level. The scoring system has been applied to 6 indicators, giving a total possible score of 18. The graphs below show the score over time with the June 2017 score across all the metrics for Ninewells is 12 (Amber) and for Perth Royal Infirmary is 13 (Red). The DATIX system has been updated to reflect an overall strategic risk for Capacity and Flow.

The rationale for the current score therefore reflects the difficulties of ensuring the right workforce in the right place at the right time to provide timely and appropriate access to care in the right setting. This is as a result of ongoing nursing and medical staff vacancies which NHS Tayside is unable to recruit to causing the current level of risk. In addition, the number of patients whose discharge is delayed across NHS Tayside means that those beds are not available for unscheduled and elective patients which further impacts on the current risk.

DATIX Reference	Risk Title	Lead Director	Inherent Risk Exposure	Planned Risk Exposure	May 2017	June 2017	July 2017
494	Capacity & Flow	Chief Executive	5x5 (25) Very High	5x3(15) High	5 x 4 (20) Very High	5 x 4 (20) Very High	5 x 4 (20) Very High

The risk score and performance against the measures is provided below.

Ninewells Hospital	Perth Royal Infirmary

Ninewells Monthly Key Measures Risk Scoring

0-6 = Green   10-12 = Amber
7-9 = Yellow   13-18= Red

PRI Monthly Key Measures Risk Scoring

0-6 = Green   10-12 = Amber
7-9 = Yellow   13-18 = Red
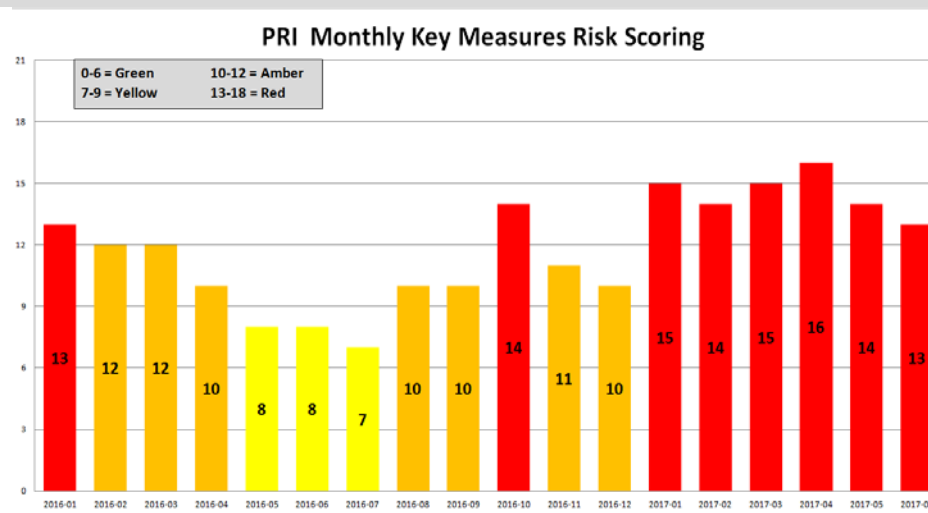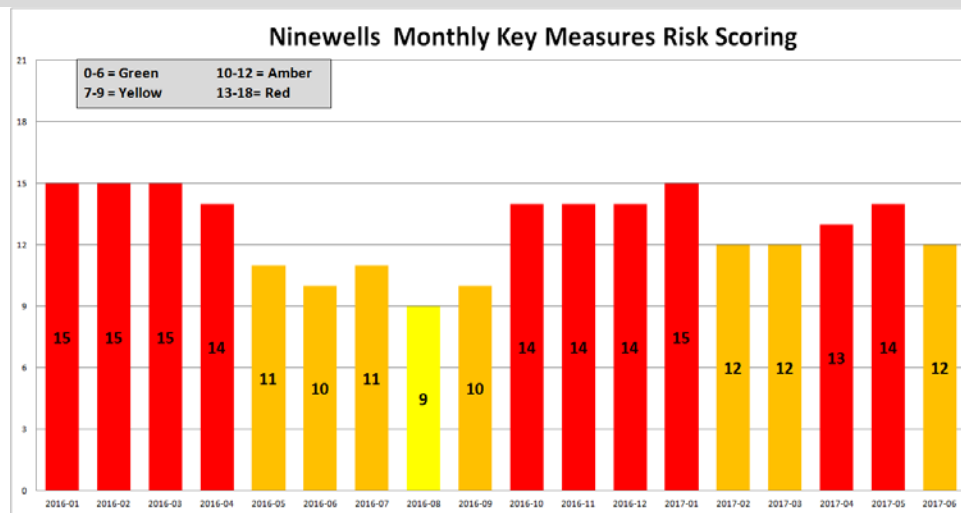
Performance against the individual measures which make up the risk score are is summarised in the narrative below. The performance against each measure over time is provided graphically in Appendix 1.

Measure 1 - A&E: Number of 4 hour breaches and percentage performance

Ninewells

Over the past 18 months compliance with the 4 hour standard within A&E at Ninewells Hospital has been positive with the 95% target always being met. In the past 3 months (Apr-Jun'17) there have been **257** patients out of a total of 12,622 who had to wait longer than 4 hours, compared to **183** (out of 12,352) who breached over the same period in 2016.

There were 0 x 8 hour breaches in the last 3 months. The scoring agreed for this measure is as follows: <90% = 3 points, 90-94.99% = 2 points, 95-97.9% = 1 point, ≥98% = 0 points, which would mean that the **June score achieved is 0.**

PRI

Since October 2014 compliance with the 4 hour standard within A&E at Perth Royal Infirmary has been positive with the 95% target always being met. In the past 3 months (Apr-Jun'17) there have been **219** patients out of a total of 6,516 who had to wait longer than 4 hours, compared to **54** (out of 6,509) who breached over the same period in 2016.

There were 0 x 8 hour breaches in the last 3 months. The scoring agreed for this measure is as follows: <90% = 3 points, 90-94.99% = 2 points, 95-97.9% = 1 point, ≥98% = 0 points, which would mean that the **June score achieved is 1.**

Tayside remains the top performing Board for the 4 hour standard

Measure 2 - Number of waits for a bed experienced each month

Ninewells

Following a downward trend from the start to mid-2016, the number of breaches grew month-on-month until October 2016. Thereafter the trend has been downward to its current position, although it increased again in April before dropping again in May and June 2017. In the past 3 months (Apr-Jun'17) there have been **178** patients who had to wait on a trolley or in a chair compared to **131** patients over the same period in 2016.

The scoring agreed for this measure is as follows: ≥41 = 3 points, 21-40 = 2 points, 1-20= 1 point, 0 = 0 points, which would mean that the **June score achieved is 2.**

PRI

There had been a steady fall in the number of patients having to wait on a trolley or in a chair before their admission to a bed following transfer from A&E up to July 2016. From August 2016 to December 2016 the number of patients started to increase again, with a substantial drop only in the month of November 2016. The trend in 2017 has been downward each month with the exception of February 2017. In the past 3 months (Apr-Jun'17) there have been **107** patients who had to wait on a trolley or in a chair compared to **69** patients over the same period in 2016.

The scoring agreed for this measure is as follows: ≥41 = 3 points, 21-40 = 2 points, 1-20= 1 point, 0 = 0 points, which would mean that the **June score achieved is 2.**
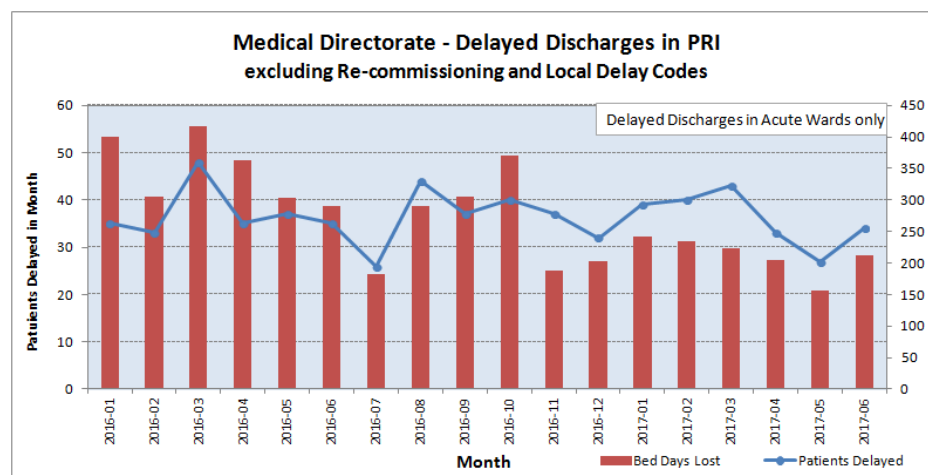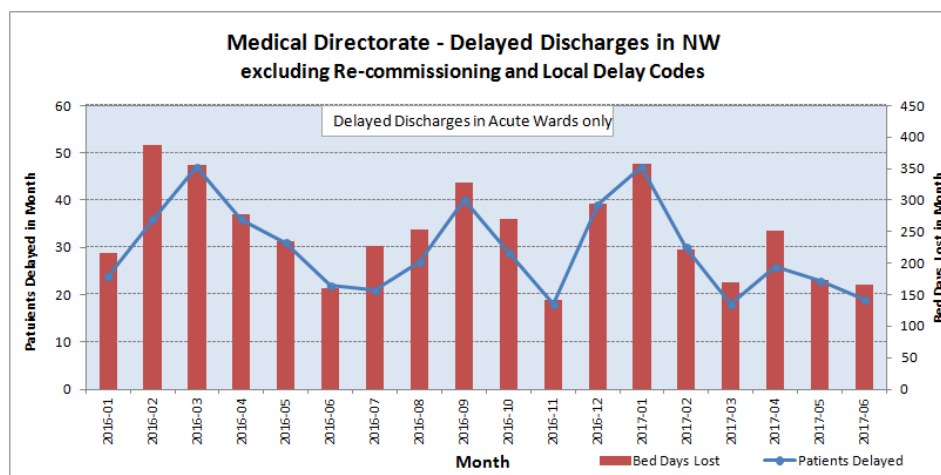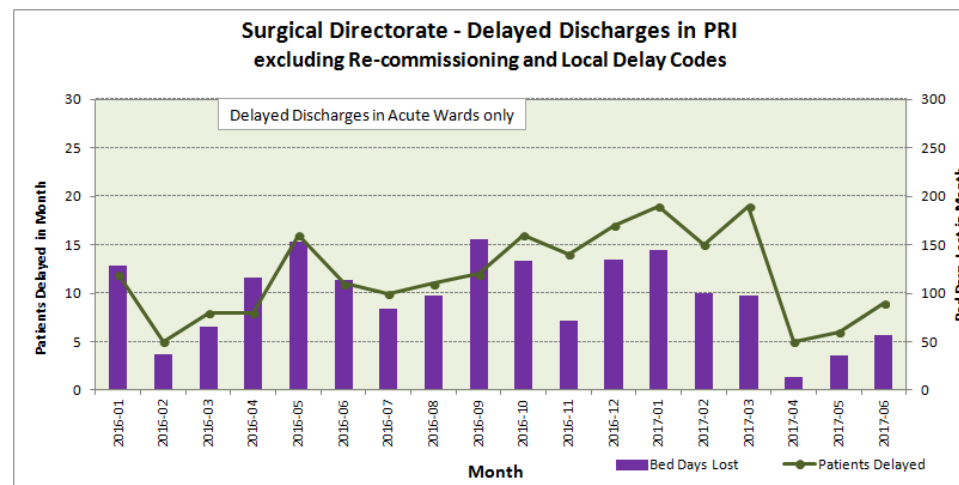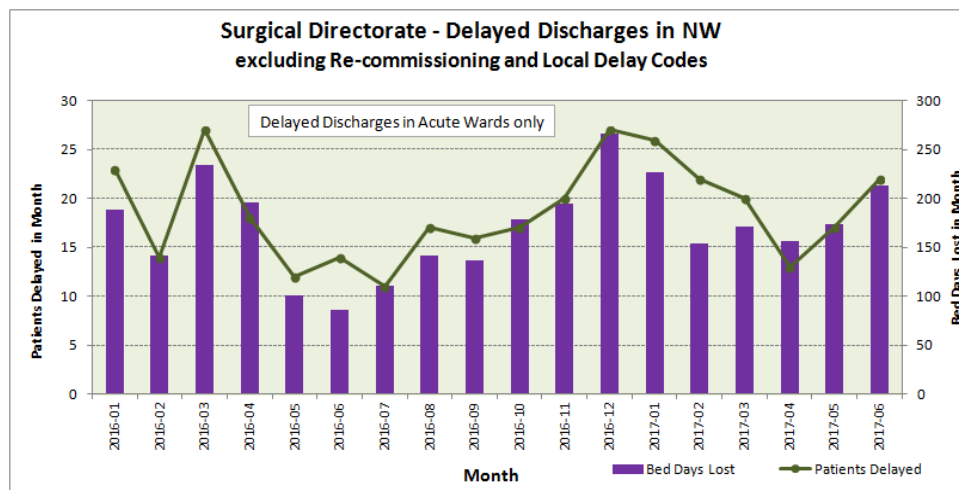
Measure 3 - Patients in Inappropriate Locations – Boarding Bed Days (NWs) or Average Boarding Days (PRI) in the Month

Ninewells

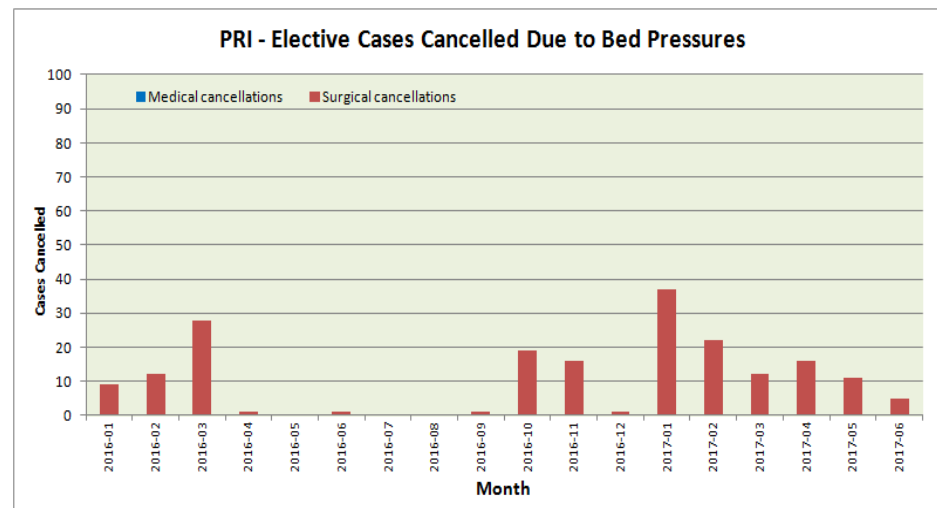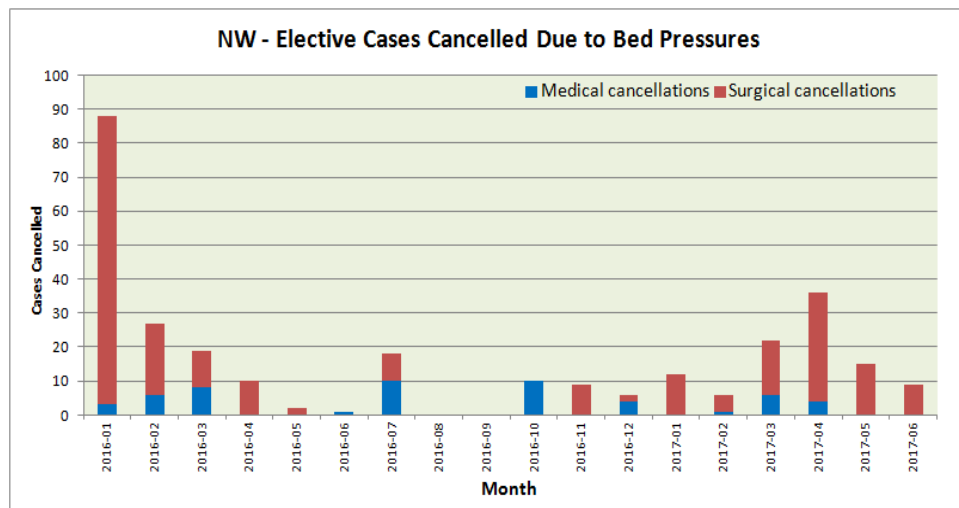There is evidence of some seasonal variation in the number of bed days lost per month due to boarding over the past 16 months. Surgical boarding is relatively low and consistent over the period with medical boarding more prevalent as a result of challenges meeting the medical demand. From a peak in February 2016, boarding dropped consistently for the next 5 months and stabilised for a further 3 months before increasing again in the winter months from November 2016 to January 2017. Numbers then started to reduce in each of the months from February to April 2017, before increasing in May and again in June 2017.

The scoring for this measure is as follows: ≥900 Bed Days = 3 points, 480-900 = 2 points, 30-479 = 1 point, 0 = 0 points, which would mean that the **June score achieved is 1.**

PRI

There is some evidence of some seasonal variation in the number of bed days lost per month due to boarding over the past 18 months, with reductions over the summer months and, to a lesser extent, over the Christmas period. The overall trend, however, is upward with a peak in April 2017 before a return to start of 2017 levels in May then another increase in June 2017.

Surgical boarding remains relatively low with medical boarding more prevalent as a result of challenges with patients experiencing a delayed discharge.

The scoring agreed for this measure is as follows: ≥30 = 3 points, 16-30 = 2 points, 1- 15 = 1 point, 0 = 0 points, which would mean that the **June score achieved is 2.**

Measure 4 - Patients in Inappropriate Locations – Delayed Discharges: No. of patients and bed days lost. Medicine & Surgical Directorates
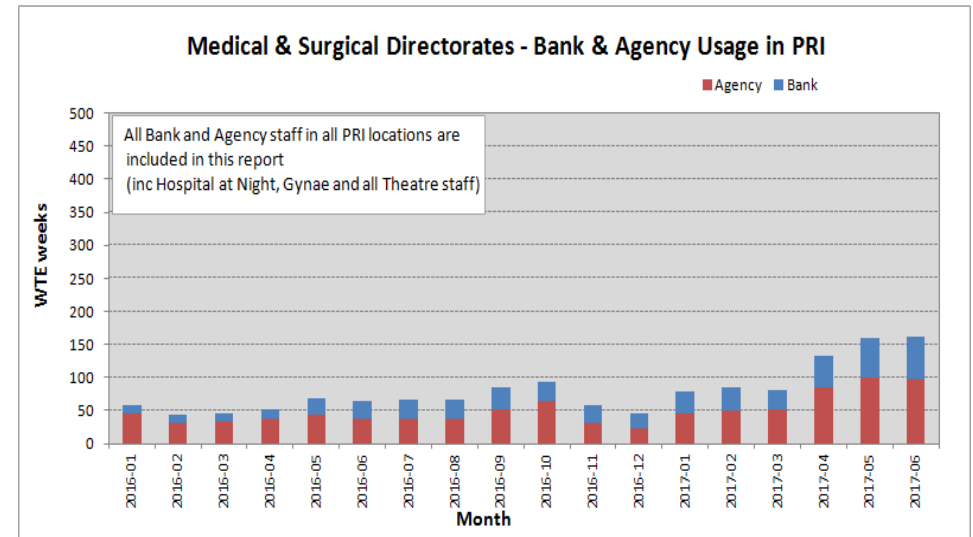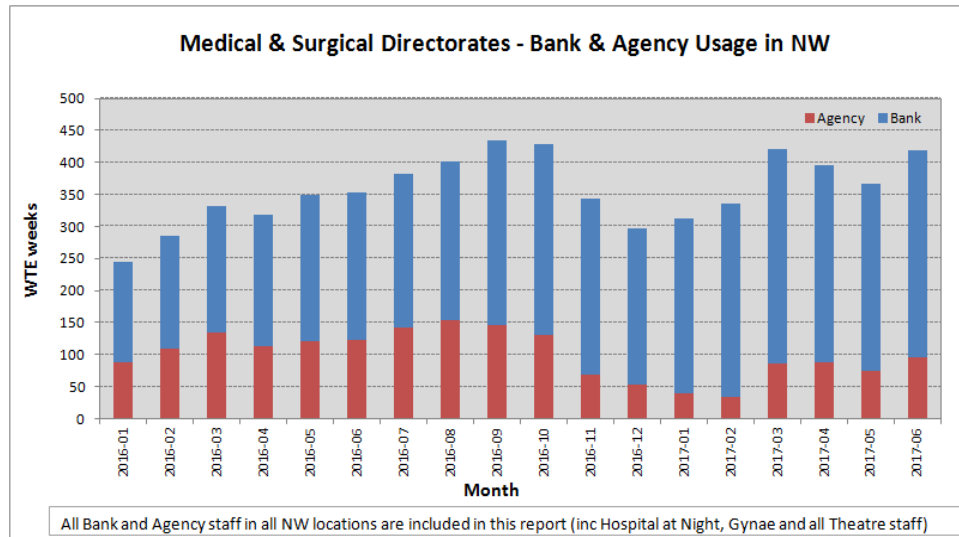
Ninewells

Medical patients have experienced greater and more fluctuating delays than Surgical patients, with the latter showing a downward trend during the first 4 months of 2017, following a peak of 27 patients in December 2016, before increasing again in May and June 2017. Medical delays peaked at 47 in January 2017 before dropping sharply in both February and March 2017. Following an increase in April 2017, the numbers fell again in both May and June 2017.

In the past 3 months (Apr-Jun'17) the average number of patients experiencing a delay each month was **40** compared to **44** over the same period in 2016, and the number of bed days lost in the past 3 months was **1134** (equivalent of **12.5 beds**) an increase of 79 bed days from **1055** (equivalent of **11.6 beds**) in the same period in 2016.

The scoring agreed for this measure is as follows: ≥23 Patients = 3 points, 11-23 Patients = 2 points, ≤10 Patients = 1 point, 0 Patients = 0 points, which would mean that the **June score achieved is 3.**

PRI

Patients experiencing a delayed discharge has continued to be one of the main factors impacting on capacity and flow within PRI. Medical delays account for the majority of the delays and increased in each of the first 3 months of 2017 before dropping in April and May, followed by an increase again in June. Surgical delays dropped markedly in April 2017 (from 19 to 5) before increasing again in May and again in June.

In the past 3 months (Apr-Jun'17) the average number of patients experiencing a delay each month was **38** compared to **47** over the same period in 2016, and the number of bed days lost in the past 3 months was **679** (equivalent of **7.5 beds**) a decrease of 661 bed days from **1340** (equivalent of **14.7 beds**) in the same period in 2016.

The scoring agreed for this measure is as follows: ≥23 Patients = 3 points, 11-23 Patients = 2 points, ≤10 Patients = 1 point, 0 Patients = 0 points, which would mean that the **June score achieved is 3.**

Measure 5 - Elective Cancellations due to Bed Pressures

Ninewells

Following very high levels of cancellations in January 2016, the numbers reduced each month to the end of Q2 2016, with a peak in July 2016. After 2 months with no cancellations (Aug/Sep'16), numbers varied between 6 and 12 for 5 months before an increase to 22 in March 2017 and again to 36 in April 2017. Numbers reduced in May and again in June 2017.

In the past 3 months (Apr-Jun'17) there were **60** cancellations due to bed pressures compared to **13** over the same period in 2016. The scoring agreed for this measure is as follows: ≥9 = 3 points, 5-8 = 2 points, 1-4 = 1 point, 0 = 0 points, which would mean that the **June score achieved is 3.**

PRI

Following high levels of cancellations there were peaks in 2016 Q1 and again in October and November 2016 (there was also a peak in delayed discharge in October 2016). Following a drop in cancellations to nearly zero in December 2016, the number of cancellations peaked in January 2016 (37 cases) and reduced in February through June 2017, except for an increase in April. The numbers, however, were similar to those experienced in Oct/Nov 2016.

In the past 3 months (Apr-Jun'17) there were **32** cancellations due to bed pressures compared to only **2** over the same period in 2016. The scoring agreed for this measure is as follows: ≥9 = 3 points, 5-8 = 2 points, 1-4 = 1 point, 0 = 0 points, which would mean that the **June score achieved is 2**

Measure 6 - Nursing Bank and Agency Usage

Ninewells

The information available shows variation in the overall number of WTEs accessed via agency and bank. There was a consistent upward trend during the first 10 months of 2016, dropping in November and December 2016 before increasing again each month in Q1 2017. April and May showed a slight decline although this was reversed in June 2017 where the level is close to the peak in September/October 2016.

In the past 3 months (Apr-Jun'17) there were **1182** WTEs accessed via bank and agency compared to **1021** WTEs over the same period in 2016. The scoring agreed for this measure is as follows: ≥288wte = 3 points, 287-192wte = 2 points, 191-96wte = 1 point, 95-0wte = 0 points, which would mean that the **June score achieved is 3.**

PRI

The information available shows variation in the overall number of WTEs accessed via agency and bank. There was a consistent upward trend from February 2016 to October 2016; a reduction in November and December 2016 and increasing in January 2017 with February and March levels stayed the same. There was a significant increase of c.50 WTEs in April 2017 followed by further increases in both May and June 2017 where levels are more than twice those of the same time in 2016.

In the past 3 months (Apr-Jun'17) there were **455** WTEs accessed via bank and agency compared to **184** WTEs over the same period in 2016. The scoring agreed for this measure is as follows: ≥72wte = 3 points, 71-48wte = 2 points, 47-24wte = 1 point, 23-0wte = 0 points, which would mean that the **June score achieved is 3.**

3. ASSURANCE

The current controls in place to mitigate the risk are:

- continued active recruitment to nursing, medical and care at home vacancies
- safety and flow framework implemented across Ninewells and PRI
- safe care system implemented in safety huddles to support use of available nursing resource from June 2017 at Ninewells, September 2017 at PRI
- bed models amended to match available workforce
- discharge hubs in place to support early discharge
- unscheduled care board established across partner organisations to focus on key actions and clinical pathways
- Tayside Health and Social Care Partnerships reviewing a co-dependent model of reducing patients delayed

4. CONCLUSION

The Clinical & Care Governance Committee is asked to:

- note the current level of risk and controls

5. REPORT SIGN OFF

Ms Lorna Wiggin	**Prof A Russell**
Chief Operating Officer	**Medical Director**
Dr Alan Cook	**Mrs G Costello**
Medical Director, Operational Unit	**Nurse Director**
Miss Kerry Wilson	
General Manager	

October 2017

Ninewells Hospital   **Perth Royal Infirmary**

Measure 1 - A&E: Number of 4 hour breaches and percentage performance
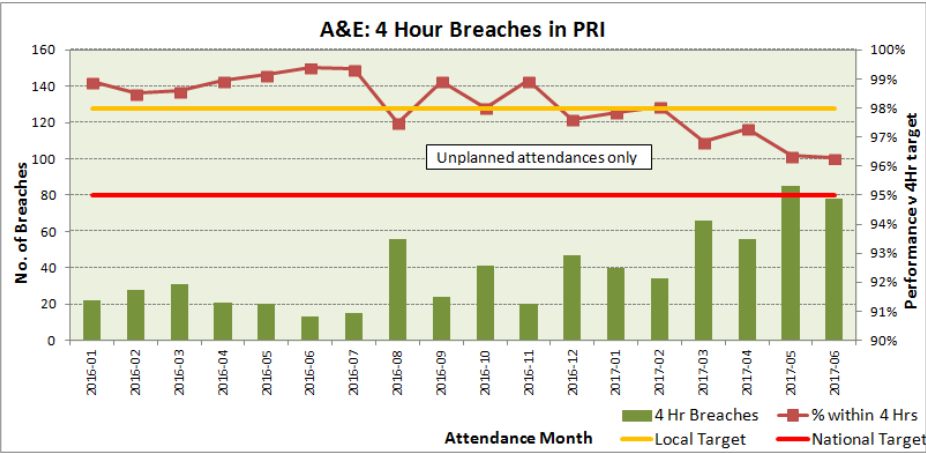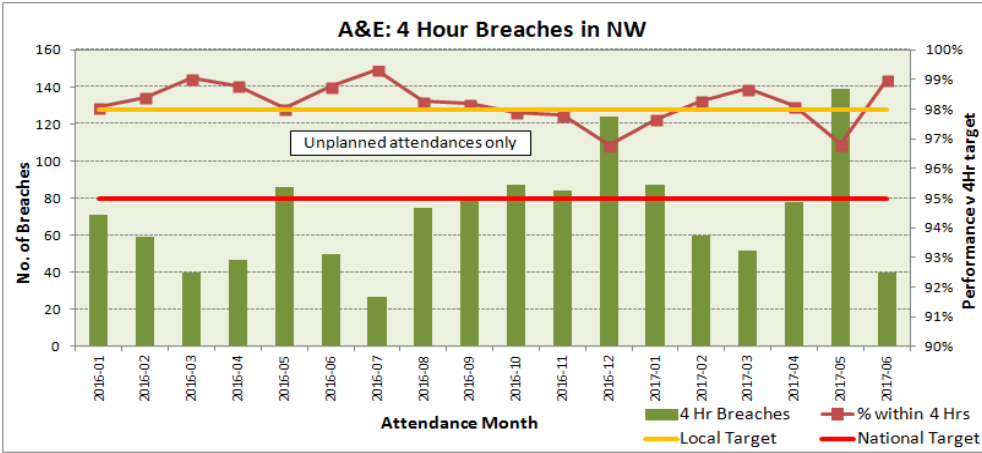
Measure 2 - Number of waits for a bed experienced each month
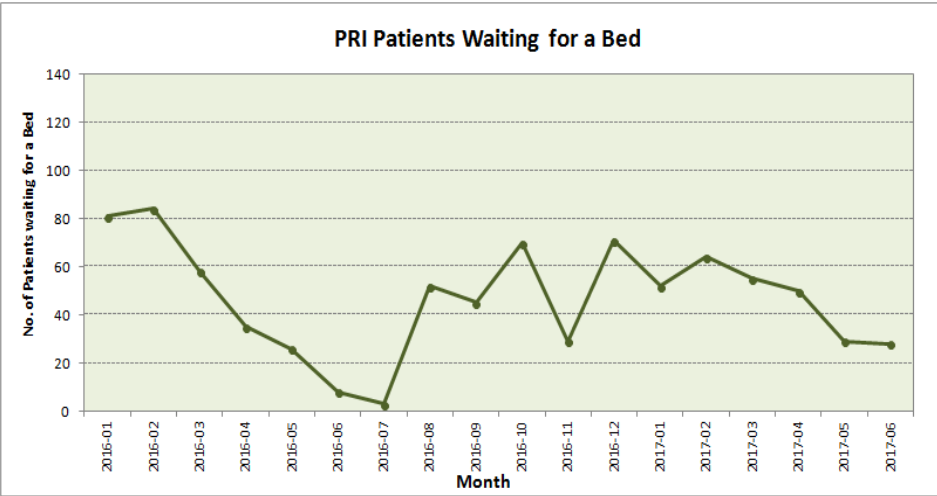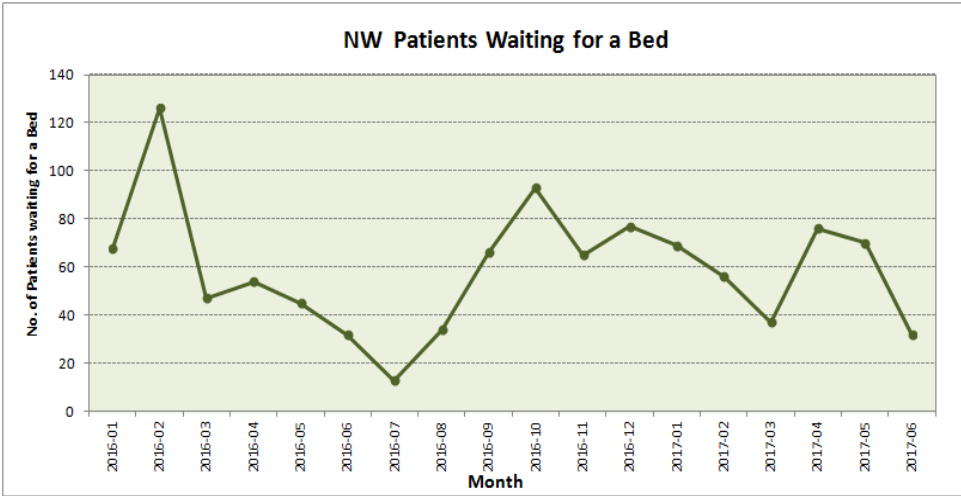
Measure 3 - Patients in Inappropriate Locations – Boarding Bed Days (NWs) or Average Boarding Days (PRI) in the Month

Boarding Bed Days in NW

Average Boarding Bed Days in PRI

Excludes patients boarding in Day Surgery Unit, Cornhill, Stroke Unit and Tay Ward
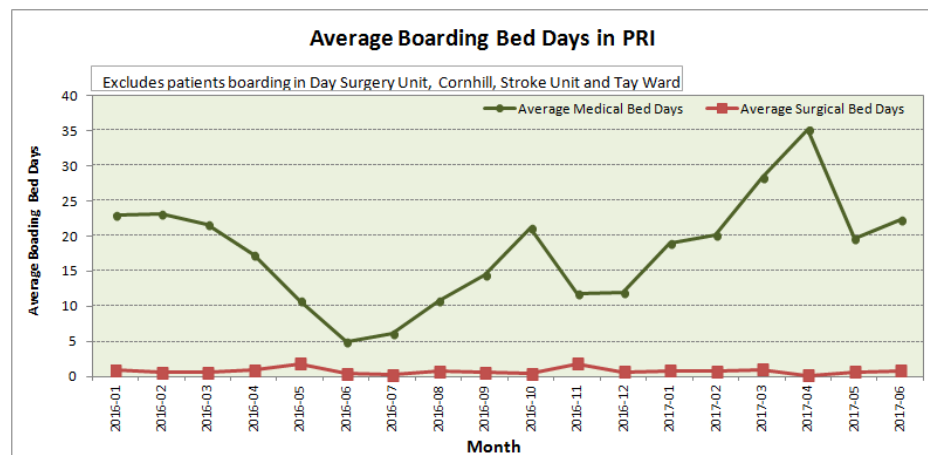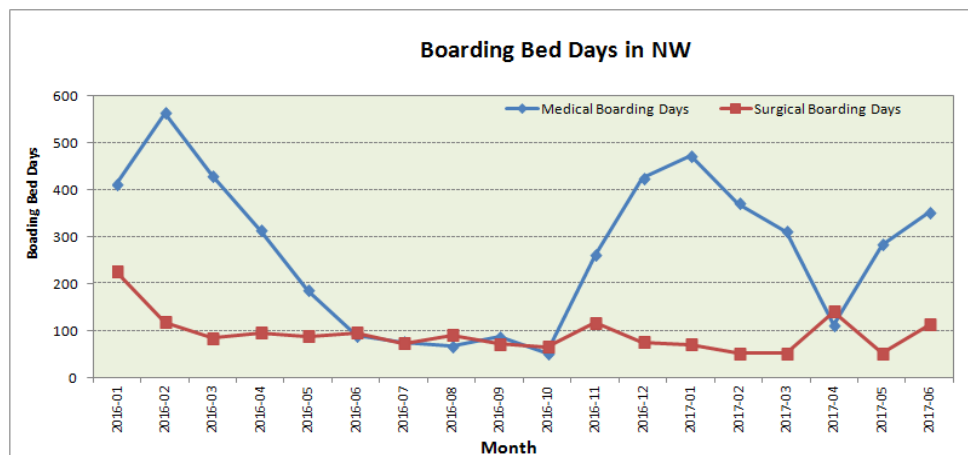
*Interim bed model implemented from March 2017 with medical beds realigned in surgical wards. Reporting can only take place with one ward belonging to one specialty thus contributes to the reported increase in boarding days since March.

Measure 4 - Patients in Inappropriate Locations – Delayed Discharges: No. of patients and bed days lost.
Medicine Directorate and Surgical Directorate

Medical Directorate - Delayed Discharges in NW
excluding Re-commissioning and Local Delay Codes

Delayed Discharges in Acute Wards only

Medical Directorate - Delayed Discharges in PRI
excluding Re-commissioning and Local Delay Codes

Delayed Discharges in Acute Wards only

10

Surgical Directorate - Delayed Discharges in NW
excluding Re-commissioning and Local Delay Codes

Surgical Directorate - Delayed Discharges in PRI
excluding Re-commissioning and Local Delay Codes

Measure 5 - Elective Cancellations due to Bed Pressures

NW - Elective Cases Cancelled Due to Bed Pressures

PRI - Elective Cases Cancelled Due to Bed Pressures

11

Measure 6 - Nursing Bank and Agency Usage

Medical & Surgical Directorates - Bank & Agency Usage in NW

All Bank and Agency staff in all NW locations are included in this report (inc Hospital at Night, Gynae and all Theatre staff)

Medical & Surgical Directorates - Bank & Agency Usage in PRI

All Bank and Agency staff in all PRI locations are included in this report
(inc Hospital at Night, Gynae and all Theatre staff)

NHS Tayside

CCGC/2017/83
Clinical and Care Governance Committee
5 October 2017

ASSURANCE REPORT ON CLINICAL GOVERNANCE RISK 395

1.   STRATEGIC RISK

The Board Assurance Framework Strategic Risk Profile and individual risk reports from DATIX aims to identify the Strategic Risks that could impact on the delivery of NHS Tayside's objectives. The risk to which this report relates is Mental Health Services - Sustainability of Safe and Effective Services across Tayside.

2.   CURRENT PERFORMANCE

Recent and current performance against this risk is highlighted in the table below:-

Datix Ref	Risk Title	Risk Manager	Risk Owner	Inherent Risk Exposure	Nov 2016	June 2017	Aug 2017
395	Mental Health Services - Sustainability of Safe and Effective Services across Tayside	Mr. Robert Packham	Prof. Andrew Russell	20	16	16	20

The rationale for the current score reflects that failure in this area would have a direct impact on patients' health and wellbeing.

3.   ASSURANCE

The current controls in place to manage this risk are set out on the DATIX record.

The updates on key actions include:

- o **Environmental risks** - The Mental Welfare Commission has commended the work in Moredun ward in MRH. Lessons from this are to be rolled out across Tayside.
- o **Transformation programme -** A preferred option has been identified. There is ongoing public consultation and a plan to seek final approval at the meeting of Perth and Kinross Integration Joint Board in January 2018.
- o **Culture**. NHS Tayside commissioned Health Improvement Scotland to evaluate organisational and professional culture in support of the service redesign transformation programme. This work will support principles contained within the new Mental Health Strategy, inform changes to service delivery through the Integration Joint Boards and ensure the workforce is sustainable for the future.
- o **Contingency.** Contingency arrangements transferred Mulberry Ward from Angus to Dundee. This caused some transport challenges for staff travelling from North Angus. While transport is provided, organisational change cannot be fully applied for individuals until there is final agreement on the preferred option in the mental health service redesign transformation programme.

4.   CONCLUSION

The Mental Health Risk continues to be monitored and will be formally reviewed on the Datix system in three months time.

Mr R Packham,
Chief Officer
Perth and Kinross Health and Social Care Partnership.

September 2017

Please note any items relating to Committee business are embargoed and should not be made public until after the meeting

NHS Tayside

CCGC/2017/76
Clinical and Care Governance Committee
5 October 2017

CLINICAL GOVERNANCE AND RISK MANAGEMENT UPDATE

1. PURPOSE OF THE REPORT

The purpose of this report is to provide an update in relation to Clinical Governance and Risk Management activities undertaken during the period 1 June 2017 to 31 July 2017.

The data is accurate at the time of collation on 1 August 2017 using the DATIX system.

2. RECOMMENDATIONS

The Clinical and Care Governance Committee is asked to:
- Review and approve the report
- Recognise the scope of clinical governance and risk management
- Recommend any further action/reports it considers necessary

3. EXECUTIVE SUMMARY

Clinical Governance was introduced to the health service in Scotland by the circular Clinical Governance NHS MEL (1998) 75 and is an integral part of the NHS governance framework. It is a system to facilitate the co-ordination of multiple activities and key elements to inform and progress the improvement in NHS Tayside's services ensuring they are person centred, safe and effective while also based on best available evidence and practice.

Key elements in our system are Risk Management, Clinical Effectiveness, Person Centredness, Continuous Improvement and Staff Focus. Clinical Governance relies on all of these elements being brought together through robust reporting and escalation processes using a risk management approach to ensure person centred, safe and effective patient care.

4 GOVERNANCE AND ENGAGEMENT

NHS Tayside Performance Reviews
Within this reporting period the following areas have undertaken Performance Review:

Directorate	Date
Access Directorate	9 June 2017
Surgical and Specialist Surgery	30 June 2017
Medicine Review	28 July 2017

The Performance Review meetings focused on the following themes:

Access Directorate:
- Organisational support to the Medicines Safety and Quality Group which is currently chaired by Consultant Physician in Renal Medicine. This has proven a very useful group with positive feedback noted around promoting good working practice. The Associate Director of Pharmacy felt this merited wider organisational representation.
- The Microbiology Service has maintained its ISO15189 accreditation following a review visit.
- The Clinical Radiology Programme has been recognised for excellence and awarded by the Directorate of Medical Education.
- The Access Directorate was commended for its exemplary presentation and exception reporting provision of assurance in response to issues raised by the Review Team and wider areas identified for further discussion.
- The Blood Sciences Department raised a Datix incident on the 21st of September 2016 regarding equipment failing at 4.15pm, on this occasion Estates were able to respond to this but normally there are no Estates staff working after 4pm and only work a half day on a Friday. This was raised as a risk for service equipment support out of hours.
- The Stracathro Regional Treatment Centre Clinical Service Manager noted no common trends or themes from the readmission review but one of the findings was that there is no current mechanism within NHS Tayside to flag up to surgeons that one of their patients has been readmitted. The Associate Director of Clinical Governance and Risk Management agreed to take this as an action to speak to the Medical Director of Operations and explore an NHS Tayside wide process to capture these to allow feedback to operator and reflection on the case.
- A proposal has been made to use potted sterile water for dental chair waterlines and bottles to transfer to dental rooms. An SBAR report has been drafted and will be submitted to the Health & Safety Committee. The SBAR and an outcome will be provided when available to the Performance Review Panel.
- The CJD question on patient consent forms; the review panel asked whether all departments were asking the question regarding CJD on consent forms, Access Directorate was noted to have 0% completion for this. It was identified that not all departments are using the same consent form, with some forms not having the question on it. Agreement was met that education is required to help staff ask and complete this question and ensure that the same consent form is being used and another audit is to be undertaken.

Surgical and Specialist Surgery:
- Positive Feedback received around Morbidity and Mortality reviews across all specialties, with specific discussion around the Acute Kidney Injury (AKI) DVD that has been produced through the Renal team.
- Acknowledgement was received regarding the ongoing falls work being undertaken and the development of a falls web page on Staffnet to provide staff with a source of information.
- GMC will visit NHS Tayside in November 2017. A full review of GMC reports and action plans are currently being pulled together. The focus for the visit will be General Surgery and Paediatrics.
- Concerns were raised regarding access to medical staff who are able to verify adverse events. It has become apparent that staff are not always readily available to verify the events within the 72 hour timescale. A review of current medical verifiers is to be completed, with a plan to identify medical verifiers within the specialties.
- A request from the directorate regarding advance notice be given for training delivered by Pressure Ulcer Link Nurses. Currently 4 weeks' notice is given, however staff are finding this challenging given workload pressures.

Medicine Directorate:
- Good practice – The Directorate held an event on 8th June following the National launch of the Modern Outpatient Programme, where specialty teams took the opportunity to share their innovative service improvements.
- Medicine for the Elderly wards is currently in the process of recruiting volunteers for the "Companion Observer'' project. The project's aim is to reduce falls whilst improving patient anxiety associated with delirium.
- Through collaboration with the University of Dundee ward 3 tested the role of Clinical Academic Lecturer. The Clinical Academic Lecturer (CAL) post was developed in response to a desire to strengthen links between clinical practice and academia in Nursing. In return Medicine released a Respiratory Nurse Specialist to undertake a lecturing opportunity with the University on a quid pro quo agreement. This agreement was for 12 month period and commenced in September 2016.
- The team in Medical Out-patients are testing out approaches to support people attending clinic to "make the most" of their appointment. This has been based on the principles of House of Care. The team is also in discussion with the communication team to have the final document available on the NHS Tayside internet/outpatients information section.
- Job planning; an update was requested on the current state of job planning. The directorate confirmed that all job planning had now been completed and the new job plans would come into effect in August / September 2017.

5.   **CLINICAL RISK MANAGEMENT**

Risk Assessment
The clinical governance strategic risk has been updated in Datix. The risk encompasses all of the activities and processes described within the paper and these form part of the controls described and contribute to the continued mitigation of the risk.

Risk Management

Within the Datix system there are a total of 449 recorded risks as at 1 August 2017. There are 233 risks that are current/live since 1 August 2012:

- 22 (9%) Strategic
- 75 (32%) Operational
- 136 (58%) Service level

During the two months 1 June 2017 to 31 July 2017 since the last report, a total of 10 risks have been added to the system:

- 0 Strategic
- 1 Operational
- 9 Service level

Risk Appetite

A meeting took place on 13 July 2017 between the Medical Director (Operational Unit), Associate Director for Clinical Governance and Risk Management and the NHS Tayside Risk Manager to discuss the implementation of risk appetite in relation to service level risks within Performance Review.

As an outcome from this meeting, the data set and associated guidance for Performance Review were updated. Thereafter the relevant information was included within reports with effect from 1 August 2017.

Risk Management Key Performance Indicators

A meeting of the short life working group convened to consider risk appetite and risk management key performance indicators took place on Wednesday 16 August 2017.

The purpose of this meeting was to finalise the Key Performance Indicators for Risk Management prior to these being presented to the Strategic Risk Management Group (SRMG) and Audit Committee respectively.

Thereafter performance against these will be reported within the Risk Management Mid Year and Annual Report which is presented to the SRMG and Audit Committee.

Adverse Event Management

Graph 1 shows the total number of adverse events reported in the last 18 months. There were 27,898 new events reported between 1 February 2016 and 31 July 2017. The harm/non-harm ratio is at 1:4 which is consistent with the ratio of harm identified in the previous reports.

Graph 1

Total Number of Adverse Events and Total Number of Adverse Events showing harm
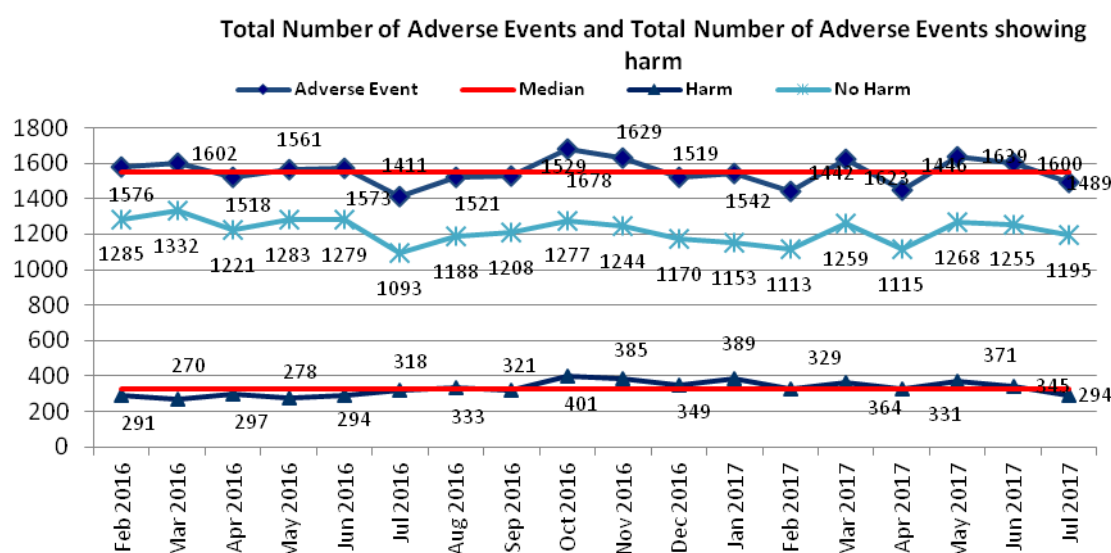
Graph 2 illustrates the total number of adverse events reported by impact. As with Graph 1, the number of adverse events reported and the impact remain stable.

Graph 2

Adverse Events by Impact
01 February 2016 to 31 July 2017
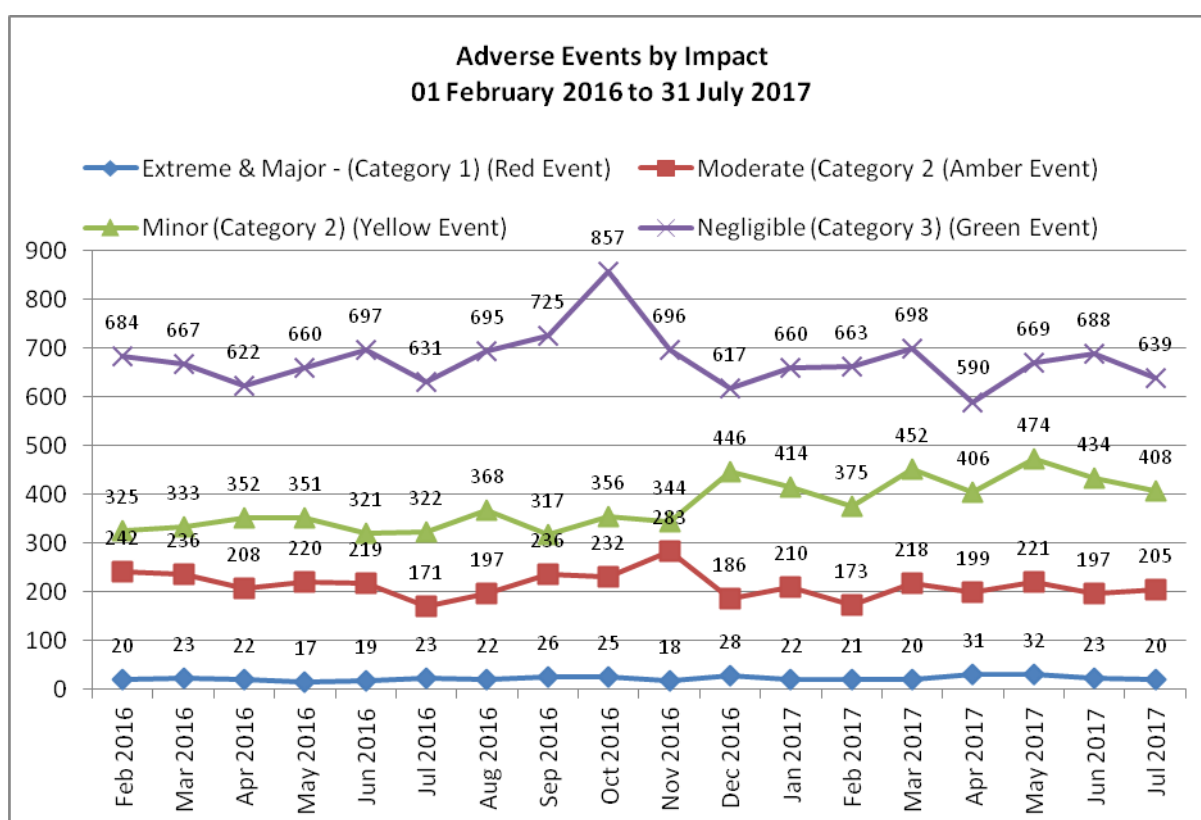
Adverse Event Management Policy
The revised Adverse Event Management Policy was presented to and approved by the Chief Executive and Directors meeting held on 17 July 2017. The policy was endorsed by the Audit Committee on 24 August 2017.

It has been agreed that there will be an interim release of the Policy with a further review scheduled to be undertaken within the next 6 months. To facilitate this review a short life

working group will be established, a comprehensive workplan developed and assurance provided on a 4 weekly cycle to the Clinical Risk Management Group.

Never Events
During the data period 1 June 2017 to 31 July 2017, there were 2 never events reported in NHS Tayside.

Both never events related to a retained foreign object post-procedure. One was reported within the Access Directorate and one was reported within the Surgical Directorate. The event reported within Surgical Directorate was deemed not to be a never event.

Significant Clinical Adverse Event (SCEA)
During the time period 1 June 2017 to 31 July 2017, one SCEA request was presented to the NHS Tayside Clinical Risk Management meeting for consideration regarding progression to SCEA. This was in relation to Pressure Area Assessment, Care and Treatment.

Freedom of Information Requests
During the time period 1 June 2017 to 31 July 2017, the Clinical Governance & Risk Management Team contributed to five FOISA requests.

The requests were related to:
- Murray Royal Hospital – details of all accidents within Garry Ward and details of any complaints received, in any form, regarding damage to the doors at Garry Ward
- Level 6 Car Park – details of all accidents at the level 6 car park at Ninewells Hospital
- Assaults on Patients/Staff – number of assaults on staff at hospitals and other premises in Tayside within the area of Mental Health
- Missing Patients – the following information was requested:
    - Numbers of patients within the care of Tayside who have gone missing in the last 3 years? How many patients have been found in the same period?
    - What is the longest time any patient has been missing?
    - How old they were?
    - Where did they go missing from?
    - How many patients under the age of 16 have been missing in the last 3 years?
    - What age was each of the missing patients?
    - How long was each of these children missing?
    - How many fatalities have occurred as a result of patients going missing?
    - What ages were the fatalities?
- Assaults on staff at Murray Royal Hospital – how many incidents of assaults on staff have been recorded at Murray Royal Hospital over the last 5 years.

Duty of Candour
The consultation exercise to obtain feedback in relation to the draft regulations prepared by colleagues in Scottish Government closed internally on Friday 26 May 2017. A collective response on behalf of NHS Tayside was prepared and signed off by the Medical Director/Deputy Chief Executive prior to being returned on 9 June 2017.

Members of the Implementation and Advisory Group were asked on 21 June to test and provide feedback on the duty of candour e-learning module from colleagues at NES by Friday 23 June 2017. A positive response with suggestions for improvement was submitted and collective feedback from the Implementation and Advisory Group has now been forwarded to NES for consideration.

NHS Tayside are in receipt of their allocation of Duty of Candour leaflets and factsheets from Healthcare Improvement Scotland. An SBAR in relation to dissemination was considered and endorsed by Clinical Risk Management Group on Monday 10 July 2017.

A National Guidance Development Workshop has been scheduled to take place on 12 October

in Edinburgh and the NHS Tayside Risk Manager will attend.

General Risk Update
Infection management: A short life working group has been established to undertake a comprehensive review of the Infection Management Risk and to also identify and prepare a portfolio of underpinning operational risks for consideration by the Infection Control Committee. The group first met on 2 June 2017 and continue to progress this work.

Nursing and Midwifery Directorate: A series of meetings are currently taking place with risk managers from across the Nursing Directorate to support them in reviewing and updating the portfolio of risks which are regularly considered at the Leadership Network. Meetings were held during June and July 2017 in relation to the Delivering Care for Older People and Person Centredness Strategic Risks.

Mental Health: The Associate Nurse Director for Mental Health commissioned support from the Clinical Governance and Risk Management Team to host a risk seminar for Mental Health Services. This took place on Thursday 6 July with representation from across the service. This was led by the NHS Tayside Risk Manager and aimed to:

- Refresh knowledge and skills in relation to risk management
- Review the current risk register for Mental Health with a view to ensuring risks are key service level risks
- Agree appropriate risk owners and managers for each of the risks
- Consider any gaps

Reflections on the afternoon are that the brief was met and that a report on the outcomes will now be progressed through the relevant governance route.

Service Level Risk Form: The Datix Risk Management Group, Co-chaired by Head of Nursing, Renal Services and the NHS Tayside Risk Manager, as part of the Datix enablement structure have recently completed a piece of work to review and simplify the form for recording of service level risks. This has now been tested and the next steps will be to showcase this to the Datix Steering and Development Group and the Strategic Risk Management Group for endorsement, approval and implementation.

6.   **CLINICAL EFFECTIVENESS**

Getting It Right Newsletter
Getting It Right Newsletter is circulated regularly and is distributed and discussed through Clinical Governance structures. It is a vehicle for sharing and disseminating information relevant for Clinical Governance, for example, patient stories, policy updates, newly published standards and guidelines etc. A copy of the May 2017 newsletter can be found by clicking on the following link:

Getting it Right Newsletter – May 2017
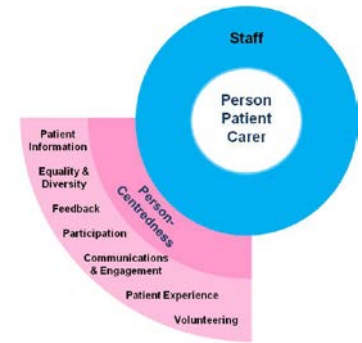
7. PERSON CENTREDNESS

Clinical Governance and Risk Management systems and processes are embedded across NHS Tayside and ultimately contribute to patient experience by reviewing adverse events.

Interpretation and Translation

The current face-to-face interpretation services contract with Dundee Translation & Interpretation Services ends on 31st October 2017. The plan is to provide 'in-house' services and an Implementation Group has been established to take this forward. From 1st August 2017 the management of Interpretation & Translation Services has moved from Clinical Governance & Risk Management to Corporate Equalities within the Chief Executive Department.

Volunteering

National Volunteer Week was 1st – 7th June 2017. There was an information stand on the main concourse at Ninewells Hospital on 1st June 2017. This was used to raise awareness and interest with staff, patients and public of volunteering opportunities within Ninewells Hospital. The stand was visited by several members of the public as well as staff. Voluntary Services took part in the 'What Matters to You' event on 6th June 2017 in the Improvement Academy.

The stand coincided with volunteer week; also within the week an event celebrating and thanking volunteers in NHS Tayside was held in the afternoon of 6th June 2017. At this event, Long Service Awards were handed out by Professor John Connell, NHS Tayside Chairman. The Chairman spoke to the volunteers thanking them for giving their time to the organisation. Refreshments and conversation then followed.

The request for Companion Observer Volunteers for Ward 6 and Short Stay Medical Wards was publicised during Volunteer Week. There was a good response for this and an awareness afternoon followed. Six volunteers signed up for this role and progressed with applications and training. Four of the volunteers have commenced as ward volunteers by way of introducing them into the ward environment, with the remaining two expected to commence shortly. The Companion Observer Volunteer role is only being progressed in ward 6 for the time being and will begin week commencing Monday 25th September.

Throughout June and July the self-assessment document for the renewal of the Investing in Volunteers Award (IiV) has been completed and submitted. This provides a good opportunity to review practices.

Patient Feedback/Patient Experience

Update on National In-patient survey results 2016 (Focus Group with Public Partners)

Following on from the feedback from the above survey, NHS Tayside identified 3 Organisational wide improvement areas.

- Providing feedback / complaints about care received
- Clinical errors – (Update provided in May paper)

- Noise at night

Noise at night (by other patients) was an area to progress organisational learning and improvement. A focus group was arranged and facilitated by a member of the Clinical Governance team.

Feedback was welcomed from Public Partners on how the results can be improved relating to noise from other patients and also any other suggestions to improve patients experience whilst being an in-patient in our hospitals. During the discussion, several themes emerged, these included:
- Unavoidable Noise in hospital
- Raising Awareness – informing staff when ward is too noisy
- Education of Staff
- Pre-Admission Policy
- Patient Information Leaflet

The Public Partner focus group have made several recommendations for consideration including consideration of placing more notices regarding noise around the hospital/ward areas and reviewing patient information leaflets to inform and help manage patient expectations and behaviours whilst in a ward environment. These recommendations have been shared with NHS Tayside Feedback Work stream and the report will be presented to the Professional Nurse Forum with attendance from Heads of Nursing, Senior Charge Nurses and staff from the Nursing and Midwifery Directorate in October.

8. CONTINUOUS IMPROVEMENT

Quality Improvement Projects
The following projects (not requiring ethical approval) were registered with the Clinical Governance and Risk Management Team during the data period 1 June 2017 to 31 July 2017.

- Personalised risk information and its impact on informed choice and intention to undergo colonoscopy in the Scottish Bowel Screening Programme (submitted to the Surgery Clinical Governance meeting for approval).
- Baseline audit to establish attitudes and barriers towards attendance at Type 2 Diabetic Education in Tayside leading to proposal for service improvement (submitted to the Diabetic Clinical Governance meeting for approval)
- Evaluation of National Treatment and Investigation of Cauda Equina (submitted to the Neurosurgery Clinical Governance meeting for approval).

Shared Learning from Adverse Events
An adverse event was reported, where allegations had been made by a patient whilst accessing a service, against a member of staff that worked within another NHS Tayside service. The review identified areas of good practice and specific training needs that could be met locally. Organisational learning identified during the review process was that there is a lack of easily accessible information on Staffnet to support staff dealing with adult support and protection issues. Staffnet was found to currently refer to a NHS Tayside protocol which is not

available on the website. As part of the review process, the process for raising adult protection concerns was identified within the Tayside Multi Agency Adult Support and Protection Protocol. This protocol only appears to be available on the websites of the Health and Social Care Partnerships but not on Staffnet.

Also, no identifiable policy, pathway or protocol was identified for escalating patient concern about conduct of staff in a service other than that of the staff to whom a disclosure is made, or of a member of staff from an unknown service. This lead to delays in the adverse event being escalated to the right person. Support from the Clinical Quality Forum has ensured that the learning from this adverse event has been incorporated into a review of adult support and protection guidance.

9. MEASURES FOR IMPROVEMENT

A series of Measures for Improvement including Performance Reviews for all Directorates/Health & Social Care Partnerships, are included in the Clinical Governance and Risk Management Reports.

The Clinical Governance and Risk Management Team continuously review/monitor all aspects of Adverse Event/Risk Management to ensure Safe and Effective working practice.

10. CONTRIBUTION TO NHS TAYSIDE'S STRATEGIC AIMS

The functions of Tayside NHS Board include strategic leadership and direction and to ensure efficient, effective and accountable governance of NHS Tayside. A robust set of clinical governance and risk management arrangements allow these to be achieved.

11. IMPACT ASSESSMENT & INFORMING, ENGAGING & CONSULTING

All Clinical Governance and Risk Management activities influenced by any Equality and Diversity issues will have an impact assessment undertaken.

A number of individuals from within the Clinical Governance and Risk Management Team and partners were consulted on and contributed to the content of this report.

12. RESOURCE IMPLICATIONS

Financial and Workforce
The system arrangements for Clinical Governance and Risk Management are contained within current resource.

13. LEGAL IMPLICATIONS

The Chief Executive, as Accountable Officer, has responsibility for maintaining a sound system of Internal Control and reviewing the effectiveness of the system within their organisation culminating in the preparation of the Governance Statement.

14. INFORMATION TECHNOLOGY IMPLICATIONS

There are no Information Technology implications associated with this paper.

15. HEALTH & SAFETY IMPLICATIONS

There are no Health and Safety implications associated with this paper.

16. HEALTHCARE ASSOCIATED INFECTION (HAI)

There are no Healthcare Associate Infection issues associated with this paper.

17.   DELEGATION LEVEL

Ms Lesley McLay, is Chief Executive and Accountable Officer.

Professor Andrew Russell, Medical Director and Mrs Gillian Costello, Nurse Director are the Executive Leads for Clinical Governance.

Ms Margaret Dunning, Board Secretary, is the Executive Lead for Strategic Risk Management Systems.

Mrs Arlene Napier, Associate Director of Clinical Governance and Risk Management is responsible for the implementation of Clinical Governance and Risk Management plans and the follow up process.

18.   TIMETABLE FOR IMPLEMENTATION

Monitoring of the data contained within this paper is an ongoing process and improvements will continue to be made following recommendations received from members of the various committees at which this report is presented.

Mrs F Gibson
Clinical Governance and Risk Management
Co-ordinator

Mrs T Passway
Clinical Governance and Risk Management
Team Lead

October 2017

Prof A Russell
Medical Director

Mrs G Costello
Nurse Director

Please note any items relating to Committee business are embargoed and should not be made public until after the meeting

NHS
Tayside

DIRECTOR OF MEDICAL EDUCATION REPORT

Mr C Butler
Medical Education Manager

Prof A Russell
Medical Director

Mrs G Costello
Nurse Director

October 2017

Scotland Deanery

Director of Medical Education Report

NHS Board	Tayside
Responsible Board Officer	Professor Andrew Russell
Director of Medical Education	Dr John Davidson

Reporting Period	**From**	Aug 2016	**To**	Jul 2017

Note to DME: Please complete all sections of the report in relation to the last training year. For assistance, please contact Lesley Metcalf at Lesley.Metcalf@nes.scot.nhs.uk or 0141 2231510.

Please complete and return to Lesley.Metcalf@nes.scot.nhs.uk by **Wednesday 16th August 2017.**

1. Year in review: 2016-17

1.1 Please outline the main training achievements in your board in the last training year:

NHS Tayside employs approximately 530 trainee doctors in a wide range of GMC approved training programmes with NHS Tayside staff providing supervision, teaching and support across all clinical sites. Each trainee has an Annual Review of Competency Progression (ARCP) with an outcome determining if they should proceed to the next level of training or complete their course.

The following table includes the ARCP results of trainees in programmes managed by the East Region of the Scottish deanery. NES cannot supply ARCP outcomes by individual health board but the East Region has the majority of its trainees based in Tayside.

ARCP	ARCP explanation	Total
1	Satisfactory progress	355
2	Development of specific competences required – Additional training time not required	26
3	Inadequate progress – Additional training time required	14
4	Released from training programme – With or without specified competences	6
5	Incomplete evidence presented – Additional training time may be required	12
6	Gained all required competences – Will be recommended as having completed the training programme (core or specialty) and if in a run-through training programme or higher training programme, will be recommended for award of a CCT/CESR(CP)/CEGPR(CP)	155
7.1	Satisfactory progress in or completion of the post	14
7.2	Development of specific competences required – Additional training time not required	2
7.3	Inadequate progress by the trainee	4
8	Out of programme for clinical experience, research or a career break (OOPE/OOPR/OOPC)	15
No Review	The ARCP panel would not issue an outcome when the trainee is absent due to statutory leave or where training has been suspended	36

The University of Dundee Medical School is co located with NHS Tayside with medical students undertaking placements in the vast majority of Tayside services with NHS staff teaching and supporting them through their course. This year 176 medical students graduated of those 10 graduated with honours and 9 graduated with commendation. In addition to this following medical students successfully moved into the next year of training.

Year 1 – 2 = 148 students
Year 2 – 3 = 137 students

Year 3 – 4 = 95 students (this doesn't include students moving onto BMSc or those coming back into medicine)
Year 4 – 5 = 4th years have rolled to year 5. Progression figures for this group will not be available until after the examination diet in September

FaMe – Faculty of Medical Educators
NHS Tayside and the University of Dundee have an annual undergraduate teaching awards ceremony (FaME) where students nominate and then vote for the individuals and societies that they believe have been exemplars of excellent teaching. The awards and number of winners for each area in 2017 were

Innovation in medical Education   2 winners
Excellence in Teaching   6 winners
Supporting Teaching   3 winners
Excellence in teaching by a medical student 3 winners
Excellence in teaching by a junior doctor   3 winners

Overall there were 46 individuals & 7 societies nominated across the different awards.

Broad based training - NHS Tayside has agreed to participate in this innovative recruitment drive which is intended to provide educational opportunities embedded within training schemes which historically had proven difficult to recruit to. This is only available in three health boards across Scotland and will commence in 2018.

NHS Tayside has worked closely with the University of Dundee Medical School to create a shared process for staff needing to be recognised in one of the named training roles. This works with the systems in place a Scottish level using the SOAR appraisal system, national database of trainers (Turas) and national resources such as the Scottish trainer Framework. This process is now well established with most trainers now recognised (367 trainers currently recognised on SOAR), the numbers now seeking recognition are quite small and are mostly the result of new staff being appointed to Tayside.

NHS Tayside and the University of Dundee work together to support trainers locally with a series of Core skills workshops and resources such as the getting started booklets.   NHS Tayside benefits from having the University of Dundee staff development officer based in a shared office space with the DME office allowing for a single point of access for support to educators most of whom will have undergraduate teaching as well as postgraduate training roles.   Additional information can be found on our website.

NHS Tayside has an agreed tariff for medical staff undertaking named teaching roles which is incorporated into the job planning process across the organisation and ensures that recognised trainers are given appropriate time in their job plans for educational activity.

In order to support individuals involved in Medical Education the DME has hosted an annual away day which included providing plenary sessions and workshops with Supervisors, trainees, students, NES and University staff invited to participate. This year's event highlighted a number of best practice areas and a wide range of workshops including some organised by NES and the University.

The bi-monthly meeting of Teaching Leads, DME and University staff has been reviewed with input from the Teaching Leads on how to better use this time to for both information sharing and planning undergraduate teaching activity across the board.

Site	Details about good practice
Psychiatry	Core Competency Checklist for core and GPST trainees in Psychiatry. New rota arrangements which have monitored as compliant and in order to improve, quality safety and training, safety huddles and specific on call peer supervision groups have been established.
T&O PRI	Daily Trauma meetings being used as an educational opportunity for trainees, and a start of post anatomy quiz
Radiology NW	Excellent educational culture supporting both trainers and supervisors
Multiple sites	Good Datix/governance feedback mechanisms
All	Increased use of Physicians Associates, Health Care Assistants and Advanced Nurse Practitioners in support of doctors in training as part of a significant expansion of the non medical workforce.
FY	NHS Tayside has a teaching lead for patient safety who promotes QI projects and the use of Datix with foundation doctors and medical students, this post has been giving additional resource that will allow sessional time of two experienced AHPs to undertake this role.
Microbiology	Protected bleep free teaching time
All	Shared programme with the University of Dundee Medical School to support trainers undergoing recognition.
FY Shadowing / Induction	FY doctors who started in August have given very positive feedback regarding the shadowing/induction process which had undergone some changes this year in order to maximise the time on the wards immediately before the changeover date.
Dermatology	Have continued to have excellent medical student feedback, the department has sustained a strong educational culture over a number of years.
Neurology	Medical student feedback has improved over the last two years during a period of time where there was a

	high staff turnover. The Teaching Lead highlighted the benefits of increased administrative support for the block over the last three years which has helped improve student feedback and provide increased support to medical staff involved in teaching.
General Surgery	The 5th year medical student foundation assistantship block has better feedback this year due to of number of changes to the block, including an introduction of a student rota based on the trainee doctor rota, this allowed for a better shadowing experience where the students had in increased participation in out of hours activities.
Foundation doctor as educators	FY2 doctors facilitate tutorials on practical prescribing with structured material created and validated by the prescribing group as an example of Foundation doctors engraining with formal teaching processes. Other examples include assessments in OSCEs and giving formal feedback on case presentations
	[Please add further lines if required]

1.3 Please outline the main issues that your board has faced in the last training year:

NHS Tayside is currently undergoing significant service redesign in Surgery, Medicine and Psychiatry, Surgery and Psychiatry have produced plans for radical development of clinical services across NHS Tayside. These plans are now in the public domain and are subject to a 90 day period of public consultation. The outcome of this process will define the shape of clinical services across NHS Tayside. The Directorate of Medical education has been consulted regarding the proposed service redesign and the implications for undergraduate teaching and postgraduate training. By definition, these plans will also require approval from NES prior to implementation. It is difficult to provide more detailed information at present pending the outcome of the public consultation process. We expect similar seismic changes to the service delivery model of medicine and its allied specialties over the coming months. There are already plans in place for a radical restructuring of the management structure following input from representatives of Scottish Government health department.

One of the major problems which has effects on both recruitment and retention of trainee doctors, consultants and SAS doctors is the national shortage of medical staff. Unfilled posts put a strain on rotas which little or no slack in them. By definition, the gaps will then increase the workload of those in post at all levels. It is a major challenge in light of this national shortage to balance the demands of training and service delivery. NHS tayside has attempted to address this problem in a number of ways. As mentioned above there has been expansion of the non medical workforce which includes Physicians associates, Healthcare assistants and ANPs. The potential for further expansion of the number of ANPs is limited by the national shortage of nursing staff. Whilst the number of vacancies across NHS Tayside is lower than was the case in recent years, there are a number of rotas which have monitored as being non complaint with New Deal. This clearly has financial implications for NHS Tayside but also creates challenges for the DME and NES to work collaboratively to ensure that Trainees are able to meet there training requirements and curriculum outcomes.

There have been a number of changes to the DME structure within NHS Tayside, with a number of new Associate Directors of

Medical Education appointed, the alignment of the DME structure previously mirrored the clinical service with an ADME assigned to each clinical directorate in NHS Tayside. However this system cannot be continued and instead the ADMEs each have a portfolio managed by the Deputy Director of Medical Education.

1.4 Please outline any new issues that your board is likely to face in the coming training year(s)

The GMC are visiting NHS Tayside on the 2nd of November. The preparations for this have been underway for several months already. These preparations are a high priority for the Directorate of Medical Education and have consumed a large amount of the time and resources available to the Directorate. The GMC visit will ask questions of NHS Tayside around the delivery of undergraduate teaching and postgraduate training measured against the GMC published standards. Failure to evidence compliance with these standards potentially exposes NHS Tayside to a wide range of sanctions up to and including removal and /or redeployment of trainees from individual specialties and training schemes. The board of NHS Tayside and the current senior management structure are fully aware of this visit and the need to engage with the process at all levels. This will be coordinated by the Directorate of Medical Education.

Additional Cost of Teaching (ACT)

Governance of ACT funding is through the local ACT Group which meets regularly to ensure accountability of NHS Tayside's delivery of teaching. ACT is a standing item on the Teaching and Training Management Group monthly meeting agendas and an annual agenda item for both the NHS Tayside's Finance and Resources Committee and the Clinical and Care Governance Committee. The Dundee Regional ACT Group meets quarterly and the ACT Officer attends the Medical ACT Officers meetings and the Medical ACT Working Group meetings, both hosted by NES, to maintain an awareness of national issues.

 Individual MOT data profiles and job plans are requested as part of the local annual accountability reporting process. The reports are scrutinised and ACT funded posts and projects are reviewed to ensure they are still required, meet with curriculum needs and are relevant for continued funding. In addition post holders are appraised by the DME and DDME. A summary of all accountability reports is available on request.

The Medical ACT allocation model is a two stage approach where stage one uses student numbers and stage two uses the Measurement of Teaching (MOT) data. For the first time in 2017/18 overseas students are included. In 2017/18 our percentage share of students in stage one of the model has gone down, resulting in a reduced allocation.

In 2016/17 the allocation for NHS Tayside was £12,531,034 a reduction of £387,000 on the previous year. A further reduction of £102,000 was incurred in 2017/18 giving a budget of £12,429,533. The maximum reduction for 2016/17 was capped at 2% and for 2017/18 at 0.8%. NES expect any reductions in allocation, as well as inflationary pressures, to be met from efficiency savings. This has added cost pressures for NHS Tayside and the University of Dundee. However in spite of the reductions, the students feeding back on their educational

experience continue to show positive results meaning that NHS staff are providing best value for money in their teaching roles.

The pie chart below shows that the vast majority of the ACT funding is expended on direct teaching or teaching support, with only 4.4% spent on the Directorate of Medical Education, which administers the organisation of the teaching.

2016/17
ACT allocation
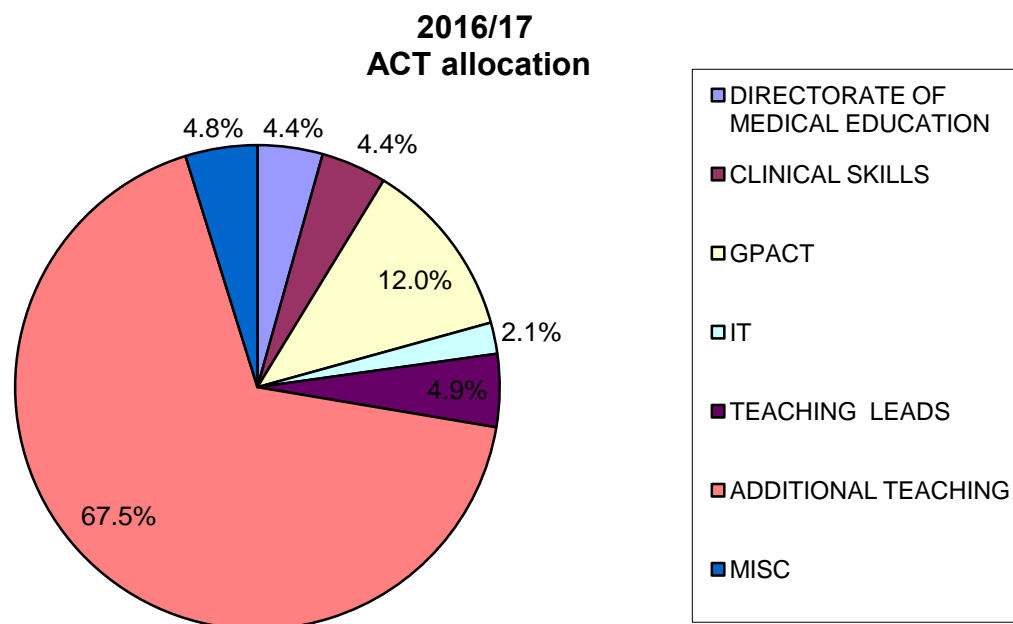
Accountability and performance management is a key area for ACT, as historically it has been difficult to ensure transparency in the use of ACT funding. The University-NHS Integration Framework for Information (UNIFI) system is a huge step forward in this area. During the 2016/17 financial year, data from UNIFI has been used to identify teaching by departments, which now forms a baseline for future movements in teaching. Following on from that, work is ongoing to identify teaching and funding by Integrated Join Boards (IJB).

The Medical School place some students outside of Tayside to ensure they receive adequate experience in various clinical environments. In 2016/17 just over £1.4m, an increase of approx £180,000, went to other Scottish Health Boards to fund these out of area placements. This was further increased by £150,000 in 2017/18 mostly due to the new Dundee Longitudinal Integrated Clerkship programme which has recently been introduced. This programme allows students to spend their 4th year mainly in a general practice or community setting. It is hoped that this initiative will help to generate interest in students returning to remote and rural areas after graduation.

The University of Dundee has been chosen as a joint lead, with the Universities of St Andrews and the Highlands and Islands, for Scotland's first Graduate Entry Medical Programme (ScotGEM). It's a four-year programme for approx 40 students per year, starting in the academic year 2018/19 and the programme will attract. ACT funding from April 2018. However capacity issues will need to be carefully managed with NHS Boards and GP Practices.

There are a number of potential changes to the employment arrangements of trainee doctors that will likely result in doctors working in Tayside but employed by another organisation. This will need to be carefully managed with robust communication processes between the different organisations to ensure that the doctors experience in Tayside is not negatively affected by this change of employment status.

1.5 Please identify any sites that should be considered for a visit	
Site	**Reason why a visit may be necessary**
NA	NA
	[Please add further lines if required]

1.6 Is medical education and training (MET) a standing item on the agenda of the Health Board (HB)?
No

1.7 Is there a non-executive board member with responsibility for MET?
No

1.8 If you answered 'No' to questions 1.6 and/or 1.7, how are education and training issues raised with the HB?

The Director of Medical Education reports directly to the Board Medical Director (Dr Andrew Russell). The DME had easy access to the Board Medical Director, the Operational Medical Director and each of the Associate Medical Directors across NHS Tayside through attendance at the weekly operational meeting of the MDs and AMDs. Unfortunately for logistical reasons this meeting has been moved from Monday lunchtime to Tuesday lunchtime which clashes with the DMEs clinical commitments and therefore precludes his attendance.

In addition the DME meets with the Postgraduate Dean and Undergraduate Dean on a monthly basis.

1.9 Describe the quality control activities in relation to MET that have been undertaken by your HB in this training year?

NHS Tayside uses learner feedback obtained through both local and national surveys as its starting point of quality control activity.   This is supported by local information including rota compliance results, postgraduate exam exam pass rates, educational concerns raised to the DME team.

This is augmented by supporting the NES quality visit process and responding to areas highlighted by the visit process and by close cooperation with the Medical School using learner and educator feedback.

This information allows the DME team including Associate DMEs to work with departments to ensure that standards are maintained and that the experience of learners and educators is as positive as it can be.

Survey data including the national training survey data is shared with clinical and educational leads as well as the NHS Tayside "Business Unit" which brings together a range of data including clinical and educational measures for specialties.

The Director of Medical Education chairs an educational group "Teaching and Training Management Group" that includes sub groups for different directorates following the NHS Tayside management model. These groups have input from trainees, education and clinical leads discussing medical education every two months.

Trainee feedback has been sought in relation to specific events and improvement work and has provided a valuable contribution that has helped shape the organisations responses to various challenges.

1.10 Are there forums within your HB whereby senior officers (CEO, MD) or site-based senior clinical management have regular, scheduled meetings with trainee doctors to discuss their training and receive feedback? Please provide full details.
NHS Tayside senior officers take part in a number of staff engagement session in the form of drop-in question and answer sessions with members of the Director Team in sites across Tayside. These are not specific to trainee doctors but all staff including medical staff are invited to participate these meetings are planned on a monthly basis with all staff contacted via email and details advertised on staffnet and therefore available to all staff. As part of the FY teaching programme there is a specific session set aside for FY doctors to feedback to the Medical Director and other senior staff regarding their experiences and ideas for improvement.   This involves each FY doctor completing a DATIX report and a reflective analysis of the incident. This process is supported and facilitated by the Teaching Lead for patient safety.

1.11 At each site, how many DATIX submissions have been made by trainee doctors within this training year?

Site	Unit/Specialty	Number of DATIX	What are the mechanisms in place for trainees to receive feedback on their submissions?
The Datix system in Tayside was updated on the 1/1/17 to allow specific reports of trainee submissions. The following data is from 1/1/17 to 4/7/17. In future years we will be able to show data over the full year.			
Carseview Centre		4	Trainee receive feedback on their submissions through local clinical governance structures. Normally this will be a department meeting such as an M7M meeting allowing all staff to learn from datix submissions. However this may vary between individual units.
Centre for chid Health Dundee		2	
Dudhope House		1	
Kingsway Care Centre		3	
Ninewells Hospital		116	
Patients Home (Dundee)		1	
Perth Royal Infirmary		14	
Royal Victoria Hospital		2	
Stracathro Hospital		1	
Other		6	
			[Please add further lines if required]

1.12 At each site, how many trainee doctors have been involved in an SAE?			
Site	Unit/Specialty	Number of SAE	Was the Deanery notified and involved in the follow up?
The Datix system in Tayside was updated on the 1/1/17 to allow specific reports of trainee. The following data is from 1/1/17 to 4/7/17. In future years we will be able to show data over the full year.			
CARSEVIEW CENTRE	Community Mental Health Team	1	All Datix incidents are verified by and acted upon by clinicians within the service
KINGSWAY CARE CENTRE	Psychiatry of Old Age	2	
MURRAY ROYAL HOSPITAL	Psychiatry of Old Age	2	
NINEWELLS HOSPITAL	Acute Medical Unit	1	
NINEWELLS HOSPITAL	Cardiology	2	
NINEWELLS HOSPITAL	Dentistry	1	
NINEWELLS HOSPITAL	Gastroenterology	2	
NINEWELLS HOSPITAL	Medical High Dependency Unit	1	
NINEWELLS HOSPITAL	Orthopaedics	1	
NINEWELLS HOSPITAL	Surgery	1	
NINEWELLS HOSPITAL	Neurosciences	1	
NINEWELLS HOSPITAL	Neurosurgery	1	
NINEWELLS HOSPITAL	Oncology	1	
PATIENTS HOME (DUNDEE)	PATIENTS HOME (DUNDEE)	1	
PERTH ROYAL INFIRMARY	General Medicine	1	
PERTH ROYAL INFIRMARY	Nursing	1	

PITKERRO CARE CENTRE DUNDEE	Out of Hours Care	1	
RIVERSIDE VIEW CARE HOME (BLUEBELL)	Intermediate Care	1	
ROYAL VICTORIA HOSPITAL	Medicine for the Elderly	1	
			[Please add further lines if required]

1.13 At each site, how many trainee doctors have required 'reasonable adjustments' to their training in relation to a declared disability?	
Site	**Number of trainees**
Rohallion Clinic, Murray royal Hospital	1
Ninewells Hospital	2
	[Please add further lines if required]

1.14 Have you had any external reviews that have impacted on training? Please provide full details, e.g. GMC / HIS etc..	
Details of external review:	**DME comment required:**
NA	NA
	[Please add further lines if required]

2. Training Quality Lead Funding Report for 2016/2017 Financial Year

2.1 Financial Breakdown of Use of TQL Funding:

Funded Staff Positions/Sessions	Amount: Financial Year 16/17	Projected Amount: Financial Year 17/18	Projected Amount: Financial Year 18/19
Postgraduate Administrator	£28,155	£28,359	£28,642
Consultant Time PRI	£16,750	£16,885	£17,054

Other Expenditure of TQL Funding: Please Specify	Amount: Financial Year 16/17	Projected Amount: Financial Year 17/18	Projected Amount: Financial Year 18/19

2.2 Please provide information relating to the objectives for the use of TQL funding:

	Outline the systems, structures, personnel and events that have been put in place to deliver this	Outline the systems, structures and personnel you use to monitor the effectiveness and quality of this delivery	Highlight what has changed since the previous 2015/16 report	Describe any planned changes over 2017-18
1. Successfully deliver against GMC standards	Postgraduate administrator supports the DME in educational governance and leadership by organizing and minuting formal educational meetings ADME is part of the medical education leadership team that leads the delivery of GMC standards in medical education	Trainee survey data, Deanery visit reports		
2. Support Deanery Visits and manage the timely return on information as required for quality management purposes e.g. NTS, PSI, LEP report, visit action plans	Postgraduate administrator supports the organization of deanery visits by helping collate information and, booking rooms/catering and emailing participants with timings	DME office is in communication with Deanery QIMs in relation to visit returns	Postgraduate administrator is key in preparing for deanery quality visits as well as preparing quality data on behalf of NHS Tayside.	
3. Provide pathways for delivery of information to trainees.	Postgraduate administrator is responsible for the delivery of information to trainee doctors from the DME office, especially with incoming FY doctors in relation to the shadowing period and induction	Communication to incoming FY1 doctors is specifically questioned as part of the shadowing/induction feedback		
4. Organisation of hospital induction and documentation of attendance	Postgraduate administrator organises FY shadowing week and hospital wide trainee induction, including attendance figures.	Trainee feedback is collected after each survey and used to adjust the programme in future years	Induction undergoes changes every year based on feedback from trainees, departments and presenters	

5. Support effective departmental induction and documentation of attendance	Postgraduate administrator has given support to departments in preparing induction information and sharing best practice ADME leads PRI site specific induction process.			
6. Ensure compliance with and documentation of appropriate Faculty development for Clinical and Educational Supervisors	Postgraduate administrator supports the delivery of ROT to NHS Tayside, updating Turas, and local systems used by DME to recommend trainers The ADME reviews trainer evidence before recommending trainers to NES/University for recognition		ADME role used to support trainers undertaking recognition.	
7. Provide local monitoring and management of doctors in difficulty				
8. Facilitating provision of training on work placed based assessment for all staff involved.				
9. Providing training and updates on e-portfolio activities	Postgraduate administrator supports the delivery of e-portfolio training foundation shadowing by booking rooms and allocating trainees as part of the FY induction programme.			
10. Provide a local focus for careers advice	ADME provides general information to trainees and signposts trainees to detailed specialty advice.			

11. Provide a local contact for educational research activities	Postgraduate administrator directs queries within the medical education team and acts as the first point of contact for queries.			
12. Provide local advocacy for concerns raised by trainees.	ADME can be contacted by trainees wishing to raise concerns			
13. Ensure accountability at Board level for performance in the delivery of PGMET.	Postgraduate administrator takes minutes and prepares meetings between DME staff and Medical Director/senior management			
14. Provide to the Board regular reports on PGMET Quality Management data including GMC NTS, PSI & NES QM data including reports of QM visits highlighting strengths & weaknesses of training in LEPs in the Board area.	Postgraduate administrator responsible for maintaining the records within the DME office and passing records to the Medical Director, which is our management route to the Board. Medical Director invited to feedback of triggered deanery visits		This was updated as part of the new QMQI process.	
Any other use made of TQL funding				

3: Undergraduate Medical Education: Quality Report

3.1 Overview of flags for academic year:

Medical School	Year of study	Site	Specialty	Indicator	Colour of flag last year	Colour of flag this year	% response rate
New green flags for this academic year							
Dundee	4	Murray Royal Hospital	Psychiatry	Teaching Quality			45
Dundee	4	Murray Royal Hospital	Psychiatry	Clinical Experience			45
Dundee	4	Murray Royal Hospital	Psychiatry	IT Equipment			45
Dundee	5	Ninewells Hospital	Foundation Medicine - Foundation Apprenticeship in Cancer Medicine	Access to Software			67
Dundee	5	Ninewells Hospital	Foundation Medicine - Renal	Teaching Quality			50
Dundee	5	Ninewells Hospital	Foundation Medicine - Renal	Learning Opportunities			50
Dundee	5	Ninewells Hospital	Foundation Medicine - Renal	Learning Support			50
Dundee	5	Ninewells Hospital	Foundation Medicine - Renal	Pastoral Support			50
Dundee	5	Ninewells Hospital	Foundation Medicine - Respiratory	Teaching Accommodation			50
Dundee	5	Ninewells Hospital	Foundation Medicine - Stroke & CIU	Overall Satisfaction			46
Dundee	5	Ninewells Hospital	Foundation Surgery - ENT	Overall Satisfaction			42
Dundee	5	Ninewells Hospital	Foundation Surgery - Urology	Feedback			58
Dundee	4	Ninewells Hospital	General Medicine	Assessment			50
Dundee	4	Ninewells Hospital	Integrated specialties - Acute Care - Anaesthesia	Teaching Quality			44
Dundee	4	Ninewells Hospital	Integrated Specialties -	Access to Software			38

			Orthopaedics				
Dundee	4	Ninewells Hospital	Integrated Specialties - Orthopaedics	Teaching Equipment			38
Dundee	4	Ninewells Hospital	Surgery Specialties - Ophthalmology	Overall Satisfaction			43
Dundee	5	Perth Royal Infirmary	Foundation Surgery - Surgery & Oncology	IT Equipment			55
Dundee	4	Perth Royal Infirmary	General Medicine	Overall Satisfaction			38
Dundee	4	Perth Royal Infirmary	General Medicine	Block Organisation			38
Dundee	4	Perth Royal Infirmary	General Medicine	Teaching Quality			38
Dundee	4	Perth Royal Infirmary	General Medicine	Learning Opportunities			38
Dundee	4	Perth Royal Infirmary	General Medicine	Clinical Experience			38
Dundee	4	Perth Royal Infirmary	General Medicine	Learning Support			38
Dundee	4	Perth Royal Infirmary	General Surgery	Teaching Quality			48
Dundee	4	Perth Royal Infirmary	Integrated Specialties - Orthopaedics	Teaching Quality			41
Dundee	4	Perth Royal Infirmary	Integrated Specialties - Orthopaedics	Learning Opportunities			41
Dundee	4	Perth Royal Infirmary	Integrated Specialties - Orthopaedics	Clinical Experience			41
Dundee	4	Stracathro Hospital	Psychiatry	Learning Support			75
Dundee	4	Wedderburn House	Psychiatry	Learning Opportunities			35
Dundee	4	Wedderburn House	Psychiatry	Feedback			35

Please tell us of any work you feel may have contributed to these improvements:
These improvements are across a wide range of indicators and clinical settings, there can be a number of local reasons for individual improvements but it is worth highlighting the work carried out by all staff involved in teaching who actively try and improve the experience for students. This includes Medical staff, nurses, AHPs as well as administrative staff both in the Directorate of Medical Education and those based in individual specialties. There continues to be close collaboration between NHS Tayside and the Medical School which benefits students undertaking placements in Tayside. We will look at Renal medicine Ninewells and General Medicine PRI in particular to see if any specific improvements can be replicated in other areas.

Resolved red/amber flags from last academic year							
Medical School	**Year of study**	**Site**	**Specialty**	**Indicator**	**Colour of flag last year**	**Colour of flag this year**	**% response rate**
Dundee	4	Murray Royal Hospital	Psychiatry	Feedback			45
Dundee	4	Ninewells Hospital	General Medicine	Access to Software			50
Dundee	4	Ninewells Hospital	Integrated specialties - Ageing & Health	Block Organisation			32
Dundee	4	Ninewells Hospital	Integrated specialties - Ageing & Health	Teaching Delivery			32
Dundee	4	Stracathro Hospital	Psychiatry	Block Organisation			75
Dundee	4	Stracathro Hospital	Psychiatry	Teaching Quality			75
Dundee	4	Stracathro Hospital	Psychiatry	Feedback			75
Dundee	4	Stracathro Hospital	Psychiatry	IT Equipment			75
Dundee	4	Stracathro Hospital	Psychiatry	Access to Software			75
Dundee	4	Stracathro Hospital	Psychiatry	Teaching Equipment			75

Dundee	4	Stracathro Hospital	Psychiatry	Teaching Accommodation			75
Dundee	4	Wedderburn House	Psychiatry	Block Organisation			35

Please tell us how you think these issues have been resolved:

Psychiatry blocks have undergone a number of changes including a new teaching lead soon to be appointed after a period of this post being vacant. In addition Stracathro hospital has UoD wifi access which had been identified as a problem for students in previous years.

Recurring red/amber flags for this academic year							
Medical School	**Year of study**	**Site**	**Specialty**	**Indicator**	**Colour of flag last year**	**Colour of flag this year**	**% response rate**
Dundee	4	Ninewells Hospital	Surgery Specialties - Urology	Feedback			43
Dundee	4	Wedderburn House	Psychiatry	Teaching Delivery			35

Please tell us of any additional information regarding these areas:

The urology feedback has been discussed with lead undergraduate educator and more structured feedback will be provided to students in a more timely fashion. In addition to this funding has been transferred to newly appointed consultant who will undertake teaching activity including additional tutorials with students in Urology.

Qualitative feedback highlighted that some students were not happy with the travelling involved in community psychiatry compared to more hospital based specialties, which may have affected the amber flag.   The newly appointed Teaching Lead for Psychiatry has plans to improve formal teaching for students in all areas.

New red/amber flags for this academic year							
Medical School	Year of study	Site	Specialty	Indicator	Colour of flag last year	Colour of flag this year	% response rate
Dundee	4	Ninewells Hospital	Child Health	Overall Satisfaction			39
Dundee	4	Ninewells Hospital	Child Health	Teaching Quality			39
Dundee	4	Ninewells Hospital	Child Health	Pastoral Support			39
Dundee	5	Ninewells Hospital	Foundation Surgery - Orthopaedics	Block Organisation			55
Dundee	5	Ninewells Hospital	Foundation Surgery - Orthopaedics	Feedback			55
Dundee	5	Ninewells Hospital	Foundation Surgery - Orthopaedics	Pastoral Support			55
Dundee	5	Ninewells Hospital	Foundation Surgery - Orthopaedics	IT Equipment			55
Dundee	5	Ninewells Hospital	Foundation Surgery - Orthopaedics	Access to Software			55
Dundee	4	Ninewells Hospital	General Surgery	Block Organisation			121
Dundee	4	Ninewells Hospital	General Surgery	Teaching Delivery			121
Dundee	4	Ninewells Hospital	Integrated specialties - Rheumatology	Learning Opportunities			43
Dundee	4	Perth Royal Infirmary	General Surgery	Teaching Delivery			48

Please tell us of any additional information regarding these areas:

Child Health had a number of new flags but after discussing this with the Teaching Lead we believe this was due to a short staffed rota which negatively affected the support available to students, which has now been resolved.. In addition to this some students had unrealistic expectations of the hands on experience they would receive within this block especially in some of the more specialised areas. The Teaching lead is going to adjust the induction in order to manage the expectations of students.

Rheumatology has learning opportunities scored as an amber flag, this is a reflection of the size of the clinical service and the

opportunities available, The quality of the teaching is well received and there are plans to introduce additional content for the students so they get the most out of their time in this placement.

General Surgery in Perth Royal Infirmary has had a number of short term changes to the service delivery model and is currently in a public consultation with a proposed new service model across Tayside. Due to the nature of some of the short term changes some of the teaching delivery was affected. However there is now a longer term plan for the service which should remove this amber flag.

General surgery at Ninewells had contradictory qualitative data which makes it difficult to highlight the problem especially with block organisation, there was not a change in how this happens compared to previous blocks from the comments it appears there were unrealistic expectations and the students were not keen to take ownership of self booking into some of the learning opportunities within the block, this contradicts the feedback from the majority of students in previous blocks. The Teaching lead is reviewing the general surgery block format and is taking this feedback into account.

Areas with consistent green flags across multiple indicators			
Medical School	**Year of study**	**Site**	**Specialty**
Please tell us any additional information regarding these areas, in order to share good practice:			

4 Postgraduate Medical Education: Quality Report

Key to survey results

Undergraduate Survey (UG)*

Key	
	Score less than 0
	Score 0 to less than 0.55
	Score 0.55 to less than 1.55
	Score more than or equal to 1.55
	No results available
▲	Better result than last year
▼	Worse result than last year
▬	Same result as last year

*This survey data is provided for information/comparative purposes only. It is recognised that it has already been commented on in section 3.

Scottish Training Survey (STS)

Key	
	Low Outlier - well below the national benchmark group average
	High Outlier – performing well for this indicator
	Potential Low Outlier - slightly below the national benchmark group average
	Potential High Outlier - slightly above the national benchmark group average
	Near Average
▲	Significantly better result than last year**
▼	Significantly worse result than last year**
▬	No significant change from last year*
	No data available

** A significant change in the mean score is indicated by these arrows rather than a change in outcome.

GMC National Training Survey (NTS)

Key	
	Result is below the national mean and in the bottom quartile nationally
	Result is above the national mean and in the top quartile nationally
	Result is in the bottom quartile but not outside 95% confidence limits of the mean
	Result is in the top quartile but not outside 95% confidence limits of the mean
	No flag / no result available for last year
▲	Better result than last year
▼	Worse result than last year
▬	Same result as last year
	No data available
82.67	Mean scores shown for aggregated results***

*** Aggregated results have been provided where there are fewer than 3 responses in the current year's NTS survey and therefore no data is available. The aggregated RAG outcomes have been **generated by NES** using the 2015-2017 NTS data. They are not attributable to the GMC.

Undermining/bullying outcomes are only shown for units that have a red or pink flag. These results are not published by the GMC and are provided to the Deanery to provide additional context to the supportive environment outliers and to any freetext comments which may have been received in the NTS. Please note that these outliers are compiled by post only, i.e. trainees at all levels working within a specific unit/department. It is not possible to provide further detail as to training level.

4.1 Site: Alloway Centre, Specialty: General Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Psychiatry								2
Core - Psychiatry (aggregated)	▨	▨	▨	▨	▨	▨	▨	2
GP - Psychiatry								1
GP - Psychiatry (aggregated)	▨	▨	▨	▨	▨	▨	▨	1

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
Core																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Not enough data to comment on this in particular and no known issues.

4.2   Site: Alloway Centre, Specialty: Psychotherapy

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Psychiatry								0
Core - Psychiatry (aggregated)								0

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.3   Site: Arbroath Infirmary, Specialty: Geriatric Medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
GP - Medical								5

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.4   Site: bell street police forensic morgue, Specialty: Forensic Histopathology

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Run through - Diagnostics								1
Run through - Diagnostics (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.5   Site: Carseview Centre, Specialty: General Psychiatry

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Psychiatry	5	▼	—	—	—	—	—	—	—	▲	▲	▲	—	—	—	—	—	—	—	—	—	2	4

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Psychiatry								4
Core - Psychiatry (aggregated)	—	—	—	—	—	—	▨	7
GP - Psychiatry								2
GP - Psychiatry (aggregated)	—	—	—	—	—	—	—	6
Higher - Psychiatry								1
Higher - Psychiatry (aggregated)								3

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
Core																		1
Core (aggregated)										▲					-			7
ST																		1
F2																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Psychiatry has undergone a number of service changes as well as having a gap in the UG teaching lead role. A new lead has been appointed and general adult psychiatry services have moved from Stracathro to Carseview which allows the teaching to be improved for students on both these blocks. The following apply to General Adult Psychiatry posts across Tayside The provision of four nominated educational supervisors who will provide consistent educational supervision for the trainee

through their programme, while clinical supervisors will continue to be provided on a post specific rotational basis.
New rota arrangements which have monitored as compliant and in order to improve, quality safety and training, safety huddles and specific on call peer supervision groups have been established

4.6   Site: Carseview Centre, Specialty: Psychiatry of Learning Disability

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Psychiatry								1
Foundation - Psychiatry (aggregated)								3
Higher - Psychiatry								0
Higher - Psychiatry (aggregated)								0

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Not enough data to comment on this in particular and no known issues.

4.7   Site: Centre for Child Health, Specialty: Child & Adolescent Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Psychiatry								1
Higher - Psychiatry (aggregated)								2

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.8   Site: Dudhope House (Young Persons Unit), Specialty: Child & Adolescent Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Psychiatry								1
Core - Psychiatry (aggregated)								1
Foundation - Psychiatry								2
Foundation - Psychiatry (aggregated)	–	–		–	–	–	–	5
Higher - Psychiatry								1
Higher - Psychiatry (aggregated)	–	–	–	–	–	–	–	6

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Not e Not enough data to comment on this in particular and no known issues.

4.9   Site: Dudhope House (Young Persons Unit), Specialty: General Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Psychiatry								1
Foundation - Psychiatry (aggregated)								1
Higher - Psychiatry								1
Higher - Psychiatry (aggregated)								1

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
Core																		1
F1																		1
F1 (aggregated)																		3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
There have been no issues raised with the DME in relation to Dudhope House, all trainees in psychiatry including the F1s take part in an overall psychiatry induction as well as the local induction to the site.

4.10 Site: Kings Cross Hospital, Specialty: Community Child Health

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Run through - Paediatrics								1
Run through - Paediatrics (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.11 Site: Kings Cross Hospital, Specialty: General Internal Medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								1
Core - Medical (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.12 Site: Kings Cross Hospital, Specialty: Public health medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Run through - GP								1
Run through - GP (aggregated)	–	–	(green)	(green)	–	–	–	6

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
ST (aggregated)	-			-	-				-	-	(red)	(red)	-					6

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
No concerns have been raised to the DME regarding the Public Health programme, the survey results rely on aggregated data because of the low numbers of trainees and so is difficult to investigate. However Trainees have described a regional teaching programme which takes place on a national basis, there was no suggestion from the trainees of any difficulty in attending. Due to the low numbers of trainees there is no local teaching programme however all the supervisors are described as approachable and provide lots of 1:1 teaching. The current trainees appear happy with a sense of being looked after by the trainers.

4.13 Site: Kingsway Care Centre, Specialty: Old Age Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Psychiatry								1
Core - Psychiatry (aggregated)								2
Foundation - Psychiatry								2
Foundation - Psychiatry (aggregated)								5
GP - Psychiatry								1
GP - Psychiatry (aggregated)								2
Higher - Psychiatry								4
Higher - Psychiatry (aggregated)								4

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.14 Site: Murray Royal Hospital, Specialty: Forensic Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Psychiatry								2
Core - Psychiatry (aggregated)								4
Foundation - Psychiatry								0
Foundation - Psychiatry (aggregated)								2
Higher - Psychiatry								2
Higher - Psychiatry (aggregated)								3

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
ST (aggregated)	-	▼			▲	-			-	-	▼	-						3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
The number of trainees in forensic psychiatry makes it difficult to use the survey, however the "Post specialty by site" results on the NTS reporting tool which includes trainees from all grades in the service looks reasonably positive. Both that result and the aggregated data highlight local teaching as a possible area of concern. Local teaching does take place and trainees are involved in the organisation of the local programme, the TPD was not aware of concerns before this and will speak to the trainees about the teaching programme.

4.15 Site: Murray Royal Hospital, Specialty: General Psychiatry

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Psychiatry	4	—	—	—	▲	—	—	▲	—	—	▲	—	—	—	—	▲	—	—	—	—	—	9	20
Dundee	Psychiatry	5	(green)	(green)				(green)	(green)	(green)													1	1

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Psychiatry								3
Foundation - Psychiatry (aggregated)	—	(red)	—	(red)	(red)	—	—	8
GP - Psychiatry								3
GP - Psychiatry (aggregated)	(red)	—	(red)	(pink)	—	(red)	(pink)	13
Higher - Psychiatry								1
Higher - Psychiatry (aggregated)								4

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
Core	(red)		(grey)	(pink)	(pink)	(red)	(pink)			(green)	(pink)	(pink)	(pink)			(pink)	(pink)	3
F2											(yellow)	(yellow)		(yellow)				1
F2 (aggregated)	-		(pink)	(yellow)	(yellow)	▼	▼						▲ (green)					3
GPST																		1
GPST (aggregated)	-	(red)	▼		▼	▼	-		-	-	(red)				-	(yellow)		9

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

There are a number of changes that have recently taken place including,
The provision of four nominated educational supervisors who will provide consistent educational supervision for the trainee through their programme, while clinical supervisors will continue to be provided on a post specific rotational basis.
Furthermore two named substantive clinical supervisor provide consistent supervision during a time of senior locum medical

staff
A new Clinical lead is now in post for General Adult Psychiatry in MRH
Trainee timetable have been revised to provide a more equitable inpatient and outpatient experience
A MDT ward round has been set up in the General Adult Psychiatry areas specifically to allow trainee involvement with other staff groups.
The arrangements for MRCPsych teaching have extensively revised and the trainees now join a high quality teaching programme delivered in Lothian. Furthermore Tayside has been working hard to establish itself as a high quality CASC practice centre.

4.16 Site: Murray Royal Hospital, Specialty: Old Age Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Psychiatry								0
Core - Psychiatry (aggregated)								2
GP - Psychiatry								1
GP - Psychiatry (aggregated)								1
Higher - Psychiatry								1
Higher - Psychiatry (aggregated)								1

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.17   Site: Murray Royal Hospital, Specialty: Rehabilitation Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Psychiatry								1
Higher - Psychiatry (aggregated)								2

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.18 Site: Murray Royal Hospital, Specialty: Substance Misuse Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Psychiatry								3
Core - Psychiatry (aggregated)								3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.19 Site: Ninewells Hospital, Specialty: Acute Internal Medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Acute Medicine	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	77	152

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								11
Foundation - Medical								9
Higher - Medical								9

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
ST (aggregated)																		3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

AIM medicine along with general medicine have been subject to triggered deanery visits this academic year. On the back of this visit process there has been significant service redesign with a strong focus on trainee educational experience, rotas and working environment. Trainees were actively involved in this process. This has led to an improvement in ad hoc feedback from trainees. There were however ongoing issues with recruitment of trainees with gaps on rotas that led to trainee dissatisfaction – the majority of these gaps were filled in this round of recruitment and we are hopeful that feedback will improve in future surveys.

4.20 Site: Ninewells Hospital, Specialty: Anaesthetics

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Acute care - Anaesthesia	5	—	—	—	▼	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	76	152
Dundee	Anaesthetics	5	▲	—	▼	▲	—	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	▲	1	3
Dundee	Integrated specialties - Acute Care - Anaesthesia	4	—	—	—	▲	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	33	75

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Anaesthetics	—	—	—	—	—	—	—	20
Foundation - Anaesthetics								3
Foundation - Anaesthetics (aggregated)	—	—	—	pink	—	—	—	8
Higher - Anaesthetics	—	—	—	—	—	—	—	33

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
Core	-	-	▼	-	-	-	-	-	▲	-	-	-	▲	-			▲	8
F1																		1
F1 (aggregated)	▲	-	pink	-	-	▲	-	▼	▲	▲								3
ST	-	-	-	-	-	-	-	-	-	-	-	-	-	-				19

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The orange flag in undergraduate anaesthetics is based on one response out of a possible 3. The rest are virtually all green. Therefore I do not any further comment necessary. Likewise the pink flags for foundation in anaesthetics are based on small numbers. I think the data may also not be correct as there have not been 8 foundation doctors in anaesthetics. The induction process occurs in the anaesthetic pre-assessment clinic. The induction process itself works well, but on occasion last year there were periods with no consultant cover, leading to lack of consultant lead induction. Changes to the rota have been made to avoid this in future, particularly around the time of junior staff starting. Out of hours, the foundation doctors work in

surgery rather than anaesthesia, so this supervision is reflected in that section.
Good practice results from a strong departmental approach to teaching, with enthusiasm and a structured, teaching program based on multiple different teaching modalities.

4.21 Site: Ninewells Hospital, Specialty: Cardiology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Foundation Medicine - Cardiology	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	11

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical	—	—	—		—	—	▲	5
Foundation - Medical								4
Foundation - Medical (aggregated)								6
Higher - Medical								4
Higher - Medical (aggregated)	—	—	—	—	—	—	—	15

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST	-	-	▲	-	▲	▲	▼	-	▼		-		▼					3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is

the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
The local service and TPD were surprised by these findings. There have been a couple of trainees who have struggled with exams etc and the feeling is that this is reflected in the feedback. There is a well run teaching program and issues surrounding educational governance have been enhanced this year.

4.22   Site: Ninewells Hospital, Specialty: Chemical Pathology

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Run through - Diagnostics								2
Run through - Diagnostics (aggregated)						—		8

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
ST (aggregated)					-				-	▼								6

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The number of trainees is very small and aggregated over a number of years. Discussions between the DME, TPD and a number of senior consultants based in the department has highlighted that two trainees had some difficulties with the postgraduate exams and this is thought to be the major contributory factor the red flags highlighted above. Both of these trainees have now completed their exams successfully and we would therefore expect an improvement in the results in next year's survey.

4.23 Site: Ninewells Hospital, Specialty: Clinical Oncology

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								5
Foundation - Medical								1
Foundation - Medical (aggregated)								1
Higher - Medical								2
Higher - Medical (aggregated)	—	—	—		—		—	7

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
ST (aggregated)	▲	-			-	▲		-	▲	-			▲					6

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Tayside is able to support 4 posts in clinical oncology but last year had only one trainee, who is the likely respondent. As numbers are small aggregated data from the last 3 years have been used to generate the flags used in this survey. This suggests areas of concern related to team culture, local and regional teaching and clinical supervision.

Tayside data for clinical oncology is not recorded for 2016, however the last meaningful data recorded from 2015 is much better, although with ongoing dissatisfaction with local teaching. Due to small numbers of trainees this is likely to have been derived from Core and Higher trainees grouped together.

Although not included in this feedback FY trainees in oncology are coded as medical oncology. During the survey period the department has had less than their normal complement of FY doctors and some of those in work required additional support and supervision, which may have had an effect on the results of the survey.

The department now has its normal complement of FY doctors, which may help to alleviate some of the dissatisfaction, but still has unfilled posts at ST level. The department also has plans to offer a new teaching programme to trainees which may address other concerns raised in the surveys.

4.24 Site: Ninewells Hospital, Specialty: Clinical Radiology

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Run through - Diagnostics	▲	—	—	—	—	—	▲	18

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST	-	-	-		▲	-	-	▼	▲	▼	-	-	▲	-				11

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Clinical Radiology has very positive survey outcomes and was the subject of a good practice visit from NES in June this year. The department has consistently been able to provide an excellent training environment for the trainees and the consultant group work hard to promote a positive educational experience and culture for the trainees.

4.25 Site: Ninewells Hospital, Specialty: Dermatology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Integrated specialties - Dermatology	4	—	—	—	—	—	—	—	—	▼	—	—	▼	—	▼	▼	▼	▼	—	▼	▼	24	75

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Medical								2
Foundation - Medical (aggregated)	—	—	(red)		—	—	—	7
GP - Medical								3
GP - Medical (aggregated)	—	—	—		—	—	—	8
Higher - Medical								7

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST	-	-	-	-	-	-	-	▲	-	▼	-	▲	-	-				6

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Dermatology has a strong culture of education for both UG and PG learners, the consultant body work hard in promoting a good educational environment. This year saw an improvement in regional teaching that had been giving a red flag last year. This year feedback has been giving a pink flag, however there has not been any concerns raised with the DME, this will be monitored in the future.

4.26 Site: Ninewells Hospital, Specialty: Emergency Medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Acute care - Emergency Medicine	5	–	–	–	▼	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	74	152
Dundee	Emergency Medicine	5	▼	▲	–	▼	–	▼	▬	▬	▬	▬	▬	▼	–	–	–	–	–	▼	–	–	2	9
Dundee	Integrated specialties - Acute Care - Emergency Medicine	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	28	75

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Anaesthetics								6
Foundation - Anaesthetics	–	–	–	–	–	–	▲	30
GP - Emergency Medicine								5
Higher - Anaesthetics	–	▼	–	–	–	▼	–	15

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
F1																		1
F1 (aggregated)	▲	-				▲		▲		-								5
F2	-	▲	-	-	-	-	-	-	-	-			▼	-				12
GPST	-	▲	▲		-	▲	-	▲	-		-			-				3
ST	▼	-	-	-	▲	-	-	-	-	-	-	-	▲	▲				10

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Foundation Study Leave-At present there is a deficit in Junior Doctor numbers working in NHS Tayside Emergency Departments. The current deficit stands at minus 2.5 GPST doctors and minus 2 FY2 doctors. Mandatory FY2 study leave for courses such as ALS have always been accommodated. However, due to essential rota requirements there has been one situation where the ED has been unable to accommodate a non-core study leave request.

Foundation Teamwork – Critically ill and injured patients are always clinically assessed by the most senior doctor in the ED due to the time-critical nature of their clinical presentation. Where feasible Foundation Doctors are encouraged to be involved in the treatment and management of these patients but it is not always appropriate for them to be the first assessing doctor.

Undergraduate Teaching Equipment - A review of the equipment used by undergraduates for teaching happens annually at the end of each academic year and defective / missing equipment is replaced accordingly.

Green Flags –
Undergraduate Survey -The green flags received from the Undergraduate Survey are very encouraging and reflect the enthusiasm and commitment of the EM Consultant group to the delivery of quality teaching.
Scottish Training Survey -There is a dedicated, protected in house 2 day induction programme for all new Junior Doctors working in the Emergency Department delivered in short lecture/tutorial format along with practical skills sessions.
There is senior doctor direct supervision in the Ninewells Emergency Department 24hours per day which includes 16 hours per day of ED Consultant shop floor presence. Team Observation ward handovers take place morning, afternoon and evening and always involve the clinically responsible Senior Doctor

4.27 Site: Ninewells Hospital, Specialty: Endocrinology & Diabetes

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								1
Core - Medical (aggregated)								3
Higher - Medical								4
Higher - Medical (aggregated)								11

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
ST (aggregated)		▼							▼									6

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The small numbers of trainees involved make it difficult to investigate this while keeping trainee feedback anonymous. However the current trainees feel broadly happy with their training in the current situation. There have been a number of changes to ST interaction in other locations such as the Acute medicine Unit over the last three years, with trainees more positive at the moment than they have been in previous years which could account for pink flags over a longer time scale.

4.28 Site: Ninewells Hospital, Specialty: Gastroenterology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Foundation Medicine - GI	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	19
Dundee	Medicine - Hepatology and Gastroenterology	5	—	▲	▲	—	▲	—	—	—	▲	▲	▲	—	▲	▲	—	▲	▲	▲	—	▲	1	7

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								1
Core - Medical (aggregated)								3
Foundation - Medical								5
Higher - Medical								4
Higher - Medical (aggregated)	—	—	—	—	—	—	—	14

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST	-	-	-	-		▲	-	-	-	-	-		-	-				4

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Overall we are happy with these results and have analysed the data and made changes to induction that should improve on the educational governance questions addressed by the NTS survey. Trainees overall report a well functioning program.

4.29   Site: Ninewells Hospital, Specialty: General Internal Medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	General Medicine	4	–	–	–	–	–	–	–	–	▲	–	–	–	–	–	–	▲	–	–	–	–	10	20

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								3
Core - Medical (aggregated)	–	(red)	–	–	–	–	▼	10
Foundation - Medical	▲	–	–	–	–	–	–	64
GP - Medical								4
GP - Medical (aggregated)	–	–	–	–	(pink)	–	–	20
Higher - Medical	–	–	▲	–	▲	–	–	8

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
Core	-	-	-	▼	-	▲	-	▼	-	-	-	-	-	▲				13
F1	-	-	-		-	-	▲	-	-	-				-				32
F2	▼	-	-	-	-	▼	-	▼	-	-			▼	-				17
GPST	▲	▲	-	-	▲	▲	▲	-	-	-	-	-	-	-				8

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The feeling is these findings relate more to Acute Medicine and out of hours working than the "general medicine" wards. Following the deanery triggered visits to medicine there has been substantial service redesign. The deanery has been involved with the decision to move foundation year trainees across the medical floor giving FY1s exposure to AIM. This has been met with positive feedback to date from the trainees. During the period of this survey there were a number of gaps on rotas due to failure of recruitment and this has led to significant pressure on the trainees – however recruitment has been better this session and we hope this will be reflected in the future.
Significant work has also been carried out on curriculum development and delivery and substantial progress has been made

with delivery of feedback in the clinical environment.

4.30   Site: Ninewells Hospital, Specialty: General Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Psychiatry								2
Foundation - Psychiatry (aggregated)								2

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
Core																		1
F1																		1
GPST																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this particular site and no known issues.

4.31 Site: Ninewells Hospital, Specialty: General Surgery

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Foundation Surgery	5																					37	57
Dundee	General Surgery	4	—	▼	▼	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17	14

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Surgical	—	—	—	▬	—	—	▬	59
Higher - Surgical	—	—	—	—	—	—	—	6

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
Core	-	▲	-	▲	-	-	-	▼	-	▲	-	-	▲	▲			▲	6
ST	▼	▼	▼	-	▲	▼	-	-	▲	▲	▼		-	-		▼		8
F1	-	-	-		-	-	-	-	-	-				-				32
F2	-	-	-	-	-	-	-	-	▼	▼			-	-				15

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The results of the 2017 NTS show some areas of improvement compared to previous years. This is particularly the case for the FY2s based in surgical HDU who have benefitted from support from the Directorate of Anaesthesia. The DME is aware of ongoing concerns from the ST trainees regarding the balance between ward cover and theatre opportunities. We have responded to the visit report of 17/1/17 with a clear allocation of responsibilities for the requirements laid out in this report and are working towards this.

As a consequence of concerns regarding patient safety, in particular out of hours and at weekends, the surgical directorate

has embarked on a radical reconfiguration of surgical services across NHS Tayside. In simple terms the most visible changes result in all acute surgical admissions being concentrated on the Ninewells site with more elective work being transferred to PRI. In addition there will be a significant increase in day surgery activity at both Stracathro regional treatment centre and the Ninewells day surgery unit.

The changes described above are very much in their early stages and will take a considerable period of time to be fully bedded in. The DME has been made aware of these changes from a very early stage and is supportive from the perspective of the potential benefits to both undergraduate teaching and postgraduate training which will result from this major service redesign. The DME are working in collaboration with representatives of NES to ensure that educational requirements are met and indeed enhanced by the changes as they evolve.

4.32   Site: Ninewells Hospital, Specialty: Geriatric Medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Foundation Medicine - Medicine for the elderly	5	—	▼	▼	▼	▼	▼	—	▼	—	▼	▼	—	▼	▼	▼	—	—	▼	▼	▼	7	12
Dundee	Integrated specialties - Ageing & Health	4	—	▲	▲	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24	75

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Medical				▨		▨		8
GP - Medical	▨			▨	▨		▨	5
Higher - Medical							▨	6

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST	▨		▨		▨	▨				▨			▨	▨		▨	▨	4

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
The local service and TPD are of the opinion this feedback relates to AIM aspects of training as the negative feedback appears to relate only to ST3+ roles. Further investigation is ongoing and service redesign in medicine as well as improved recruitment should improve these results in the future.

4.33 Site: Ninewells Hospital, Specialty: Haematology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Foundation Medicine - Haematology	5	—	▲	—	—	▼	▼	—	▼	—	▼	—	▼	▼	▼	—	▼	▼	—	—	—	3	5

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								2
Core - Medical (aggregated)								4
Foundation - Medical								2
Foundation - Medical (aggregated)								6
Higher - Medical	—	—	—	—	—	—	—	6

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST	-	-	▲	▼	▼	▼	-	-	-	-	▼		-	-				5

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Haematology has small numbers of trainees so we have also looked at the NTS reporting tool "Post specialty by site" report which shows the results of all grades of trainees based in Haematology. Both those reports are generally positive with a number of green flags highlighted when all trainees are taking into account. Educational Governance is highlighted with a pink flag and this will be discussed with the department. The amber flags for student IT appear to be from 1 student response where the individual was unsure about having access to a computer. IT access is not seen as a problem within the department.

4.34   Site: Ninewells Hospital, Specialty: Hepobiliary/Transplant

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Surgical								1
Higher - Surgical (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Not enough data to comment on this in particular and no known issues.

4.35 Site: Ninewells Hospital, Specialty: Histopathology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Pathology	5	Green			Green								Green	Green	Green	Green	Green	Green	Green			1	4

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Run through - Diagnostics	—	—	(grey)	—	—	—	▲	9

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST	-	-	(yellow)	(yellow)	▲	-	-	-	▲	-	-		-	-				8

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Histopathology has improved its survey results on last year, where pink flags were given to induction and educational supervision, both of these areas now have a local mean score over 92%. The UG results are also very positive.

4.36 Site: Ninewells Hospital, Specialty: Infectious Diseases

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Foundation Medicine - Infectious Diseases	5	—	—	▼	▼	▼	▼	—	▼	—	—	—	—	—	—	—	—	—	—	—	—	5	9
Dundee	Medicine Specialties - Infectious Diseases	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	37	86

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								3
Core - Medical (aggregated)								7
Foundation - Medical								3
Foundation - Medical (aggregated)								3
Higher - Medical								3
Higher - Medical (aggregated)								6

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
ST (aggregated)																		4

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The infectious diseases team is a mall team that has underwent a number of changes at consultant level including a new UG educational lead. There have not been any concerns highlighted to the DME.

4.37 Site: Ninewells Hospital, Specialty: Intensive Care Medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Anaesthetics								6
Higher - Anaesthetics								5

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST	-	-	-		-	▼	-	▼	-		-		-	-				3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Intensive care medicine continues to have a strong score in Induction similar to the previous year, No concerns regarding adequate experience were highlighted before the surveys were published, this will be monitored in future.

4.38 Site: Ninewells Hospital, Specialty: Liaison Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Psychiatry								1
Core - Psychiatry (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Not enough data to comment on this particular site and no known issues.

4.39 Site: Ninewells Hospital, Specialty: Medical Microbiology and virology

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Run through - Diagnostics								2
Run through - Diagnostics (aggregated)	—	—	—		—	—	—	6

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
ST (aggregated)					-					-		▲	-					6

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Microbiology was subject to a deanery visit which resulted in a positive report with an action to create a new induction booklet for new trainees. The aggregated survey results are difficult to use because of the small number of trainees and time period of the aggregated data which mostly covers the period before the deanery visit.

4.40 Site: Ninewells Hospital, Specialty: Medical Oncology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Foundation Medicine - Foundation Apprenticeship in Cancer Medicine	5	—	▼	▼	▼	▼	—	—	—	▼	▼	▼	—	—	—	—	▲	—	▼	▼	▼	6	9
Dundee	Medicine Specialties - Oncology	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	34	86

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Medical	—	—	—	—	—	—	▼	5
Higher - Medical								2
Higher - Medical (aggregated)	—	—	—		—	—	—	6

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
ST (aggregated)		-	-		▲		▲		▼	-								5

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Due to the small number of trainees in the department the results here are calculated on the basis of aggregated data from 3 years. The 3-year aggregated results of the NTS differ significantly from the data derived from the 2017 survey of all trainees in Medical Oncology, which reflects more positive feedback with good satisfaction in curriculum coverage, induction and teamwork.
During this year's survey period the department has had less than their normal complement of FY doctors and some of those in work required additional support and supervision, which may have had an effect on the results of the survey from the ST doctors.
For the current year the number of FY doctors in the department is at its normal level. There remain unfilled ST posts within the department. A new programme of postgraduate teaching is planned, which may address some of the concerns raised.

4.41 Site: Ninewells Hospital, Specialty: Neonatal Medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Paediatrics								1
Foundation - Paediatrics (aggregated)								1
Run through - Paediatrics								1
Run through - Paediatrics (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.42 Site: Ninewells Hospital, Specialty: Neurology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Medicine Specialties - Neurology	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	33	86

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical	[grey]	[grey]	[grey]	[grey]	[grey]	[grey]	[grey]	2
Core - Medical (aggregated)	–	–	–	–	–	–	–	7
Foundation - Medical								6
Higher - Medical	[grey]	[grey]	[grey]	[grey]	[grey]	[grey]	[grey]	3
Higher - Medical (aggregated)	–	–	–	–	–	–	–	7

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST			[dark green]	[light green]	[pink]			[light green]		[grey]				[grey]	[light green]		[light green]	3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The Neurology department was visited as part of the national programme for higher specialist trainees this year, which resulted in a positive report. The department has maintained trainee satisfaction while having a period of rota gaps which highlights the commitment of the trainers working in the department.

The GMC report highlighted induction as a pink flag at HST but that was covered in training visit and evidence has been produced of robust induction. The other pink flag in postgraduate survey was clinical supervision. The trainees are all allocated clinical and educational supervisors and meet regularly with trainees and will work to ensure the trainees are aware of the role of the supervising clinician on a day to day basis. The red flag in feedback (when looking at post specialty by site)

likely refers to informal feedback as trainees get many opportunities to receive formal feedback from SLEs within the department. The consultant link for CMT and FY trainees is the department will highlight to trainees a informal feedback that is given on a daily basis

4.43 Site: Ninewells Hospital, Specialty: Neurosurgery

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Foundation Surgery - Neurosurgery	5	▼	—	—	—	—	▼	▼	—	▼	▼	▼	—	▼	—	—	—	—	—	▼	—	4	12

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Surgical	—	▲	▲	—	—	—	—	7
Higher - Surgical								1
Higher - Surgical (aggregated)	—	—	—	—	—	—	—	10

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
ST (aggregated)	-				-				-	-			-					5

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
The number of trainees in Neurosurgery is limited so we have also used the "Post Specialty by site" report from the NTS reporting tool which includes all grades of doctor within the department. This showed a positive set of results highlighting in particular Reporting systems, Workload and supportive environment. The department has improved its NTS survey outcomes over the last few years which may account for the pink flag in the aggregated data.

The student feedback throughout the year included concerns from some students that there is not enough learning opportunities for two students because of the size of the ward and suitability of the patients. This can vary depending on the patient population at any given time, but we will look at ways of enhancing learning opportunities for students on this block. |

4.44 Site: Ninewells Hospital, Specialty: Obstetrics & Gynaecology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Obstetrics & Gynaecology	4	▼	▼	—	▼	▼	▼	▼	▼	—	—	—	—	—	—	—	—	—	—	—	—	34	69

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Surgical	—	—	—	—	—	—	—	8
GP - Surgical	—	—	—	—	—	▲	—	9
Higher - Surgical	—	—	—	—	—	—	—	10

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
F1																		1
F1 (aggregated)	-	-					▲			-								5
GPST	-	-	-	-	-	-	▲	-	▼		-			-				3
ST	▼	-	▼	-	-	-	▼	-	-	-	-	-	-	▼				12

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The 2 main challenges to this training year have been:
1) Staffing issues.
2) Changing role of the Consultant.

There are plans in place to resolve these issues:

Both the Consultant and junior rotas have not had the full complement of staff. The shortages in the junior rota has increased their work load. There appears to be adequately staffing for the coming training year, however it has been identified that this may become a recurrent issue due to the unfilled GP training positions. The department are looking at other ways of supporting the junior rota and are exploring the possibility of Physician Assistants.

The Consultant rota has also not had the full complement of staff but from September 2017 there will be a full compliment.

Looking to the future, there 2 alternative models of care have been trialled and the effects on training assessed. The first involved Consultants covering all areas. The second model involves splitting the on-call commitments into Obstetrics and Gynaecology. So far the feedback from the trainees for this 2nd model has been positive as they are more likely to receive superior training from those who are confident in their area.

Bullying and undermining issues have been addressed and brought to the attention of the departmental lead. There has been some in-house training of consultants and a workshop on resilience is planned.

There have been recent improvements in handover and the induction process, following previous feedback. It is reassuring that there are now green flags in these areas.

4.45 Site: Ninewells Hospital, Specialty: Ophthalmology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Surgery Specialties - Ophthalmology	4	▲	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29	67

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Surgical					�...green	green	green	6
GP - Surgical	grey	grey	grey	grey	grey	grey	grey	1
GP - Surgical (aggregated)		green		green	green			5
Higher - Surgical	—	—	—	grey	—	—	—	5

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST	-	-	-	-	▼	▼	-	-	-	-	▲	-	▼	-			red	8

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The picture for ophthalmology is mixed with the Scottish Training Survey much more positive than the GMC National Training Survey. In the past the department has always received good feedback and the change in this year's survey is surprising. The induction provided this year was unchanged from previous years, where there had been no issues. The department felt that some of the responses may reflect the views of some doctors who were having difficulties with progression in training, and with changes to funding of study leave which meant significant shortfall for trainees, hence dissatisfaction with study leave arrangements.

4.46 Site: Ninewells Hospital, Specialty: Oral and maxillo-facial surgery

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Surgical								7
Foundation - Surgical								2
Foundation - Surgical (aggregated)								5
Higher - Surgical								0
Higher - Surgical (aggregated)								4

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
ST (aggregated)	▼	-				-			-	▼			-					3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
The survey data looks positive although small numbers of trainees aggregated over a long period.

4.47 Site: Ninewells Hospital, Specialty: Otolaryngology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Foundation Surgery - ENT	5	▲	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	12
Dundee	Surgery Specialties - Otolaryngology	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	27	67

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Surgical								3
Core - Surgical (aggregated)								5
Foundation - Surgical	—	—	—	▲	—	—	—	8
GP - Surgical								1
GP - Surgical (aggregated)								1
Higher - Surgical								5

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST	▲	-	-	▲	-	-	▲	-	▲	▼	▲	-	-	▲				5

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Improving feedback from trainees across all areas. Previously recognised good practice in induction is now being shared across the Ninewells Hospital West Block Foundation on call group. Similar models are considered elsewhere in Tayside. Feedback from trainers was less positive from the department. There is a limited response of 40% however both last year and this reflects a dissatisfaction with support and resources for training and trainer development. Discussion with members of the department suggests this stems from perceived lack of adequate support for job planned time for education and clinical supervision of trainees.

4.48 Site: Ninewells Hospital, Specialty: Paediatrics

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Child Health	4	▼	—	—	▼	—	—	—	—	—	—	—	—	▼	—	—	—	—	—	—	—	24	61
Dundee	Paediatrics - Haematology & Oncology	5	▲	▲	▲	—	—	▲	—	—	▲	—	—	▲	—	▲	▲	▲	▲	▲	▲	▲	1	1
Dundee	Paediatrics - Neonatology	5	▲	—	—	▼	—	▼	▼	▼	—	—	▲	▼	▼	▼	▼	—	—	▼	▼	▲	2	3

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Paediatrics	—	—	—	—	—	—	—	13
GP - Paediatrics	—	—	—	—	—	—	▼	8
Run through - Paediatrics	—	—	▲	—	—	—	▼	32

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
GPST	▼	▼	▼	-	-	-	▼	-	-	-	-	▼		▼				4
ST	-	-	-	-	-	▼	-	-	-	-	-	-	-	-				19
F1																		1
F1 (aggregated)	▲	-			▲		▲	▼							▲			5
F2	-	▲	▲	-	▲	-	-	-	-				-	-				4

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Paediatrics trainee results have improved over the last four years with a number of green flags and only one red flag. The department will be visited as part of the GMC national review of training later this year.

The student feedback is varied with both improvements as well as some areas given amber results. After discussions with the teaching lead we believe that some of the amber flags may be as a result of rota gaps that have now been resolved.

They are also looking at ways of managing expectations of students who may have expected more hands on experience.

Post graduate regional teaching and educational supervision flags specifically reflect attachments in Forth Valley. Trainees have consistently highlighted concerns about FV including chronic understaffing, rota gaps, inability accessing teaching, lack of senior support, cross covering neonates, patient safety, lack of outpatient opportunities and undermining of junior trainees.

Consultants at FV have also highlighted that they have insufficient time for clinical and educational supervision, insufficient outpatient space to allow for ST clinics and additional staffing challenges pending as a result of numerous retirements and consultants moving to other health boards.

Issues have already been raised with the Associate Postgraduate Dean for the East programme and the lead Dean for Paediatrics and O+G/ Director for speciality grouping, Scottish deanery. A triggered visit is pending in September 2017.

The only pink flag in Tayside is for lack of experience and OOPE, OOPT and day release to other bigger centres are now being offered.

4.49 Site: Ninewells Hospital, Specialty: Palliative medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Medical								0
Foundation - Medical (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.50 Site: Ninewells Hospital, Specialty: Plastic Surgery

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Foundation Surgery - Plastic Surgery	5	▼	▼	▼	▼	▼	▼	▼	▼	—	—	—	—	—	—	▼	—	—	▼	▼	▼	5	12

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Surgical								2
Core - Surgical (aggregated)								8
Foundation - Surgical	—	—	—		—	—	—	8
Higher - Surgical	—	—	—	—	—	—	—	7

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST	-	-	-	-	-	▲	-	-	▲	-	▼	-	-	-				7

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Plastic Surgery improved its survey results last year compared to the 2014 and 2015 results and has maintained the improved scores this year.

4.51 Site: Ninewells Hospital, Specialty: Renal Medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Foundation Medicine - Renal	5	—	—	—	▲	—	▲	—	—	—	—	—	▲	▲	▲	—	—	—	—	—	—	5	10

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								2
Core - Medical (aggregated)								6
Foundation - Medical	—	—		—	—	—	▲	9
Higher - Medical								5

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST	▲	-	▲	▲	▲	-	▲	▲	-		-	-	-	-				3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Renal medicine received excellent feedback from the surveys this year, there have been a number of consultant staff changes this year but they have not negatively affected learner feedback.

4.52 Site: Ninewells Hospital, Specialty: Respiratory Medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Foundation Medicine -	5	▼	—	—	▬	—	▼	▼	▼	—	—	—	—	—	—	—	—	—	—	▲	—	5	10

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical	▓	▓	▓	▓	▓	▓	▓	3
Core - Medical (aggregated)	—	—	—	—	—	—	—	10
Foundation - Medical								6
Higher - Medical			🟥				🟥	9

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST	-	-	-	▲	-	-	-	-	-		▲	▼	▲	-				5

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
The Respiratory department has regular M&M and Clinical Governance meetings where concerns can be raised, these opportunities will be better highlighted to trainees in future. The TPD is reviewing the departmental induction and will have a new process for next year.   Adequate experience is believed to be centred around clinic access, the TPD has moved clinic allocations to allow more access to specialty trainees. Regional teaching is provided by a Scotland wide bi-monthly teaching programme which is the same teaching programme for all trainees in the programme for Scotland. Trainees are encouraged to attend, in addition to this the STC has recently agreed to provide more local teaching to go through the curriculum in a small group environment. The trainer survey results are an outlier and the DME team and University of Dundee staff development officer are working

with the trainers to identify the cause and work on solutions.

4.53   Site: Ninewells Hospital, Specialty: Rheumatology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Integrated specialties - Rheumatology	4	–	–	–	–	–	▼	–	–	–	–	–	–	–	–	–	–	–	–	–	–	32	75

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Medical								2
Higher - Medical (aggregated)		–	–	–	–	–	–	8

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
ST (aggregated)	-	-			-		-		-	-			▲					5

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Student feedback highlighted gave learning outcomes an amber flag, this block is a weeklong block that has positive qualitative feedback on the teaching provided by the supportive clinical team, however it is a quiet block compared to some of the other specialties. Plans for the future include incorporating additional learning to this block including palliative care sessions. There should also be additional work at the start of the week to manage expectations of the students who may expect a busier ward.

Trainees have had an improved induction to the medical floor in the last two years, this will not be seen in some of the aggregated survey data which may explain the pink flag for induction. |

4.54 Site: Ninewells Hospital, Specialty: Trauma and Orthopaedics

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Surgical								1
Core - Surgical (aggregated)								5
Foundation - Surgical	—	—	—	—	▼	—	—	23
Higher - Surgical	—	—	—		—	—	—	12

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST	-	▼	▼	▲	▲	-	-	-	▲	▲	▲	-	-	▲				9

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The T&O departments in Ninewells and PRI have been subject to Deanery Visits in May/ June and have only recently been published. Responses are being prepared. Green flags show excellent local teaching within the department and good handover. The flags raised as concern by the report are:

1) STS - Workload of FY Doctors. The Deanery visit ask for review of FY workload and advised a 'departmental lead to champion the role of the FY1' and clarify support available for FY1s. This should address the flag in STS.

2) GMC - Clinical supervision (both in hours and out of hours). The Deanery visit report asks for an action to ensure those undertaking educational supervision understand their responsibilities and should address the above flag.

4.55 Site: Ninewells Hospital, Specialty: Urology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Foundation Surgery - Urology	5	—	—	—	—	—	▼	▼	▼	—	▲	▲	—	—	—	—	—	—	—	—	—	7	12
Dundee	Surgery Specialties - Urology	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29	67

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Surgical								2
Core - Surgical (aggregated)								4
Foundation - Surgical	—	—	—	—	▲	—	—	11
Higher - Surgical								1
Higher - Surgical (aggregated)	—	—	—	—	—	—	—	8

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
ST (aggregated)	▼	▼			-	▼	▲	-	▲	-				-	-			7

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Medical student feedback has been discussed with the department, with an agreement reached that more feedback will be giving from the lead UG educator. Alongside this a new consultant starting soon who has dedicated teaching time and will be starting extra tutorials for students going through the Urology block.

In postgraduate training, the urology department have been subject to a Deanery Visit in March 2017 and several areas for improvement and requirements produced. These have been replied to by the department. Flags in the 2017 training surveys include workload, induction, clinical supervision and adequate experience. All these flags will hopefully improve with the work going on

following the department's response to the Deanery report.

4.56 Site: Ninewells Hospital, Specialty: Vascular Surgery

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Surgical								3
Core - Surgical (aggregated)								6
Foundation - Surgical								3
Foundation - Surgical (aggregated)								3
Higher - Surgical								1
Higher - Surgical (aggregated)								3

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The data is limited due to the small numbers of trainees, but it appears to be positive results.

4.57 Site: Perth Royal Infirmary, Specialty: Acute Internal Medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								3
Core - Medical (aggregated)								7
Foundation - Medical		🟩	🟩				🟩	5
Higher - Medical								2
Higher - Medical (aggregated)								3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Organisational structure of inpatient care and patient flow is in a process of reorganisation with trainee experience in mind, this is a component of the good reviews of foundation reviews attached over the past year.

4.58 Site: Perth Royal Infirmary, Specialty: Anaesthetics

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Anaesthetics				🟩				9

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
Core																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Please see the comments for Anaesthetics Ninewells.

4.59 Site: Perth Royal Infirmary, Specialty: Cardiology

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								0
Core - Medical (aggregated)								0
Higher - Medical								2
Higher - Medical (aggregated)								5

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
ST (aggregated)																		4

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
There is a specialist cardiology service at PRI, a component of the Tayside service the daily cardiology activity is consultant supervised and has a clear role for the ST with integrated educational opportunities.

4.60 Site: Perth Royal Infirmary, Specialty: Clinical Radiology

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Run through - Diagnostics								1
Run through - Diagnostics (aggregated)								2

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this particular site and no known issues, please also see the comments for Ninewells.

4.61 Site: Perth Royal Infirmary, Specialty: Dermatology

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Medical								1
Higher - Medical (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this particular site and no known issues.

4.62 Site: Perth Royal Infirmary, Specialty: Emergency Medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Anaesthetics								1
Core - Anaesthetics (aggregated)								1
Foundation - Anaesthetics								7
GP - Emergency Medicine								1
GP - Emergency Medicine (aggregated)								1
Higher - Anaesthetics								3
Higher - Anaesthetics (aggregated)								3

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
ST (aggregated)	-		-			-	-		-	▲			-					6

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Clinical Supervision – An Emergency Medicine Consultant is present in the Emergency Department, Perth Royal Infirmary 9am-5pm weekdays and on 18 weekends over the course of a year. Weekend presence is focused around the time of the August, December, February and April changeover of Junior Doctors.
Out with these times, remote Emergency Medicine Senior Doctor support is available via a dedicated Senior Doctor telephone advice line, which enables Junior Doctors to be supported in their clinical decision making.
Juniors are also encouraged to seek advice from the Duty Emergency Nurse Practitioners working within the department
Induction – All Junior Doctors working in NHS Tayside Emergency Departments rotate through both Ninewells and Perth Royal Infirmary. All juniors receive a two day protected in-house Induction Programme and a "local shop floor" induction which is led by either the Duty Consultant or Senior Nurse on shift that day.
Adequate Experience – Due to an inability to provide Senior Emergency Medicine Doctor presence 24 hours a day in Perth Royal Infirmary Emergency Department, in the interests of patient safety a number of clinical presentation diverts to Ninewells Emergency Department are in operation, which has a resulting effect on the types of clinical cases that are seen in the Emergency Department, Perth Royal Infirmary
Local Teaching – NHS Tayside Emergency Departments run a weekly protected 2 hour in-house teaching programme. All Junior Doctors working in Perth Royal Infirmary who have not previously attended the teaching programme are released from

clinical duties to either attend Ninewells for the session or Video-Conference in.

4.63 Site: Perth Royal Infirmary, Specialty: Endocrinology & Diabetes

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								1
Core - Medical (aggregated)								1

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this particular site and no known issues.

4.64 Site: Perth Royal Infirmary, Specialty: Gastroenterology

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Medical								1
Higher - Medical (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this particular site and no known issues.

4.65 Site: Perth Royal Infirmary, Specialty: General Internal Medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	General Medicine	4	▲	▲	—	▲	▲	▲	▲	▲	—	—	—	▲	—	▲	—	—	—	—	—	—	9	24

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								4
Core - Medical (aggregated)	—	—	—	—	—	▲	—	—	17
Foundation - Medical	—	—	—	—	—	—	—	▼	31
GP - Medical								5
Higher - Medical	—	—	—	—	—	—	—	11

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
Core	-	▲	▲	▲	-	-	-	▼	▲	-	-			▲				3
F1	-	-	-		▲	-	-	-	-	-				-				9
F2																		4
GPST																		1
GPST (aggregated)	-	-			▲	▼		-	-		▲		▼					4

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The CMT regional teaching has been re-established recently trainees at PRI are encouraged to attend but sometimes struggle due to travel time and service pressure. The trainers in PRI consistently invest heavily in their educational roles and have customised clinical activity to enhance the experience of trainees. CMT trainees are offered professional development opportunities which are taken up and appreciated.

4.66 Site: Perth Royal Infirmary, Specialty: General Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Psychiatry								1
Foundation - Psychiatry (aggregated)								3
Higher - Psychiatry								1
Higher - Psychiatry (aggregated)								1

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
F1																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this particular site and no known issues.

4.67 Site: Perth Royal Infirmary, Specialty: General Surgery

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Foundation Surgery	5	—	—	▼	—	—	—	—	—	▼	—	▼	—	—	—	—	—	▼	▼	▼	2	7	
Dundee	Foundation Surgery - Surgery & Oncology	5	—	—	—	—	—	▼	—	—	—	—	—	—	—	▲	—	—	—	—	—	6	11	
Dundee	General Surgery	4	—	—	▼	▲	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11	23	

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Surgical								3
Core - Surgical (aggregated)	—	—	—	—	—	—	—	7
Foundation - Surgical	—	—	▼	—	—	—	—	15
Higher - Surgical								4
Higher - Surgical (aggregated)								6

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
Core																		1
Core (aggregated)	▮	▮			▼		-	-	-					▮				5
ST																		1
F1	▲	▲	-		-	▲	▲	-	-	-				▲				10
F2	-	-	▼	-	▲	-	-	-	-	-			-	▼	▮			6

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Teaching Delivery It is apparent that delivery of scheduled teaching can be variable however encouragingly when it is delivered it is of high quality as reflected by the Green Flag. Perth Royal Infirmary: General Surgery – Scottish Training Survey / GMC NTS

Foundation Doctors – Clinical Supervision
Red flags have been highlighted in response to in hours and out of hours clinical supervision. The December 2016 Triggered Deanery Visit to General Surgery in PRI did not identify any areas for concern in this area at that time, however FY1 and FY2 doctors had only been in post for one week at the time of the visit. A follow up Deanery Focus Group visit to these Foundation Doctors was performed in February 2017 where issues were raised relating to lack of Consultant documentation in patient notes, resulting in FY2s having to make clinical decisions beyond their level of competency. A further update on progress is being requested by the Deanery in July/August 2017.

Core trainees – Overall Satisfaction
Explored below as per highlighted "pink flags"
Core Trainees – Induction
The Triggered Deanery Visit to PRI General Surgery in December 2016 identified issues with induction in that there was only an informal unit induction and no trainees attended a formal hospital induction and the informal induction was only available to trainees commencing at traditional start dates. A formal written induction book is available to all levels of trainee in the unit and a Corporate Hospital Induction is available to all trainees commencing out with traditional start dates. Improvements have been made to the informal unit induction and arrangements improved to allow trainees to attend the hospital induction as evidenced by update action plans submitted to the Deanery.
Core Trainees – Adequate Experience / Clinical Supervision
It was highlighted in the Deanery visit that Core trainees' experiences were being negatively impacted on by the on-call commitments of the current rota. Contributions to the on-call rota at Ninewells have been reduced, allowing more time for elective exposure and training opportunities including out-patient clinics to meet training requirements. Trainees are now on call for one week to improve continuity of care.
Some Core trainees were under the impression that they should be allocated to a team however they have been advised that they should select their own clinical supervisor

Core Trainees – Supportive Environment / Reporting Systems
During the deanery visit, examples of bullying and undermining were raised in relation to senior nursing staff. These issues have been followed up on during the Focus Group visit in February 2017 and there was noted to be an improvement in the relationship between trainees and the nursing staff and in the behaviour of the particular member of staff about whom concerns had been raised. Trainees also confirmed that they felt generally supported by Consultants and had not witnessed or experienced any undermining or bullying.

Core Trainees – Educational Supervision
As identified in the recent Deanery Visit, all trainees had an Educational Supervisor allocated to them and knew how to access them.

4.68 Site: Perth Royal Infirmary, Specialty: Geriatric Medicine

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Foundation Medicine - Medicine for the elderly	5	—	▼	▼	▼	▼	▼	—	▼	▼	▼	▼	▼	—	▼	—	—	—	—	—	—	10	19

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Medical								1
Core - Medical (aggregated)								3
Higher - Medical								1
Higher - Medical (aggregated)								2

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
ST (aggregated)	-				▼		▼			▼			-	-				6

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

There are no known concerns about this post, trainees are part of the wider MfE programme in Tayside. The 5th year students have given positive feedback regarding their placement. The MfE team in Perth is very supportive of education activities and giving the best experience possible to learners.

4.69 Site: Perth Royal Infirmary, Specialty: Haematology

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Medical								1
Higher - Medical (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this particular site and no known issues.

4.70 Site: Perth Royal Infirmary, Specialty: Neurology

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Medical								1
Higher - Medical (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Not enough data to comment on this particular site and no known issues.

4.71 Site: Perth Royal Infirmary, Specialty: Obstetrics & Gynaecology

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Obstetrics & Gynaecology	4	—	▼	▼	—	—	▼	▼	▼	—	—	—	—	—	—	—	—	—	—	—	—	4	6

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Surgical								2
Foundation - Surgical (aggregated)	—	—	—		—	—	—	8
GP - Surgical								4
GP - Surgical (aggregated)	—	—	—		—	—	—	5
Higher - Surgical								1
Higher - Surgical (aggregated)								1

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
F2																		1
F2 (aggregated)	-				-			-	▲	-			-					5
ST																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Please see Ninewells comment for further information.

4.72 Site: Perth Royal Infirmary, Specialty: Old Age Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Psychiatry								2
Foundation - Psychiatry (aggregated)								3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this particular site and no known issues.

4.73 Site: Perth Royal Infirmary, Specialty: Oral and maxillo-facial surgery

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Surgical								2
Core - Surgical (aggregated)								2

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this particular site and no known issues.

4.74 Site: Perth Royal Infirmary, Specialty: Paediatrics

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Run through - Paediatrics								1
Run through - Paediatrics (aggregated)								2

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
ST (aggregated)																		3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Positive survey results although small numbers, this should be looked at alongside Ninewells results as trainees will rotate between both sites.

4.75 Site: Perth Royal Infirmary, Specialty: Palliative medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Medical								2
Foundation - Medical (aggregated)	░	░	░	░	░	░	░	2
GP - Medical								1
GP - Medical (aggregated)	░	░	░	░	░	░	░	1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this particular site and no known issues.

4.76 Site: Perth Royal Infirmary, Specialty: Trauma and Orthopaedics

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Surgical								1
Core - Surgical (aggregated)								1
Foundation - Surgical	▬	▬	▬	▬	▼	▬	▬	23
Higher - Surgical								3
Higher - Surgical (aggregated)	▬	▬	▬		▬	▬	▬	7

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
This area received a positive deanery visit this year and the survey results a generally positive.

4.77 Site: Royal Victoria Hospital, Specialty: Geriatric Medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Medical	—	—	—	—	—	—	▲	13
GP - Medical								1
GP - Medical (aggregated)	—	—	—	—	—	—	—	7
Higher - Medical								1
Higher - Medical (aggregated)								3

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
ST (aggregated)	-				▲	▼				-					-			3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The number of trainee is small but the "Post specialty by site" report taken from the GMC reporting tool taking into account all grades of doctors in Geriatric medicine at RVH showed a significant improvement compared to previous years, this is especially true with the adequate experience score which improved compared to 2015, 2016.

4.78 Site: Royal Victoria Hospital, Specialty: Palliative medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Medical								1
Foundation - Medical (aggregated)								5

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Positive results but small number of responses over the aggregated period.

4.79 Site: St Leonards Bank, Specialty: Child & Adolescent Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Psychiatry								2
Higher - Psychiatry (aggregated)								2

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.80 Site: Stracathro Hospital, Specialty: Clinical Radiology

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Run through - Diagnostics								2
Run through - Diagnostics (aggregated)								2

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues, please see Ninewells comment for further information on this programme.

4.81 Site: Stracathro Hospital, Specialty: General Psychiatry

Undergraduate Survey

School	Specialty	Class Year	Overall Satisfaction	Block Organisation	Teaching Delivery	Teaching Quality	Total Teaching	Learning Opportunities	Clinical Experience	Total Experience	Assessment	Feedback	Total Assessment	Learning Support	Personal Support	Total Support	IT Equipment	Access to Software	Total IT	Teaching Equipment	Teaching Accommodation	Total Facilities	Number of responses	Possible responses
Dundee	Psychiatry	4	—	▲	—	▲	—	—	—	—	—	▲	—	▲	—	—	▲	▲	▲	▲	▲	▲	6	8

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Psychiatry								2
Foundation - Psychiatry (aggregated)	—	—	—	—	—	—	—	9
GP - Psychiatry								5
Higher - Psychiatry								1
Higher - Psychiatry (aggregated)								1

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1
GPST																		3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The GAP ward has moved from Stracathro to Carseview Hospital in Dundee, there are substantial service changes being proposed to the GAP service across Tayside which will require trainee posts to be reviewed. There is a deanery visit planned to the GAP service with a date still to be confirmed.

4.82 Site: Stracathro Hospital, Specialty: General Surgery

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Surgical								5

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
GPST																		1
GPST (aggregated)																		4

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

The surgery unit in Stracathro has performed well with aggregated data although the numbers are small over the period.
Induction has varied over the aggregated period and no induction concerns have been raised to the DME.

4.83 Site: Stracathro Hospital, Specialty: Geriatric Medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
GP - Medical								3
GP - Medical (aggregated)	—	—	—	—	—	—	—	10

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Not enough data to comment on this in particular and no known issues.

4.84 Site: Stracathro Hospital, Specialty: Old Age Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Foundation - Psychiatry								2
Foundation - Psychiatry (aggregated)								3
GP - Psychiatry								3
GP - Psychiatry (aggregated)								3
Higher - Psychiatry								1
Higher - Psychiatry (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Not enough data to comment on this in particular and no known issues.

4.85 Site: Stracathro Hospital, Specialty: Oral and maxillo-facial surgery

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Surgical								1
Core - Surgical (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.86 Site: Stracathro Hospital, Specialty: Trauma and Orthopaedics

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Surgical								1
Core - Surgical (aggregated)								1
GP - Surgical								3
GP - Surgical (aggregated)								6
Higher - Surgical								1
Higher - Surgical (aggregated)								2

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Not enough data to comment on this in particular and no known issues please see Ninewells comment for further information on this programme.

4.87 Site: Stracathro Hospital, Specialty: Urology

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Surgical								1
Core - Surgical (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Not enough data to comment on this in particular and no known issues please the Ninewells comment for further information on this programme.

4.88 Site: Strathmartine Hospital, Specialty: Psychiatry of Learning Disability

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Core - Psychiatry								1
Core - Psychiatry (aggregated)								2

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Not enough data to comment on this in particular and no known issues.

4.89 Site: Tayside Health Board, Specialty: Geriatric Medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Medical								1
Higher - Medical (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.90 Site: Whitehills Health and Community Care Centre, Specialty: Community Child Health

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Run through - Paediatrics								1
Run through - Paediatrics (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Not enough data to comment on this in particular and no known issues.

4.91 Site: Whitehills Health and Community Care Centre, Specialty: General Psychiatry

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
GP - Psychiatry								1
GP - Psychiatry (aggregated)								1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.92 Site: Whitehills Health and Community Care Centre, Specialty: Geriatric Medicine

Scottish Training Survey

Group	Clinical Supervision	Educational Environment	Handover	Induction	Teaching	Team Culture	Work Load	N
Higher - Medical								2
Higher - Medical (aggregated)								3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.93 Site: Kingsway Care Centre, Specialty: General Psychiatry

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
Core																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.94 Site: Murray Royal Hospital, Specialty: Psychotherapy

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Not enough data to comment on this in particular and no known issues.

4.95 Site: Ninewells Hospital, Specialty: ACCS

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
Core	-	-	-	-	-	-	-	▲	-	▲	-	-	-	▲				12

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Improved results compared to previous years.

4.96 Site: Perth Royal Infirmary, Specialty: ACCS

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
Core																		1
Core (aggregated)	▼	-				-			▲	-			▲					3

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Positive results although small numbers of respondents over the aggregated period, no known issues.

4.97 Site: Perth Royal Infirmary, Specialty: Renal Medicine

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Not enough data to comment on this in particular and no known issues.

4.98 Site: Perth Royal Infirmary, Specialty: Respiratory Medicine

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
ST																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Not enough data to comment on this in particular and no known issues please the Ninewells comment for further information on this programme.

4.99 Site: Royal Victoria Hospital, Specialty: General Internal Medicine

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
F2	-	-	-	▲	-	▲	▲	-	▲	-			-	-				5
GPST																		1
GPST (aggregated)		-	-		-	-	▲		▼	-	-							4

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

RVH is a small site with a supportive team of trainers which has improved its F2 results from 2015 and 2016, However the GP aggregated data will include information from previous years. There are no issues currently raised with the DME.

4.100 Site: Stracathro Hospital, Specialty: General Internal Medicine

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
GPST																		1
GPST (aggregated)					▲			▼										6

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?

Positive results although small numbers of trainees at any given time, no known issues raised with DME.

4.101 Site: Strathmartine Hospital, Specialty: General Psychiatry

GMC NTS

Level	Overall Satisfaction	Clinical Supervision	Clinical Supervision out of hours	Handover	Induction	Adequate Experience	Supportive environment	Work Load	Educational Supervision	Feedback	Local Teaching	Regional Teaching	Study Leave	Reporting Systems	Teamwork	Curriculum Coverage	Educational Governance	N
Core																		1

DME Comment Required: e.g. Do outliers relate to a known issue or good practice? If not, can they be explained? What is the good practice in place? Can it be shared? What are the actions in place to resolve known issues?
Not enough data to comment on this in particular and no known issues.

5 Sign-off

Form completed by	Role	Signature	Date
Dr John Davidson	Director of Medical Education		1 Sept 17
Mr Craig Butler	Medical Education Manager		1 Sept 17
Ms Claire Petrie	Medical Education Coordinator		1 Sept 17
Dr Max Groome	Deputy Director of Medical Education		1 Sept 17
Dr Alan Connacher	Associate Director of Medical Education		1 Sept 17
Dr Ben Ulyatt	Associate Director of Medical Education		1 Sept 17
Dr David Rooke	Associate Director of Medical Education		1 Sept 17
Dr James Shaw	Associate Director of Medical Education		1 Sept 17
Dr Julie Ronald	Associate Director of Medical Education		1 Sept 17
Mr Stephen Jones	Associate Director of Medical Education		1 Sept 17
Ms Allana Creighton	ACT Officer		1 Sept 17

NHS Tayside Performance in the GMC National Training Survey 2014-2017

Contents Page

1.   Introduction

This paper shows how NHS Tayside has performed over the last four years in the GMC National Training Survey. All information displayed has been taken from the GMC reporting tool and is publically available through the GMC website, along with additional information such as the [Executive Summary](#)

This report is designed to show the results in an easy to understand format showing the performance of different areas over a four year period, this helps identify trends within a training programme or location. The National Training Survey results are a key part of the quality control and improvement process used locally within NHS Tayside as well as by NES in their quality management role and the GMC as part of their quality assurance process.

The GMC reporting tool allows tailored reports to be taken allowing comparisons between various categories. For the purpose of this paper the "Standard reports"*.* The *Programme Group by Site* report breaks each specialty by training grade such as FY1, FY2, ST and GPST, while the *Post specialty by Site* report shows an amalgamation of all training grades within that area. A minimum of three trainees must have responded for an area to be represented on the report.

The number of respondents has been added to the report and is located under the year in brackets.

One additional indicator was introduced in 2016 *Reporting Systems* and two indicators were introduced in 2015, *Clinical Supervision Out of Hours* (OOH) and *Supportive Environment*. As such there is no data for these indicators in previous years to compare against.

In 2017 three additional fields were added *Curriculum Coverage*, *Educational Governance* and *Teamwork* while the Access to Educational Resources was removed. These changes are explained in the [2017 briefing note 3](#)

Changes in previous years can be found in the following documents [2015 Briefing note 3](#) and [2016 Briefing note 5](#)

Each indicator has a number of multiple choice questions, with every answer given a numeric score with each indicator having a potential score of 100. For more information on how indicators are calculated please see the GMC document [How we calculate national training survey indicator outcomes](#). The mean scores for each group are included in this report as well as the colour coding of results.

Colour code used by the GMC National Training Survey

   	Results are below the national mean and in the bottom quartile nationally
   	Results are in the bottom quartile but not outside the 95% confidence limits of the mean
	No flag: not falling in any other category
   	Results in the top quartile but outside the 95% confidence limits of the mean
   	Results are above the national mean and in the top quartile nationally
   	No results available
   	Indicator not included in survey for this year

The following documents detail the questions asked in the 2017 survey

Generic and Demographic final questions need new

Updating programme specific questions: Foundation programme need new

For additional information on the National Training Survey including documents specific to previous years please visit the GMC website. More in depth information on these reports and additional reports can be accessed via the GMC reporting tool.

In this report programmes have been organised to mirror the NHS Tayside management structure wherever possible. As such the report is split into four different parts based on the Directorate structure of NHS Tayside. Some programmes such as ACCS which span multiple directorates have been allocated into one directorate for ease of reading.

An overview of the trainer survey results is an addition to this year's report. Additional information can be found on the GMC NTS reporting tool and on their website.

Directorate of Medical Education
NHS Tayside

Access Directorate

2.1   Clinical Radiology

Programme Group by Site

Programme	Site	Indicator	2014 (11)	2015 (12)	2016 (14)	2017 (11-15)
Clinical Radiology ST	Ninewells Hospital - T101H	Overall Satisfaction	93.09	94.33	95.43	95.82
		Clinical Supervision	95.50	96.38	97.20	98.88
		Clinical Supervision OOH		96.29	98.70	99.09
		Reporting systems			84.58	85.50
		Work Load	63.64	69.62	69.35	65.91
		Teamwork				84.47
		Handover	50.00			
		Supportive environment		91.25	91.43	87.73
		Induction	98.64	99.17	98.81	98.86
		Adequate Experience	92.73	92.50	93.57	90.00
		Curriculum Coverage				93.18
		Educational Governance				90.91
		Educational Supervision	97.73	97.92	98.21	98.86
		Feedback	95.00	93.06	94.05	90.53
		Local Teaching	81.27	83.67	80.71	79.73
		Regional Teaching	83.19	78.56	75.04	72.30
		Study Leave	90.45	89.58	94.76	94.32

Post specialty by site

Programme	Site	Indicator	2014 (11)	2015 (11)	2016 (11-15)	2017 (11-15)
Clinical Radiology	Ninewells Hospital - T101H	Overall Satisfaction	93.09	94.91	95.43	95.82
		Clinical Supervision	95.50	96.41	97.20	98.88
		Clinical Supervision OOH		97.17	98.70	99.09
		Reporting systems			84.58	85.50
		Work Load	63.64	70.26	69.35	65.91
		Teamwork				84.47
		Handover	50.00			
		Supportive environment		92.27	91.43	87.73
		Induction	98.64	99.55	98.81	98.86
		Adequate Experience	92.73	91.82	93.57	90.00
		Curriculum Coverage				93.18
		Educational Governance				90.91
		Educational Supervision	97.73	97.73	98.21	98.86
		Feedback	95.00	92.43	94.05	90.53
		Local Teaching	81.27	84.09	80.71	79.73
		Regional Teaching	83.19	79.13	75.04	72.30
		Study Leave	90.45	89.24	94.76	94.32

2.2   Haematology

Programme Group by Site

Programme	Site	Indicator	2014 (5)	2015 (4)	2016 (5)	2017 (3-5)
Haematology ST	Ninewells Hospital - T101H	Overall Satisfaction	83.20	89.00	92.00	89.40
		Clinical Supervision	90.80	90.75	95.15	98.00
		Clinical Supervision OOH		92.75	95.40	96.00
		Reporting systems			72.00	73.00
		Work Load	48.33	50.00	43.75	47.08
		Teamwork				68.33
		Handover	40.00	54.17	84.38	73.33
		Supportive environment		76.25	77.00	72.00
		Induction	88.00	77.50	96.25	87.50
		Adequate Experience	88.00	87.50	94.00	86.50
		Curriculum Coverage				80.00
		Educational Governance				65.00
		Educational Supervision	95.00	81.25	100.00	92.50
		Feedback	66.67	79.17	82.50	89.59
		Local Teaching	47.80	72.25	69.60	66.20
		Regional Teaching		71.13		
		Study Leave	71.67	84.58	91.67	76.67

Post specialty by site

Programme	Site	Indicator	2014 (4)	2015 (5)	2016 (6-10)	2017 (6-10)
Haematology	Ninewells Hospital - T101H	Overall Satisfaction	84.00	86.40	84.57	92.43
		Clinical Supervision	90.14	90.35	90.39	97.86
		Clinical Supervision OOH		91.95	88.71	92.14
		Reporting systems			72.50	74.29
		Work Load	46.13	46.67	39.29	45.83
		Teamwork				71.43
		Handover	37.50	62.50	80.83	73.61
		Supportive environment		75.00	72.14	74.29
		Induction	90.00	78.00	76.67	88.39
		Adequate Experience	85.71	86.00	84.29	88.57
		Curriculum Coverage				83.33
		Educational Governance				71.43
		Educational Supervision	92.86	85.00	85.71	94.64
		Feedback	70.83	78.13	79.17	91.67
		Local Teaching	49.67	68.00	66.00	65.67
		Regional Teaching	74.33	71.13		
		Study Leave	71.67	84.58	91.67	79.52

Medicine Directorate

3.1 Acute Medicine

Post Specialty by Site

Programme	Site	Indicator	2014 NA	2015 (3)	2016 (3)	2017 (3-5)
Acute Internal Medicine	Ninewells Hospital - T101H	Overall Satisfaction		62.67	70.67	81.00
		Clinical Supervision		77.00	83.00	93.33
		Clinical Supervision OOH		77.33	89.00	93.33
		Reporting systems			75.00	87.08
		Work Load		31.25	29.17	35.42
		Teamwork				80.56
		Handover		79.17	58.33	72.22
		Supportive environment		46.67	63.33	80.00
		Induction		71.67	63.33	72.92
		Adequate Experience		66.67	73.33	85.00
		Curriculum Coverage				80.56
		Educational Governance				69.45
		Educational Supervision		91.67	100.00	97.22
		Feedback		55.56		97.22
		Local Teaching		51.00	66.33	60.33
		Regional Teaching			68.00	
		Study Leave		58.33		56.94

Programme	Site	Indicator	2014 NA	2015 NA	2016 NA	2017 (3-5)
Acute Internal Medicine	Perth Royal Infirmary - T202H	Overall Satisfaction				81.00
		Clinical Supervision				83.33
		Clinical Supervision OOH				90.83
		Reporting systems				
		Work Load				59.72
		Teamwork				69.45
		Handover				69.44
		Supportive environment				70.00
		Induction				64.58
		Adequate Experience				81.67
		Curriculum Coverage				80.56
		Educational Governance				75.00
		Educational Supervision				91.67
		Feedback				
		Local Teaching				53.67
		Regional Teaching				
		Study Leave				

3.2   Cardiology

Programme Group by Site

Programme	Site	Indicator	2014 (3)	2015 (4)	2016 (3)	2017 (3-5)
Cardiology ST	Ninewells Hospital - T101H	Overall Satisfaction	76.00	90.00	84.00	75.67
		Clinical Supervision	86.00	96.75	90.67	95.00
		Clinical Supervision OOH		98.00	91.00	96.67
		Reporting systems			68.33	
		Work Load	31.25	48.44	54.17	54.17
		Teamwork				69.44
		Handover		65.63	77.78	66.67
		Supportive environment		83.75	75.00	63.33
		Induction	75.00	85.00	83.33	93.75
		Adequate Experience	66.67	92.50	76.67	76.67
		Curriculum Coverage				77.78
		Educational Governance				58.33
		Educational Supervision	83.33	100.00	91.67	84.72
		Feedback	80.55	75.00	76.39	
		Local Teaching	45.33	54.50	59.67	54.00
		Regional Teaching				74.58
		Study Leave	95.55	82.50	98.33	75.69

Post specialty by site

Programme	Site	Indicator	2014 (9)	2015 (8)	2016 (3-5)	2017 (3-5)
Cardiology	Ninewells Hospital - T101H	Overall Satisfaction	64.00	83.00	79.20	76.80
		Clinical Supervision	77.67	92.00	89.00	93.00
		Clinical Supervision OOH		94.34	85.60	93.00
		Reporting systems			76.25	70.00
		Work Load	27.78	47.66	55.00	48.75
		Teamwork				73.33
		Handover	42.50	70.31	75.00	70.00
		Supportive environment		75.63	73.00	69.00
		Induction	51.67	81.25	76.00	66.25
		Adequate Experience	65.56	85.00	76.00	77.00
		Curriculum Coverage				76.67
		Educational Governance				58.33
		Educational Supervision	80.56	96.88	80.00	86.67
		Feedback	70.83	70.84	65.83	65.28
		Local Teaching	43.40	54.63	53.40	50.60
		Regional Teaching		70.85		73.19
		Study Leave	74.67	86.19	81.67	72.40

3.3 Core Medical Training

Programme Group by Site

Programme	Site	Indicator	2014 (11)	2015 (11)	2016 (13)	2017 (11-15)
CMT	Ninewells Hospital - T101H	Overall Satisfaction	79.27	83.64	80.92	79.15
		Clinical Supervision	87.43	89.98	90.54	86.25
		Clinical Supervision OOH		90.59	88.55	89.33
		Reporting systems			75.00	80.38
		Work Load	42.23	45.45	51.44	41.03
		Teamwork				76.92
		Handover	75.00	78.41	79.49	71.15
		Supportive environment		76.36	77.69	71.92
		Induction	78.18	81.36	81.54	70.67
		Adequate Experience	78.18	83.64	79.23	80.19
		Curriculum Coverage				75.00
		Educational Governance				69.87
		Educational Supervision	100.00	95.45	88.46	88.46
		Feedback	75.42	76.89	78.47	84.72
		Local Teaching	49.09	53.91	52.00	58.92
		Regional Teaching	56.00	62.61	66.01	64.81
		Study Leave	84.44	84.07	68.50	65.11

Programme	Site	Indicator	2014 (5)	2015 NA	2016 (4)	2017 (3-5)
CMT	Perth Royal Infirmary - T202H	Overall Satisfaction	84.80		90.00	96.67
		Clinical Supervision	93.40		94.25	96.67
		Clinical Supervision OOH			94.50	96.67
		Reporting systems			66.67	78.75
		Work Load	47.50		58.86	50.00
		Teamwork				83.33
		Handover	70.00		69.79	83.33
		Supportive environment			82.50	91.67
		Induction	94.00		98.75	95.83
		Adequate Experience	94.00		90.00	93.33
		Curriculum Coverage				88.89
		Educational Governance				80.56
		Educational Supervision	100.00		93.75	98.61
		Feedback	83.33		83.34	86.11
		Local Teaching	49.60		50.50	60.00
		Regional Teaching	52.60			43.00
		Study Leave	74.67		98.75	

3.4   Emergency Medicine

Programme Group by Site

Programme	Site	Indicator	2014 (12)	2015 (11)	2016 (11)	2017 (11-15)
Emergency Medicine F2	Ninewells Hospital - T101H	Overall Satisfaction	93.67	96.00	92.00	84.08
		Clinical Supervision	94.10	92.00	92.80	95.91
		Clinical Supervision OOH		91.00	93.91	92.19
		Reporting systems			77.38	75.50
		Work Load	44.27	50.57	34.09	32.29
		Teamwork				66.67
		Handover	31.25	54.55	77.78	68.52
		Supportive environment		90.00	76.36	61.67
		Induction	95.83	99.09	98.64	88.02
		Adequate Experience	94.17	96.36	92.73	90.63
		Curriculum Coverage				84.03
		Educational Governance				67.36
		Educational Supervision	95.83	93.18	97.73	87.15
		Feedback	79.17	81.67	72.69	83.33
		Local Teaching				
		Regional Teaching				
		Study Leave	64.81	60.00	68.03	25.95
Programme	Site	Indicator	2014 NA	2015 (3)	2016 (12)	2017 (6-10)
Emergency Medicine ST	Ninewells Hospital - T101H	Overall Satisfaction		97.33	93.67	87.30
		Clinical Supervision		94.58	94.23	95.00
		Clinical Supervision OOH		91.58	93.34	93.50
		Reporting systems			83.33	87.36
		Work Load		35.42	43.58	40.42
		Teamwork				73.34
		Handover		33.33	73.48	68.98
		Supportive environment		93.33	88.75	77.00
		Induction			94.44	95.63
		Adequate Experience		93.33	87.50	77.50
		Curriculum Coverage				80.84
		Educational Governance				73.33
		Educational Supervision		100.00	97.92	94.58
		Feedback		91.67	89.81	85.00
		Local Teaching		82.33	78.08	70.20
		Regional Teaching			71.68	72.58
		Study Leave			79.58	79.79

Programme	Site	Indicator	2014 (3)	2015 (3)	2016 (3)	2017 (3-5)
GP Prog - Emergency Medicine	Ninewells Hospital - T101H	Overall Satisfaction	81.33	90.67	81.33	84.00
		Clinical Supervision	85.67	87.67	92.67	96.67
		Clinical Supervision OOH		87.58	80.33	93.33
		Reporting systems			65.00	75.00
		Work Load	43.75	41.67	20.83	36.81
		Teamwork				72.22
		Handover	16.67	25.00		
		Supportive environment		88.33	78.33	68.33
		Induction	96.67	100.00	98.33	89.58
		Adequate Experience	80.00	100.00	80.00	89.17
		Curriculum Coverage				86.11
		Educational Governance				86.11
		Educational Supervision	100.00	100.00	91.67	87.50
		Feedback	45.83	86.11		
		Local Teaching	83.67	81.67	82.00	80.67
		Regional Teaching		66.58	76.58	
		Study Leave			90.00	

Post specialty by site

Programme	Site	Indicator	2014 (26)	2015 (22)	2016 (26-30)	2017 (26-30)
Emergency Medicine	Ninewells Hospital - T101H	Overall Satisfaction	90.31	94.00	88.43	86.43
		Clinical Supervision	92.49	91.10	92.71	95.93
		Clinical Supervision OOH		88.49	91.79	92.72
		Reporting systems			78.70	78.60
		Work Load	43.59	46.02	40.03	38.54
		Teamwork				69.64
		Handover	27.78	46.43	75.76	71.04
		Supportive environment		86.59	78.39	69.11
		Induction	93.65	97.38	95.20	91.74
		Adequate Experience	90.77	95.00	85.00	85.89
		Curriculum Coverage				84.53
		Educational Governance				72.02
		Educational Supervision	92.31	89.77	93.75	90.03
		Feedback	74.83	77.18	74.62	82.39
		Local Teaching	80.33	81.20	78.40	75.29
		Regional Teaching	73.79	77.25	77.31	76.07
		Study Leave	69.44	69.58	75.70	43.92

3.5   Gastroenterology

Programme Group by Site

Programme	Site	Indicator	2014 (5)	2015 (4)	2016 (3)	2017 (3-5)
Gastro-enterology ST	Ninewells Hospital - T101H	Overall Satisfaction	89.60	88.00	81.33	76.25
		Clinical Supervision	95.40	94.50	95.33	96.25
		Clinical Supervision OOH		92.50	86.67	88.75
		Reporting systems			66.67	71.25
		Work Load	56.25	50.00	43.75	39.06
		Teamwork				70.83
		Handover	92.50	71.88	58.33	58.33
		Supportive environment		76.25	70.00	67.50
		Induction	95.00	88.75		90.63
		Adequate Experience	92.00	92.50	76.67	83.13
		Curriculum Coverage				81.25
		Educational Governance				64.58
		Educational Supervision	100.00	100.00	100.00	92.71
		Feedback	89.59	84.38	83.33	77.09
		Local Teaching	62.20	50.75	51.33	53.50
		Regional Teaching	74.70	72.08		62.19
		Study Leave	96.00	88.33	86.67	60.94

Post specialty by site

Programme	Site	Indicator	2014 (6)	2015 (4)	2016 (3-5)	2017 (3-5)
Gastro-enterology	Ninewells Hospital - T101H	Overall Satisfaction	84.67	88.00	85.00	76.25
		Clinical Supervision	92.33	94.50	96.50	96.25
		Clinical Supervision OOH		92.50	86.67	88.75
		Reporting systems			68.75	71.25
		Work Load	55.21	50.00	49.48	39.06
		Teamwork				70.83
		Handover	91.67	71.88	62.50	58.33
		Supportive environment		76.25	77.50	67.50
		Induction	85.00	88.75	86.67	90.63
		Adequate Experience	88.33	92.50	82.50	83.13
		Curriculum Coverage				81.25
		Educational Governance				64.58
		Educational Supervision	100.00	100.00	93.75	92.71
		Feedback	85.00	84.38	85.42	77.09
		Local Teaching	60.33	50.75	53.25	53.50
		Regional Teaching	71.05	72.08	64.61	62.19
		Study Leave	88.61	88.33	70.00	60.94

3.6   Geriatric Medicine

Programme Group by Site

Programme	Site	Indicator	2014 (6-10)	2015 (3-5)	2016 NA	2017 (3-5)
Geriatric Medicine ST	Ninewells Hospital - T101H	Overall Satisfaction	75.33	76.00		70.00
		Clinical Supervision	82.58	88.25		91.25
		Clinical Supervision OOH		86.00		77.19
		Reporting systems				67.50
		Work Load	30.90	46.88		51.56
		Teamwork				70.84
		Handover	85.42	71.88		60.42
		Supportive environment		81.25		70.00
		Induction	77.50	95.00		79.69
		Adequate Experience	71.67	72.50		55.00
		Curriculum Coverage				62.50
		Educational Governance				58.33
		Educational Supervision	75.00	93.75		91.67
		Feedback	78.33			63.89
		Local Teaching	49.50	49.00		55.75
		Regional Teaching	67.56	56.58		61.00
		Study Leave	74.17	77.50		49.48

Post specialty by site

Programme	Site	Indicator	2014 (11)	2015 (3)	2016 (3-5)	2017 (3-5)
Geriatric Medicine	Ninewells Hospital - T101H	Overall Satisfaction	71.27	80.00	80.00	86.75
		Clinical Supervision	79.59	86.00	92.00	97.50
		Clinical Supervision OOH		84.67	88.00	84.58
		Reporting systems			75.00	77.50
		Work Load	26.52	50.00	45.83	68.75
		Teamwork				81.25
		Handover	87.50	62.50	72.22	72.92
		Supportive environment		80.00	80.00	86.25
		Induction	80.45		95.00	92.19
		Adequate Experience	71.82	76.67	76.67	72.50
		Curriculum Coverage				77.08
		Educational Governance				72.92
		Educational Supervision	84.09	91.67	100.00	97.92
		Feedback	72.08		91.67	91.67
		Local Teaching	50.33	49.67	60.33	58.25
		Regional Teaching	71.50		61.25	64.08
		Study Leave	68.33	70.00	72.78	53.65

Programme	Site	Indicator	2014 (6)	2015 (7)	2016 (6-10)	2017 (6-10)
Geriatric Medicine	Royal Victoria Hospital - T107H	Overall Satisfaction	90.67	72.57	73.71	86.43
		Clinical Supervision	92.17	86.54	89.29	92.14
		Clinical Supervision OOH		77.43	78.93	87.50
		Reporting systems			71.25	80.83
		Work Load	63.54	45.54	37.50	66.07
		Teamwork				90.48
		Handover	75.00	75.00	47.02	76.39
		Supportive environment		72.86	62.86	85.71
		Induction	85.83	79.29	87.14	91.96
		Adequate Experience	88.33	65.71	52.86	71.07
		Curriculum Coverage				66.67
		Educational Governance				80.95
		Educational Supervision	95.83	89.29	96.43	96.43
		Feedback	72.22	78.47	70.83	77.98
		Local Teaching		56.67		
		Regional Teaching		78.50		
		Study Leave	83.67	70.24	88.06	62.80

3.7 Infectious Diseases

Post Specialty by Site

Programme	Site	Indicator	2014 NA	2015 NA	2016 NA	2017 (3-5)
Infectious diseases	Ninewells Hospital - T101H	Overall Satisfaction				84.00
		Clinical Supervision				96.67
		Clinical Supervision OOH				93.33
		Reporting systems				80.00
		Work Load				39.58
		Teamwork				66.67
		Handover				75.00
		Supportive environment				76.67
		Induction				85.42
		Adequate Experience				85.00
		Curriculum Coverage				77.78
		Educational Governance				83.33
		Educational Supervision				90.28
		Feedback				79.17
		Local Teaching				65.67
		Regional Teaching				64.58
		Study Leave				76.39

3.8   Medicine

Programme Group by Site

Programme	Site	Indicator	2014 (27)	2015 (30)	2016 (30)	2017 (31-35)
Medicine F1	Ninewells Hospital - T101H	Overall Satisfaction	73.93	74.80	79.73	82.78
		Clinical Supervision	80.85	84.06	80.73	85.29
		Clinical Supervision OOH		80.54	80.82	82.04
		Reporting systems			77.04	75.77
		Work Load	35.42	36.11	41.46	41.54
		Teamwork				76.56
		Handover				
		Supportive environment		70.67	73.00	75.63
		Induction	82.04	74.83	83.83	82.88
		Adequate Experience	77.78	79.00	79.33	85.08
		Curriculum Coverage				78.91
		Educational Governance				72.92
		Educational Supervision	87.96	83.33	94.17	88.15
		Feedback	70.67	66.05	74.04	77.44
		Local Teaching				
		Regional Teaching				

Programme	Site	Indicator	2014 (18)	2015 (20)	2016 (21)	2017 (16-20)
Medicine F2	Ninewells Hospital - T101H	Overall Satisfaction	69.56	62.20	76.00	56.76
		Clinical Supervision	87.67	80.08	88.81	85.81
		Clinical Supervision OOH		82.63	91.48	80.63
		Reporting systems			71.06	71.76
		Work Load	24.65	30.31	35.71	20.59
		Teamwork				58.82
		Handover	88.89	79.38	67.06	60.42
		Supportive environment		59.00	65.48	56.47
		Induction	83.06	74.25	85.71	81.99
		Adequate Experience	72.22	60.50	76.67	63.82
		Curriculum Coverage				58.82
		Educational Governance				61.27
		Educational Supervision	88.89	73.75	96.43	86.03
		Feedback	73.15	55.21	75.21	75.74
		Local Teaching				
		Regional Teaching				
		Study Leave	53.33	50.61	58.44	19.86

Programme	Site	Indicator	2014 (6)	2015 (6)	2016 (5)	2017 (6-10)
GP Prog - Medicine	Ninewells Hospital - T101H	Overall Satisfaction	74.00	77.33	61.60	77.63
		Clinical Supervision	86.33	88.33	76.40	90.00
		Clinical Supervision OOH		88.67	75.80	78.33
		Reporting systems			65.25	65.83
		Work Load	44.79	45.83	48.75	42.97
		Teamwork				82.29
		Handover	70.83	72.50	71.67	71.88
		Supportive environment		69.17	66.00	71.25
		Induction	49.17	65.00	58.00	73.44
		Adequate Experience	78.33	83.33	64.00	75.31
		Curriculum Coverage				75.00
		Educational Governance				72.92
		Educational Supervision	87.50	86.11	100.00	89.58
		Feedback	86.11	44.45	70.83	74.31
		Local Teaching	54.17	61.67	54.80	60.63
		Regional Teaching	58.50		66.50	70.60
		Study Leave	61.67	40.83	73.75	46.35

Post Specialty by Site

Programme	Site	Indicator	2014 (15)	2015 (45)	2016 (46-50)	2017 (46-50)
General (internal) medicine	Ninewells Hospital - T101H	Overall Satisfaction	71.47	67.64	73.06	70.71
		Clinical Supervision	82.60	81.85	82.86	85.65
		Clinical Supervision OOH		82.87	84.15	79.73
		Reporting systems			71.86	73.89
		Work Load	32.50	32.64	37.29	32.02
		Teamwork				68.71
		Handover	91.67	82.61	66.67	61.67
		Supportive environment		63.00	67.04	66.33
		Induction	81.67	69.30	81.50	79.04
		Adequate Experience	78.00	70.00	73.88	73.37
		Curriculum Coverage				69.73
		Educational Governance				66.16
		Educational Supervision	86.67	77.59	96.43	86.39
		Feedback	73.08	56.37	73.64	71.80
		Local Teaching	47.00	57.50	49.33	56.42
		Regional Teaching	64.00	61.75	62.96	64.32
		Study Leave	60.28	52.92	60.79	36.11

Programme Group by Site

Programme	Site	Indicator	2014 (9)	2015 (8)	2016 (11)	2017 (6-10)
Medicine F1	Perth Royal Infirmary - T202H	Overall Satisfaction	80.44	92.50	84.00	78.44
		Clinical Supervision	85.00	85.38	85.82	83.75
		Clinical Supervision OOH		90.00	85.27	88.33
		Reporting systems			76.36	73.33
		Work Load	32.64	49.22	33.52	33.33
		Teamwork				75.00
		Handover				
		Supportive environment		85.00	77.73	71.67
		Induction	76.67	96.25	89.55	88.89
		Adequate Experience	87.78	88.75	81.82	78.06
		Curriculum Coverage				77.78
		Educational Governance				69.44
		Educational Supervision	94.44	100.00	84.09	87.50
		Feedback	72.69	87.50	81.67	70.37
		Local Teaching				
		Regional Teaching				

Programme	Site	Indicator	2014 (3-5)	2015 (3-5)	2016 NA	2017 (3-5)
Medicine F2	Perth Royal Infirmary - T202H	Overall Satisfaction	95.20	82.40		84.00
		Clinical Supervision	93.40	90.60		92.50
		Clinical Supervision OOH		94.00		92.50
		Reporting systems				66.25
		Work Load	48.75	40.00		50.00
		Teamwork				83.34
		Handover	80.00	72.50		70.83
		Supportive environment		79.00		72.50
		Induction	99.00	83.00		92.19
		Adequate Experience	96.00	82.00		86.25
		Curriculum Coverage				83.34
		Educational Governance				68.75
		Educational Supervision	100.00	90.00		86.46
		Feedback	83.33	70.83		
		Local Teaching				
		Regional Teaching				
		Study Leave	68.33	79.44		48.44

Post Specialty by Site

Programme	Site	Indicator	2014 (23)	2015 (18)	2016 (21-25)	2017 (16-20)
General (internal) medicine	Perth Royal Infirmary - T202H	Overall Satisfaction	86.09	85.56	85.74	80.63
		Clinical Supervision	89.61	87.56	88.74	88.09
		Clinical Supervision OOH		91.72	87.70	90.00
		Reporting systems			73.57	72.70
		Work Load	40.22	44.44	42.57	39.36
		Teamwork				79.39
		Handover	69.17	71.25	73.96	76.67
		Supportive environment		78.33	80.43	75.26
		Induction	85.43	91.67	91.09	86.84
		Adequate Experience	92.61	84.44	85.22	80.92
		Curriculum Coverage				78.95
		Educational Governance				73.25
		Educational Supervision	97.83	94.44	90.22	88.82
		Feedback	77.98	81.39	83.14	70.31
		Local Teaching	43.90	46.40	56.80	54.29
		Regional Teaching	52.89	61.25	50.63	50.25
		Study Leave	72.89	72.71	89.58	54.79

Programme Group by Site

Programme	Site	Indicator	2014 (6)	2015 (7)	2016 (6-10)	2017 (3-5)
Medicine F2	Royal Victoria Hospital - T107H	Overall Satisfaction	92.00	68.00	73.60	85.80
		Clinical Supervision	91.75	83.19	88.60	90.00
		Clinical Supervision OOH		70.75	79.40	87.00
		Reporting systems			73.00	85.00
		Work Load	60.94	40.63	40.00	61.25
		Teamwork				86.67
		Handover	75.00	75.00	46.67	79.17
		Supportive environment		67.50	61.00	86.00
		Induction	88.75	81.25	84.00	91.25
		Adequate Experience	92.50	62.50	50.00	72.00
		Curriculum Coverage				66.67
		Educational Governance				83.33
		Educational Supervision	93.75	100.00	95.00	98.33
		Feedback	64.59	82.29	66.67	91.67
		Local Teaching				
		Regional Teaching				
		Study Leave	94.44	60.84	85.67	65.42

3.9   Obstetrics & Gynaecology

Programme Group by Site

Programme	Site	Indicator	2014 (12)	2015 (12)	2016 (12)	2017 (11-15)
Obstetrics and gynaecology ST	Ninewells Hospital - T101H	Overall Satisfaction	82.00	73.33	79.33	62.33
		Clinical Supervision	85.83	79.50	84.83	82.92
		Clinical Supervision OOH		86.83	90.50	87.92
		Reporting systems			76.25	67.08
		Work Load	36.46	38.02	36.98	42.71
		Teamwork				67.36
		Handover	91.67	92.71	79.51	79.52
		Supportive environment		55.42	67.92	50.00
		Induction	94.58	88.89	91.50	86.29
		Adequate Experience	80.83	77.50	80.00	68.33
		Curriculum Coverage				68.06
		Educational Governance				57.64
		Educational Supervision	89.58	91.67	89.58	82.64
		Feedback	82.29	83.33	86.67	80.90
		Local Teaching	74.17	54.50	56.17	62.00
		Regional Teaching	65.29	61.15	58.17	55.95
		Study Leave	86.94	65.56	83.47	69.79
Programme	Site	Indicator	2014 (6)	2015 (5)	2016 (6)	2017 (3-5)
GP Prog - Obstetrics and Gynaecology	Ninewells Hospital - T101H	Overall Satisfaction	74.00	60.80	74.67	74.67
		Clinical Supervision	91.67	88.60	87.17	93.33
		Clinical Supervision OOH		94.80	87.20	90.00
		Reporting systems			69.00	80.00
		Work Load	46.88	43.75	39.58	47.92
		Teamwork				83.33
		Handover	91.67	95.00	84.03	83.33
		Supportive environment		66.00	68.33	83.33
		Induction	95.00	84.00	83.33	75.00
		Adequate Experience	73.33	68.00	78.33	70.00
		Curriculum Coverage				72.22
		Educational Governance				83.33
		Educational Supervision	91.67	85.00	83.33	69.44
		Feedback	75.00	45.83		
		Local Teaching	64.33	42.00	53.67	59.33
		Regional Teaching	73.69	57.75	66.19	
		Study Leave	70.67	67.50	91.67	

Post specialty by site

Programme	Site	Indicator	2014 (21)	2015 (18)	2016 (16-20)	2017 (16-20)
Obstetrics and gynaecology	Ninewells Hospital - T101H	Overall Satisfaction	78.10	69.11	76.60	67.53
		Clinical Supervision	86.90	82.67	85.15	86.76
		Clinical Supervision OOH		89.28	86.99	89.71
		Reporting systems			73.33	71.25
		Work Load	42.56	39.82	38.13	44.12
		Teamwork				73.04
		Handover	91.45	93.38	81.02	80.28
		Supportive environment		58.06	65.00	60.88
		Induction	94.76	88.00	89.17	85.54
		Adequate Experience	77.62	74.44	78.00	71.03
		Curriculum Coverage				70.10
		Educational Governance				60.78
		Educational Supervision	91.67	90.28	86.25	80.88
		Feedback	76.54	73.38	77.24	75.28
		Local Teaching	70.89	50.82	55.33	61.47
		Regional Teaching	67.39	60.47	60.17	58.29
		Study Leave	82.04	66.04	85.52	72.02

3.10   Paediatrics

Programme Group by Site

Programme	Site	Indicator	2014 (6)	2015 (3)	2016 (6)	2017 (3-5)
Paediatrics and Child Health F2	Ninewells Hospital - T101H	Overall Satisfaction	64.00	68.00	82.67	81.75
		Clinical Supervision	78.33	74.00	91.33	96.25
		Clinical Supervision OOH		76.33	93.60	97.50
		Reporting systems			87.50	86.25
		Work Load	52.08	52.08	56.25	62.50
		Teamwork				79.17
		Handover	93.75	91.67	93.06	87.50
		Supportive environment		66.67	75.00	85.00
		Induction	94.17	78.33	86.67	95.31
		Adequate Experience	56.67	53.33	76.67	80.00
		Curriculum Coverage				77.08
		Educational Governance				75.00
		Educational Supervision	100.00	91.67	100.00	90.62
		Feedback	52.08	77.78	70.00	87.50
		Local Teaching				
		Regional Teaching				
		Study Leave	53.00	56.67	69.59	47.92

Programme	Site	Indicator	2014 (16)	2015 (17)	2016 (20)	2017 (16-20)
Paediatrics ST	Ninewells Hospital - T101H	Overall Satisfaction	79.00	84.94	85.00	79.32
		Clinical Supervision	94.05	91.57	91.35	92.76
		Clinical Supervision OOH		93.28	92.30	93.88
		Reporting systems			78.75	77.17
		Work Load	55.47	57.72	55.94	58.22
		Teamwork				78.29
		Handover	87.50	86.03	82.08	80.04
		Supportive environment		81.18	80.50	78.16
		Induction	82.50	84.90	91.67	76.64
		Adequate Experience	77.50	82.35	83.50	77.37
		Curriculum Coverage				71.93
		Educational Governance				69.30
		Educational Supervision	93.75	89.06	94.58	85.31
		Feedback	65.18	76.60	82.41	66.25
		Local Teaching	64.56	65.76	70.20	64.84
		Regional Teaching	63.25	69.94	72.20	77.50
		Study Leave	82.67	86.22	87.92	82.06

Programme	Site	Indicator	2014 (4)	2015 NA	2016 (4)	2017 (3-5)
GP Prog - Paediatrics and Child Health	Ninewells Hospital - T101H	Overall Satisfaction	84.00		90.00	75.00
		Clinical Supervision	88.00		95.25	88.33
		Clinical Supervision OOH			95.50	95.00
		Reporting systems			80.00	76.25
		Work Load	54.69		54.69	54.69
		Teamwork				77.08
		Handover	93.75		85.42	91.67
		Supportive environment			83.75	68.75
		Induction	98.75		77.50	84.38
		Adequate Experience	87.50		90.00	71.88
		Curriculum Coverage				68.75
		Educational Governance				70.83
		Educational Supervision	100.00		68.75	78.13
		Feedback	86.11			
		Local Teaching	55.50		68.50	61.00
		Regional Teaching	70.42		72.42	64.33
		Study Leave	68.33			41.67

Post specialty by site

Programme	Site	Indicator	2014 (27)	2015 (23)	2016 (21-25)	2017 (26-30)
Paediatrics	Ninewells Hospital - T101H	Overall Satisfaction	75.56	82.96	85.45	80.14
		Clinical Supervision	88.10	88.68	93.17	92.69
		Clinical Supervision OOH		90.36	94.62	94.42
		Reporting systems			81.59	78.79
		Work Load	54.40	56.52	56.53	57.59
		Teamwork				78.13
		Handover	90.22	86.90	86.90	82.85
		Supportive environment		78.70	82.27	78.04
		Induction	85.93	85.58	87.88	80.13
		Adequate Experience	74.07	78.26	83.18	77.77
		Curriculum Coverage				72.62
		Educational Governance				71.13
		Educational Supervision	94.44	90.91	92.05	84.52
		Feedback	63.37	78.94	77.21	75.28
		Local Teaching	62.11	66.28	69.60	64.95
		Regional Teaching	64.90	69.68	72.86	74.87
		Study Leave	73.41	81.30	82.16	73.46

3.11   Respiratory Medicine

Programme Group by Site

Programme	Site	Indicator	2014 (5)	2015 (4)	2016 (5)	2017 (3-5)
Respiratory medicine ST	Ninewells Hospital - T101H	Overall Satisfaction	75.20	77.60	68.00	68.60
		Clinical Supervision	78.20	88.00	89.33	93.00
		Clinical Supervision OOH		86.20	89.25	92.00
		Reporting systems			63.33	69.00
		Work Load	31.25	45.00	31.25	42.08
		Teamwork				75.00
		Handover	80.00	85.00	55.56	61.67
		Supportive environment		71.00	76.67	72.00
		Induction	92.00	80.00	80.56	78.75
		Adequate Experience	80.00	82.00	66.67	71.00
		Curriculum Coverage				80.00
		Educational Governance				75.00
		Educational Supervision	95.00	95.00	91.67	92.50
		Feedback	70.83	76.39		76.67
		Local Teaching	45.20	44.00	43.00	48.60
		Regional Teaching	61.31	58.63	69.00	53.55
		Study Leave	74.67	89.58	51.67	78.75

Post specialty by site

Programme	Site	Indicator	2014 (7)	2015 (7)	2016 (6-10)	2017 (3-5)
Respiratory Medicine	Ninewells Hospital - T101H	Overall Satisfaction	81.45	80.57	70.67	73.40
		Clinical Supervision	84.55	87.86	82.33	97.00
		Clinical Supervision OOH		84.86		93.00
		Reporting systems				70.00
		Work Load	36.36	46.43	35.42	43.33
		Teamwork				76.67
		Handover	79.69	78.57	55.56	66.67
		Supportive environment		71.43	70.00	74.00
		Induction	76.36	80.00	62.22	78.75
		Adequate Experience	84.55	84.29	70.00	75.50
		Curriculum Coverage				81.67
		Educational Governance				76.67
		Educational Supervision	93.18	96.43	91.67	91.67
		Feedback	66.67	79.17		75.00
		Local Teaching	52.14	46.71	47.33	55.20
		Regional Teaching	60.29	58.63	70.67	52.90
		Study Leave	80.00	92.22		79.17

Mental Health Directorate

4.1   Core Psychiatry

Programme Group by Site

Programme	Site	Indicator	2014 (3)	2015 NA	2016 (4)	2017 NA
CPT	Carseview Centre - T317H	Overall Satisfaction	74.67		87.00	
		Clinical Supervision	85.58		95.50	
		Clinical Supervision OOH			93.69	
		Reporting systems			72.50	
		Work Load	50.00		54.69	
		Teamwork				
		Handover	83.33			
		Supportive environment			75.00	
		Induction	70.00		87.50	
		Adequate Experience	80.00		82.50	
		Curriculum Coverage				
		Educational Governance				
		Educational Supervision	83.33		100.00	
		Feedback	81.95			
		Local Teaching	76.33		75.00	
		Regional Teaching	81.83		88.63	
		Study Leave	38.33		66.25	

Programme	Site	Indicator	2014 (5)	2015 (5)	2016 NA	2017 (3-5)
CPT	Murray Royal Hospital - T215H	Overall Satisfaction	80.80	68.80		61.67
		Clinical Supervision	90.80	85.55		90.00
		Clinical Supervision OOH		89.35		
		Reporting systems				73.33
		Work Load	48.75	42.50		52.08
		Teamwork				77.78
		Handover	35.00	70.00		44.45
		Supportive environment		60.00		61.67
		Induction	90.00	68.00		70.14
		Adequate Experience	82.00	70.00		59.17
		Curriculum Coverage				69.44
		Educational Governance				66.67
		Educational Supervision	95.00	95.00		84.72
		Feedback	85.00	80.00		94.45
		Local Teaching	71.60	71.20		57.00
		Regional Teaching	76.38	69.05		67.67
		Study Leave	58.33	47.09		37.50

4.2 Forensic Psychiatry

Post Specialty by Site

Programme	Site	Indicator	2014 NA	2015 NA	2016 NA	2017 (3-5)
Forensic psychiatry	Murray Royal Hospital - T215H	Overall Satisfaction				80.67
		Clinical Supervision				91.67
		Clinical Supervision OOH				
		Reporting systems				78.33
		Work Load				54.17
		Teamwork				77.78
		Handover				63.89
		Supportive environment				73.33
		Induction				95.14
		Adequate Experience				85.00
		Curriculum Coverage				77.78
		Educational Governance				83.33
		Educational Supervision				98.61
		Feedback				94.45
		Local Teaching				51.67
		Regional Teaching				65.42
		Study Leave				70.83

4.3   General Psychiatry

Post specialty by site

Programme	Site	Indicator	2014 (8)	2015 (3)	2016 (3-5)	2017 (3-5)
General psychiatry	Carseview Centre - T317H	Overall Satisfaction	79.00	85.33	88.00	85.67
		Clinical Supervision	88.56	92.33	92.33	98.33
		Clinical Supervision OOH		98.67	95.33	
		Reporting systems				73.33
		Work Load	58.59	50.00	45.83	54.17
		Teamwork				75.00
		Handover	67.19	75.00	68.06	
		Supportive environment		78.33	80.00	78.33
		Induction	75.83	95.00	86.67	79.17
		Adequate Experience	83.75	86.67	83.33	81.67
		Curriculum Coverage				69.45
		Educational Governance				80.56
		Educational Supervision	87.50	100.00	91.67	77.78
		Feedback	78.48			84.72
		Local Teaching	66.17		69.33	
		Regional Teaching	76.83		83.75	
		Study Leave	66.67	77.78	68.89	70.83

Programme	Site	Indicator	2014 (11)	2015 (7)	2016 (6-10)	2017 (3-5)
General psychiatry	Murray Royal Hospital - T215H	Overall Satisfaction	77.45	58.86	83.33	54.25
		Clinical Supervision	86.93	82.82	85.96	70.31
		Clinical Supervision OOH		84.93	87.04	69.06
		Reporting systems			73.54	59.38
		Work Load	50.19	53.57	57.29	37.50
		Teamwork				38.89
		Handover	40.00	62.50	65.00	33.33
		Supportive environment		52.14	75.83	43.75
		Induction	81.82	70.71	87.78	57.81
		Adequate Experience	76.36	62.86	86.67	58.13
		Curriculum Coverage				58.33
		Educational Governance				54.17
		Educational Supervision	95.45	85.71	83.33	83.33
		Feedback	83.34	66.67	84.17	66.67
		Local Teaching	62.38	56.50	52.60	39.67
		Regional Teaching	74.29	72.85	77.13	
		Study Leave	70.42	61.67	68.61	50.00

Programme	Site	Indicator	2014 (6)	2015 (5)	2016 (3-5)	2017 (3-5)
General psychiatry	Stracathro Hospital - T312H	Overall Satisfaction	76.67	64.00	82.67	71.67
		Clinical Supervision	85.46	73.55	92.33	81.67
		Clinical Supervision OOH		81.75	84.25	80.00
		Reporting systems			71.67	60.00
		Work Load	33.33	40.00	58.33	52.08
		Teamwork				58.33
		Handover	41.67	35.00	63.89	58.33
		Supportive environment		74.00	76.67	55.00
		Induction	89.17	78.00	93.33	50.00
		Adequate Experience	81.67	72.00	76.67	67.50
		Curriculum Coverage				58.33
		Educational Governance				66.67
		Educational Supervision	91.67	80.00	91.67	84.72
		Feedback	90.63	78.33	80.56	
		Local Teaching	51.75	64.33		54.67
		Regional Teaching	73.50			
		Study Leave	71.67	57.33		51.39

Programme Group by Site

Programme	Site	Indicator	2014 (3-5)	2015 NA	2016 NA	2017 (3-5)
GP Prog - Psychiatry	Stracathro Hospital - T312H	Overall Satisfaction	69.33			76.67
		Clinical Supervision	81.33			93.33
		Clinical Supervision OOH				86.67
		Reporting systems				63.33
		Work Load	27.08			68.75
		Teamwork				66.67
		Handover	41.67			66.67
		Supportive environment				73.33
		Induction	95.00			54.17
		Adequate Experience	80.00			67.50
		Curriculum Coverage				58.33
		Educational Governance				72.22
		Educational Supervision	83.33			95.83
		Feedback				
		Local Teaching	52.00			58.00
		Regional Teaching				
		Study Leave				52.78

4.4   Old Age Psychiatry

Post specialty by site

Programme	Site	Indicator	2014 (3-5)	2015 (3-5)	2016 (3-5)	2017 (3-5)
Old age psychiatry	Kingsway Care Centre - T322H	Overall Satisfaction	89.33			85.33
		Clinical Supervision	98.67			96.67
		Clinical Supervision OOH				90.00
		Reporting systems				86.67
		Work Load	47.92			52.08
		Teamwork				75.00
		Handover	45.83			79.17
		Supportive environment				81.67
		Induction	91.67			91.67
		Adequate Experience	90.00			95.83
		Curriculum Coverage				95.83
		Educational Governance				97.22
		Educational Supervision	91.67			97.22
		Feedback	90.28			90.28
		Local Teaching	53.67			45.67
		Regional Teaching				
		Study Leave	96.11			78.47

Surgical Directorate

5.1   ACCS

Programme Group by Site

Programme	Site	Indicator	2014 (13)	2015 (18)	2016 (16)	2017 (11-15)
ACCS	Ninewells Hospital - T101H	Overall Satisfaction	86.44	90.00	81.33	88.17
		Clinical Supervision	91.40	90.20	89.64	96.67
		Clinical Supervision OOH		88.69	92.56	94.55
		Reporting systems			83.44	88.33
		Work Load	39.93	51.04	47.92	57.81
		Teamwork				78.47
		Handover	48.44	57.03	66.67	80.83
		Supportive environment		79.38	73.89	77.50
		Induction	82.22	90.00	82.22	90.97
		Adequate Experience	86.67	90.63	77.78	86.67
		Curriculum Coverage				84.03
		Educational Governance				75.70
		Educational Supervision	86.11	90.63	83.33	84.38
		Feedback	85.90	71.47	62.50	77.50
		Local Teaching	67.67	76.75	77.00	78.42
		Regional Teaching	71.08	76.28	75.25	79.50
		Study Leave	74.02	75.89	72.22	62.33

5.2   Anaesthetics

Programme Group by Site

Programme	Site	Indicator	2014 (5)	2015 (17)	2016 (24)	2017 (16-20)
Anaesthetics ST	Ninewells Hospital - T101H	Overall Satisfaction	86.89	88.24	90.83	93.79
		Clinical Supervision	91.75	95.66	93.70	97.15
		Clinical Supervision OOH		93.24	94.38	95.59
		Reporting systems			91.98	90.39
		Work Load	46.88	50.00	51.04	49.01
		Teamwork				76.75
		Handover	46.53	48.53	71.23	69.36
		Supportive environment		75.88	83.75	79.47
		Induction	92.08	95.89	91.90	90.46
		Adequate Experience	87.78	85.29	87.92	87.37
		Curriculum Coverage				87.28
		Educational Governance				81.14
		Educational Supervision	90.28	89.71	94.79	91.23
		Feedback	77.61	81.25	87.70	83.82
		Local Teaching	71.22	72.53	72.13	77.79
		Regional Teaching	79.26	76.17	79.58	73.64
		Study Leave	84.91	76.56	68.33	68.31

Programme	Site	Indicator	2014 (18)	2015 (6)	2016 (9)	2017 (6-10)
Core Anaesthetics	Ninewells Hospital - T101H	Overall Satisfaction	72.00	90.00	92.89	94.00
		Clinical Supervision	84.00	96.83	96.78	96.25
		Clinical Supervision OOH		96.33	97.00	96.88
		Reporting systems			93.33	97.50
		Work Load	40.00	50.00	59.72	51.56
		Teamwork				79.17
		Handover	40.00	72.92	78.57	78.65
		Supportive environment		89.17	81.67	83.13
		Induction	66.00	96.67	95.56	89.84
		Adequate Experience	74.00	88.33	92.22	95.94
		Curriculum Coverage				87.50
		Educational Governance				93.75
		Educational Supervision	85.00	100.00	97.22	97.40
		Feedback	62.50	81.25	76.85	80.56
		Local Teaching	63.00	75.17	73.67	81.50
		Regional Teaching	70.20	71.17	83.28	84.00
		Study Leave	47.00	70.56	76.30	83.33

Post Specialty by Site

Programme	Site	Indicator	2014 (31)	2015 (34)	2016 (41-45)	2017 (36-40)
Anaesthetics	Ninewells Hospital - T101H	Overall Satisfaction	83.87	90.47	92.19	92.15
		Clinical Supervision	89.40	95.06	94.63	96.89
		Clinical Supervision OOH		93.01	94.98	95.54
		Reporting systems			89.94	91.44
		Work Load	45.56	51.78	53.82	53.23
		Teamwork				78.75
		Handover	47.08	54.17	73.21	74.05
		Supportive environment		81.32	84.05	80.00
		Induction	82.36	94.48	92.05	90.63
		Adequate Experience	84.52	88.82	89.05	88.69
		Curriculum Coverage				85.42
		Educational Governance				82.08
		Educational Supervision	89.52	93.38	94.64	91.04
		Feedback	76.76	84.58	83.33	83.33
		Local Teaching	71.64	76.06	74.32	78.64
		Regional Teaching	76.49	75.85	78.37	77.83
		Study Leave	71.09	75.78	72.46	71.90

Programme	Site	Indicator	2014 (4)	2015 NA	2016 (3-5)	2017 (84.33)
Anaesthetics	Perth Royal Infirmary - T202H	Overall Satisfaction	82.00		89.33	84.33
		Clinical Supervision	88.69		97.00	97.92
		Clinical Supervision OOH			97.00	96.25
		Reporting systems			90.00	100.00
		Work Load	63.02		72.92	60.42
		Teamwork				61.11
		Handover	58.33		83.33	70.83
		Supportive environment			90.00	88.33
		Induction	80.00		96.67	97.92
		Adequate Experience	80.00		93.33	70.83
		Curriculum Coverage				77.78
		Educational Governance				72.22
		Educational Supervision	81.25		91.67	100.00
		Feedback	79.17			90.28
		Local Teaching	80.25		82.00	79.00
		Regional Teaching	81.50		81.00	77.33
		Study Leave	63.75		93.33	64.58

5.3   Clinical & Medical Oncology

Post specialty by site

Programme	Site	Indicator	2014 (5)	2015 (7)	2016 NA	2017 (3-5)
Clinical oncology	Ninewells Hospital - T101H	Overall Satisfaction	84.00	84.00		69.67
		Clinical Supervision	95.00	86.14		
		Clinical Supervision OOH		90.00		85.42
		Reporting systems				61.67
		Work Load	46.25	55.06		38.19
		Teamwork				58.33
		Handover	50.00	75.00		58.33
		Supportive environment		77.14		51.67
		Induction	90.00	94.17		85.42
		Adequate Experience	84.00	85.71		74.17
		Curriculum Coverage				77.78
		Educational Governance				58.33
		Educational Supervision	95.00	96.43		88.89
		Feedback	85.00	77.78		72.22
		Local Teaching	55.67	54.17		45.33
		Regional Teaching		62.92		
		Study Leave	65.42	69.29		59.72

Programme	Site	Indicator	2014 (5)	2015 (5)	2016 (6-10)	2017 (6-10)
Medical oncology	Ninewells Hospital - T101H	Overall Satisfaction	85.60	72.00	86.00	87.17
		Clinical Supervision	84.80	82.20	85.17	83.96
		Clinical Supervision OOH		88.40	85.17	86.67
		Reporting systems			69.00	68.33
		Work Load	53.75	41.25	41.67	33.33
		Teamwork				83.34
		Handover	58.33	58.33	77.08	68.75
		Supportive environment		68.00	75.83	75.00
		Induction	91.00	81.00	94.45	88.54
		Adequate Experience	90.00	74.00	86.67	83.33
		Curriculum Coverage				86.11
		Educational Governance				73.61
		Educational Supervision	90.00	85.00	91.67	84.72
		Feedback	81.67	69.79	65.63	88.20
		Local Teaching				
		Regional Teaching				
		Study Leave	78.33		65.00	43.06

5.4   Core Surgery
Programme Group by Site

Programme	Site	Indicator	2014 (5)	2015 (5)	2016 (3-5)	2017 (6-10)
CST	Ninewells Hospital - T101H	Overall Satisfaction	84.80	96.80	69.60	83.17
		Clinical Supervision	90.60	94.20	81.40	94.17
		Clinical Supervision OOH		95.75	89.80	95.00
		Reporting systems			60.00	69.17
		Work Load	50.42	54.58	51.25	50.35
		Teamwork				65.28
		Handover	62.50	67.50	52.50	73.61
		Supportive environment		89.00	66.00	72.50
		Induction	80.00	97.00	79.00	81.25
		Adequate Experience	84.00	96.00	74.00	81.25
		Curriculum Coverage				81.94
		Educational Governance				76.39
		Educational Supervision	100.00	100.00	90.00	90.28
		Feedback	75.00	93.75	69.79	95.84
		Local Teaching	62.00	65.20	63.80	63.67
		Regional Teaching	55.56	62.00	59.94	72.42
		Study Leave	58.00	83.33	71.33	84.72

5.5 Dermatology

Programme Group by Site

Programme	Site	Indicator	2014 (4)	2015 (5)	2016 (4)	2017 (6-10)
Dermatology ST	Ninewells Hospital - T101H	Overall Satisfaction	87.00	88.80	82.00	81.67
		Clinical Supervision	96.75	91.80	92.25	94.17
		Clinical Supervision OOH		93.00	91.69	94.17
		Reporting systems			75.00	75.00
		Work Load	62.50	63.75	53.13	60.42
		Teamwork				76.39
		Handover	71.88	81.25	75.00	63.33
		Supportive environment		79.00	70.00	72.50
		Induction	88.75	92.00	93.33	82.99
		Adequate Experience	90.00	98.00	80.00	79.17
		Curriculum Coverage				83.34
		Educational Governance				70.83
		Educational Supervision	93.75	90.00	81.25	90.97
		Feedback	91.67	80.83	81.25	74.17
		Local Teaching	59.00	67.00	64.00	57.67
		Regional Teaching	65.94	62.20	56.50	72.55
		Study Leave	73.33	76.00	83.75	79.86

Post specialty by site

Programme	Site	Indicator	2014 (6)	2015 (7)	2016 (6-10)	2017 (6-10)
Dermatology	Ninewells Hospital - T101H	Overall Satisfaction	80.67	90.86	82.67	76.00
		Clinical Supervision	85.33	93.43	92.67	93.57
		Clinical Supervision OOH		90.43	93.13	91.88
		Reporting systems			75.00	68.75
		Work Load	62.50	63.39	58.33	55.47
		Teamwork				76.04
		Handover	72.50	81.25	75.00	65.28
		Supportive environment		84.29	71.67	68.13
		Induction	90.00	92.86	89.72	80.21
		Adequate Experience	80.00	95.71	80.00	74.69
		Curriculum Coverage				79.17
		Educational Governance				70.83
		Educational Supervision	95.83	92.86	87.50	88.02
		Feedback	86.81	77.98	81.95	75.69
		Local Teaching	57.20	67.67	61.40	58.43
		Regional Teaching	65.94	62.20	57.00	71.13
		Study Leave	77.67	73.33	85.67	76.79

5.6   General Surgery / Surgery

Programme Group by Site

Programme	Site	Indicator	2014 (29)	2015 (30)	2016 (30)	2017 (31-35)
Surgery F1	Ninewells Hospital - T101H	Overall Satisfaction	67.59	73.47	73.87	64.31
		Clinical Supervision	74.67	82.64	80.26	77.85
		Clinical Supervision OOH		84.49	82.36	78.71
		Reporting systems			69.83	72.63
		Work Load	28.23	33.33	30.63	25.98
		Teamwork				62.76
		Handover				
		Supportive environment		64.50	66.33	57.19
		Induction	83.79	74.00	84.83	73.24
		Adequate Experience	73.10	78.67	75.00	71.95
		Curriculum Coverage				69.53
		Educational Governance				65.10
		Educational Supervision	88.79	88.33	85.83	82.42
		Feedback	65.62	65.80	56.89	70.16
		Local Teaching				
		Regional Teaching				

Programme	Site	Indicator	2014 (17)	2015 (14)	2016 (16)	2017 (11-15)
Surgery F2	Ninewells Hospital - T101H	Overall Satisfaction	78.82	77.43	85.75	70.20
		Clinical Supervision	81.40	79.64	86.19	82.42
		Clinical Supervision OOH		83.61	80.64	82.42
		Reporting systems			72.67	70.58
		Work Load	45.59	46.43	48.05	45.28
		Teamwork				71.67
		Handover	74.26	74.11	71.09	70.24
		Supportive environment		68.21	76.88	61.33
		Induction	79.71	84.64	86.56	81.25
		Adequate Experience	81.76	78.57	89.38	71.83
		Curriculum Coverage				72.22
		Educational Governance				67.78
		Educational Supervision	92.65	89.29	93.75	72.78
		Feedback	65.83	63.78	69.53	54.63
		Local Teaching				
		Regional Teaching				
		Study Leave	54.03	71.15	72.50	50.96

Programme	Site	Indicator	2014 (11)	2015 (8)	2016 (12)	2017 (6-10)
General surgery ST	Ninewells Hospital - T101H	Overall Satisfaction	82.91	86.50	84.00	71.25
		Clinical Supervision	91.55	97.75	96.06	94.38
		Clinical Supervision OOH		94.00	98.00	92.86
		Reporting systems			78.33	70.63
		Work Load	37.50	50.78	41.67	48.44
		Teamwork				72.92
		Handover	72.73	54.69	75.00	61.98
		Supportive environment		83.13	77.08	70.00
		Induction	86.50	93.75	84.55	81.25
		Adequate Experience	79.09	85.00	80.83	74.69
		Curriculum Coverage				72.92
		Educational Governance				69.79
		Educational Supervision	86.36	92.71	84.09	89.58
		Feedback	83.33	89.06	79.86	85.42
		Local Teaching	54.45	62.00	54.92	44.25
		Regional Teaching	62.11	62.59	62.30	
		Study Leave	69.24	72.50	73.17	60.42

Programme	Site	Indicator	2014 (9)	2015 (11)	2016 (8)	2017 (6-10)
Surgery F1	Perth Royal Infirmary - T202H	Overall Satisfaction	73.78	82.91	64.50	63.80
		Clinical Supervision	74.22	80.45	69.63	77.50
		Clinical Supervision OOH		80.67	82.25	91.96
		Reporting systems			56.88	76.11
		Work Load	35.88	40.15	37.50	51.04
		Teamwork				75.00
		Handover				
		Supportive environment		78.64	57.50	64.00
		Induction	66.67	90.45	70.63	76.88
		Adequate Experience	72.22	81.82	67.50	74.75
		Curriculum Coverage				70.00
		Educational Governance				70.00
		Educational Supervision	88.89	88.64	84.38	85.83
		Feedback	63.02	65.91	67.71	83.33
		Local Teaching				
		Regional Teaching				

Programme	Site	Indicator	2014 (4)	2015 (4)	2016 (4)	2017 (6-10)
Surgery F2	Perth Royal Infirmary - T202H	Overall Satisfaction	87.00	87.00	82.00	70.50
		Clinical Supervision	73.25	73.25	74.00	69.58
		Clinical Supervision OOH		73.81	94.33	68.54
		Reporting systems			83.33	75.00
		Work Load	34.38	42.19	49.48	44.79
		Teamwork				63.89
		Handover	65.63	81.25	81.25	72.22
		Supportive environment		81.25	81.25	60.00
		Induction	71.25	82.50	73.75	88.54
		Adequate Experience	92.50	87.50	82.50	77.50
		Curriculum Coverage				79.17
		Educational Governance				65.28
		Educational Supervision	93.75	93.75	93.75	84.03
		Feedback	82.29	71.88	72.22	77.09
		Local Teaching				
		Regional Teaching				
		Study Leave	66.67		70.83	38.75

Post specialty by site

Programme	Site	Indicator	2014 (33)	2015 (27)	2016 (31-35)	2017 (31-35)
General surgery	Ninewells Hospital - T101H	Overall Satisfaction	73.21	78.52	82.13	68.71
		Clinical Supervision	80.81	88.22	87.84	84.35
		Clinical Supervision OOH		88.50	89.44	83.88
		Reporting systems			72.83	70.40
		Work Load	30.11	39.12	33.20	34.14
		Teamwork				68.01
		Handover	70.24	64.84	73.46	63.19
		Supportive environment		68.70	71.88	60.32
		Induction	83.75	81.48	85.81	74.60
		Adequate Experience	76.97	81.48	81.88	76.45
		Curriculum Coverage				73.12
		Educational Governance				67.21
		Educational Supervision	86.36	92.28	91.13	80.91
		Feedback	66.67	72.84	71.51	68.12
		Local Teaching	54.45	60.00	54.92	47.22
		Regional Teaching	62.11	64.29	62.30	
		Study Leave	51.94	71.56	74.48	54.53

Programme	Site	Indicator	2014 (10)	2015 (9)	2016 (6-10)	2017 (6-10)
General surgery	Perth Royal Infirmary - T202H	Overall Satisfaction	68.00	71.56	47.33	72.75
		Clinical Supervision	77.40	80.11	65.33	88.13
		Clinical Supervision OOH		85.83	83.80	91.67
		Reporting systems			54.17	78.13
		Work Load	32.92	35.42	23.61	59.64
		Teamwork				73.96
		Handover	33.33	62.50		
		Supportive environment		60.00	45.00	72.50
		Induction	64.00	79.38	52.50	83.59
		Adequate Experience	68.00	70.00	56.67	80.94
		Curriculum Coverage				68.75
		Educational Governance				72.92
		Educational Supervision	77.50	88.89	66.67	96.35
		Feedback	64.82	59.90	60.00	84.52
		Local Teaching	61.50	37.00		
		Regional Teaching	67.67	61.83		
		Study Leave	76.25	57.22		

5.7   Histopathology

Programme Group by Site

Programme	Site	Indicator	2014 (6)	2015 (5)	2016 (7)	2017 (6-10)
Histopathology ST	Ninewells Hospital - T101H	Overall Satisfaction	83.33	87.20	87.43	90.50
		Clinical Supervision	95.83	95.75	96.67	97.92
		Reporting systems			75.00	72.86
		Work Load	77.78	71.67	70.24	69.79
		Teamwork				67.26
		Supportive environment		66.00	73.57	73.13
		Induction	89.17	96.25	87.50	92.19
		Adequate Experience	81.67	86.00	85.71	85.63
		Curriculum Coverage				77.50
		Educational Governance				81.25
		Educational Supervision	83.33	85.00	85.71	96.35
		Feedback	82.29	69.17	79.86	89.58
		Local Teaching	79.00	72.60	77.14	74.75
		Regional Teaching				72.50
		Study Leave	89.45	89.58	81.67	81.51

Post specialty by site

Programme	Site	Indicator	2014 (5)	2015 (5)	2016 (6-10)	2017 (6-10)
Histopathology	Ninewells Hospital - T101H	Overall Satisfaction	84.00	87.20	87.43	90.50
		Clinical Supervision	96.00	95.75	96.67	97.92
		Reporting systems			75.00	72.86
		Work Load	75.00	71.67	70.24	69.79
		Teamwork				67.26
		Supportive environment		66.00	73.57	73.13
		Induction	88.00	96.25	87.50	92.19
		Adequate Experience	86.00	86.00	85.71	85.63
		Curriculum Coverage				77.50
		Educational Governance				81.25
		Educational Supervision	80.00	85.00	85.71	96.35
		Feedback	88.89	69.17	79.86	89.58
		Local Teaching	79.80	72.60	77.14	74.75
		Regional Teaching				72.50
		Study Leave	93.33	89.58	81.67	81.51

5.8 Intensive Care Medicine

Programme Group by Site

Programme	Site	Indicator	2014 NA	2015 NA	2016 (3-5)	2017 (3-5)
Intensive care medicine ST	Ninewells Hospital - T101H	Overall Satisfaction			82.67	85.67
		Clinical Supervision			92.33	91.67
		Clinical Supervision OOH			98.67	96.67
		Reporting systems			88.33	88.33
		Work Load			58.33	52.08
		Teamwork				77.78
		Handover				66.67
		Supportive environment			78.33	70.00
		Induction			98.33	95.14
		Adequate Experience			80.00	74.17
		Curriculum Coverage				75.00
		Educational Governance				77.78
		Educational Supervision			91.67	87.50
		Feedback			75.00	
		Local Teaching			75.33	76.67
		Regional Teaching			61.25	
		Study Leave			88.33	67.36

5.9 Neurology

Programme Group by Site

Programme	Site	Indicator	2014 (3-5)	2015 NA	2016 NA	2017 (3-5)
Neurology ST	Ninewells Hospital - T101H	Overall Satisfaction	73.33			87.00
		Clinical Supervision	83.25			96.67
		Clinical Supervision OOH				98.33
		Reporting systems				
		Work Load	52.78			65.28
		Teamwork				88.89
		Handover				83.33
		Supportive environment				81.67
		Induction				77.08
		Adequate Experience	70.00			80.83
		Curriculum Coverage				83.33
		Educational Governance				86.11
		Educational Supervision	100.00			88.89
		Feedback	72.22			
		Local Teaching	52.67			53.00
		Regional Teaching	72.92			69.83
		Study Leave	78.33			66.67

Post specialty by site

Programme	Site	Indicator	2014 (6)	2015 (4)	2016 (3-5)	2017 (3-5)
Neurology	Ninewells Hospital - T101H	Overall Satisfaction	77.33	77.00	83.00	72.00
		Clinical Supervision	90.96	89.75	91.00	79.00
		Clinical Supervision OOH		85.00	95.25	98.00
		Reporting systems			80.00	77.50
		Work Load	53.82	56.25	53.65	51.67
		Teamwork				81.67
		Handover	34.38	25.00	81.25	81.25
		Supportive environment		76.25	80.00	69.00
		Induction	96.00	88.75	87.50	72.50
		Adequate Experience	76.67	82.50	82.50	75.00
		Curriculum Coverage				71.67
		Educational Governance				76.67
		Educational Supervision	100.00	93.75	87.50	84.17
		Feedback	84.72	81.25	73.96	41.67
		Local Teaching	49.00		58.00	51.50
		Regional Teaching	72.92			69.83
		Study Leave	82.08		70.00	60.42

5.10   Neurosurgery

Post specialty by site

Programme	Site	Indicator	2014 (5)	2015 (3)	2016 (6-10)	2017 (3-5)
Neurosurgery	Ninewells Hospital - T101H	Overall Satisfaction	89.60	86.67	86.00	77.25
		Clinical Supervision	95.40	93.67	92.33	95.00
		Clinical Supervision OOH		89.00	90.00	83.33
		Reporting systems			75.83	85.00
		Work Load	61.25	54.17	48.96	59.38
		Teamwork				77.09
		Handover	66.67		79.17	
		Supportive environment		75.00	79.17	81.25
		Induction	89.00	96.67	85.00	84.38
		Adequate Experience	90.00	83.33	88.33	74.38
		Curriculum Coverage				70.83
		Educational Governance				75.00
		Educational Supervision	100.00	83.33	79.17	92.71
		Feedback	89.59	79.17	77.78	91.67
		Local Teaching			73.67	
		Regional Teaching				
		Study Leave	74.44		88.33	

5.11 Ophthalmology

Programme Group by Site

Programme	Site	Indicator	2014 (9)	2015 (10)	2016 (9)	2017 (6-10)
Ophthalmology ST	Ninewells Hospital - T101H	Overall Satisfaction	89.33	84.00	83.56	81.50
		Clinical Supervision	91.67	87.50	94.00	93.59
		Clinical Supervision OOH		90.90	90.33	95.00
		Reporting systems			75.63	76.43
		Work Load	45.14	44.79	42.36	45.31
		Teamwork				72.40
		Handover	31.25	25.00	70.83	68.06
		Supportive environment		76.00	72.22	67.50
		Induction	88.54	88.13	91.00	77.08
		Adequate Experience	88.89	87.00	82.22	76.25
		Curriculum Coverage				76.04
		Educational Governance				64.58
		Educational Supervision	85.19	90.00	87.50	85.42
		Feedback	86.11	75.60	80.36	83.93
		Local Teaching	75.33	71.50	69.44	83.00
		Regional Teaching	81.00	83.31	78.47	78.21
		Study Leave	79.07	66.50	69.63	55.47

Post specialty by site

Programme	Site	Indicator	2014 (11)	2015 (11)	2016 (11-15)	2017 (6-10)
Ophthalmology	Ninewells Hospital - T101H	Overall Satisfaction	88.73	84.73	82.55	81.50
		Clinical Supervision	90.00	87.73	92.55	93.59
		Clinical Supervision OOH		89.11	89.64	95.00
		Reporting systems			75.00	76.43
		Work Load	46.59	45.26	45.45	45.31
		Teamwork				72.40
		Handover	41.07	25.00	67.36	68.06
		Supportive environment		77.27	72.73	67.50
		Induction	86.33	88.89	92.14	77.08
		Adequate Experience	86.36	88.18	80.91	76.25
		Curriculum Coverage				76.04
		Educational Governance				64.58
		Educational Supervision	87.88	90.91	90.00	85.42
		Feedback	83.33	77.08	81.95	83.93
		Local Teaching	75.33	71.50	69.44	83.00
		Regional Teaching	81.00	83.31	78.47	78.21
		Study Leave	79.07	66.50	72.00	55.47

5.12   Otolaryngology (ENT)

Programme Group by Site

Programme	Site	Indicator	2014 (5)	2015 (3)	2016 (5)	2017 (3-5)
Otolaryngology ST	Ninewells Hospital - T101H	Overall Satisfaction	87.20	86.67	89.60	95.20
		Clinical Supervision	96.20	92.00	95.40	95.00
		Clinical Supervision OOH			94.75	99.00
		Reporting systems			81.00	93.00
		Work Load	55.00	64.58	61.25	61.25
		Teamwork				93.33
		Handover	92.50	91.67	81.25	89.17
		Supportive environment		83.33	80.00	92.00
		Induction	98.00	96.67	98.00	97.50
		Adequate Experience	82.00	86.67	88.00	93.00
		Curriculum Coverage				96.67
		Educational Governance				96.67
		Educational Supervision	90.00	91.67	95.00	97.50
		Feedback	93.33	91.67	95.83	96.67
		Local Teaching	75.60	62.33	70.80	78.00
		Regional Teaching	71.20	79.83	68.20	77.20
		Study Leave	45.83	67.22	79.17	75.42

Post specialty by site

Programme	Site	Indicator	2014 (11)	2015 (8)	2016 (6-10)	2017 (6-10)
Otolaryngology	Ninewells Hospital - T101H	Overall Satisfaction	87.64	91.50	90.40	91.56
		Clinical Supervision	95.27	89.63	93.50	92.22
		Clinical Supervision OOH		86.00	85.75	92.78
		Reporting systems			81.00	84.44
		Work Load	62.31	63.02	57.71	50.00
		Teamwork				79.63
		Handover	89.06	87.50	82.14	86.31
		Supportive environment		85.00	81.00	81.67
		Induction	98.64	96.88	95.00	95.14
		Adequate Experience	83.64	90.00	92.00	88.61
		Curriculum Coverage				87.96
		Educational Governance				85.19
		Educational Supervision	95.45	96.88	95.00	92.59
		Feedback	87.12	76.04	86.11	97.92
		Local Teaching	74.86	63.20	69.33	78.83
		Regional Teaching	71.20	77.07	67.50	77.08
		Study Leave	61.19	79.17	76.94	67.26

5.13 Plastic Surgery

Programme Group by Site

Programme	Site	Indicator	2014 (6)	2015 (5)	2016 (7)	2017 (6-10)
Plastic surgery ST	Ninewells Hospital - T101H	Overall Satisfaction	69.33	61.60	88.00	85.14
		Clinical Supervision	91.33	94.40	98.71	99.29
		Clinical Supervision OOH		92.60	98.86	96.43
		Reporting systems			71.43	75.00
		Work Load	50.00	51.25	59.82	66.96
		Teamwork				75.00
		Handover	58.33	55.00	67.36	71.53
		Supportive environment		49.00	82.14	77.86
		Induction	66.67	79.00	95.00	88.39
		Adequate Experience	63.33	58.00	75.71	80.36
		Curriculum Coverage				75.00
		Educational Governance				78.57
		Educational Supervision	79.17	85.00	96.43	92.86
		Feedback	69.17	75.00	85.00	88.69
		Local Teaching	63.83	59.80	76.43	68.71
		Regional Teaching	68.79	72.40	69.18	67.82
		Study Leave	62.22	67.00	89.72	74.70

Post specialty by site

Programme	Site	Indicator	2014 (11)	2015 (10)	2016 (11-15)	2017 (11-15)
Plastic surgery	Ninewells Hospital - T101H	Overall Satisfaction	69.09	70.80	82.67	81.45
		Clinical Supervision	86.05	87.30	91.75	93.30
		Clinical Supervision OOH		87.00	93.50	88.98
		Reporting systems			71.82	73.50
		Work Load	48.30	49.38	56.77	58.52
		Teamwork				72.73
		Handover	65.28	56.25	65.74	75.52
		Supportive environment		62.00	79.58	76.36
		Induction	69.50	81.00	87.92	85.23
		Adequate Experience	63.64	72.00	78.33	78.18
		Curriculum Coverage				74.24
		Educational Governance				72.73
		Educational Supervision	86.36	85.00	91.67	89.02
		Feedback	61.25	76.85	75.00	77.65
		Local Teaching	62.63	59.00	73.89	66.00
		Regional Teaching	63.66	69.63	68.14	69.97
		Study Leave	66.67	72.14	80.93	78.70

5.14 Renal Medicine

Programme Group by Site

Programme	Site	Indicator	2014 (4)	2015 (4)	2016 (5)	2017 (3-5)
Renal medicine ST	Ninewells Hospital - T101H	Overall Satisfaction	83.20	88.00	83.20	95.33
		Clinical Supervision	94.60	94.50	92.60	100.00
		Clinical Supervision OOH		94.50	84.40	98.33
		Reporting systems			81.00	85.00
		Work Load	43.33	57.29	43.33	63.89
		Teamwork				77.78
		Handover	78.13	53.13	76.67	91.67
		Supportive environment		90.00	81.00	90.00
		Induction	94.00	95.83	86.25	86.81
		Adequate Experience	90.00	87.50	80.00	89.17
		Curriculum Coverage				80.56
		Educational Governance				86.11
		Educational Supervision	100.00	100.00	100.00	95.83
		Feedback	87.50	66.67	83.33	
		Local Teaching	63.80	69.25	67.20	68.33
		Regional Teaching	64.88		60.17	65.17
		Study Leave	87.33	93.75	73.00	87.50

Post specialty by site

Programme	Site	Indicator	2014 (7)	2015 (7)	2016 (6-10)	2017 (6-10)
Renal medicine	Ninewells Hospital - T101H	Overall Satisfaction	88.57	86.29	92.00	90.57
		Clinical Supervision	94.86	91.43	94.63	96.79
		Clinical Supervision OOH		86.21	88.00	95.36
		Reporting systems			81.88	81.43
		Work Load	51.49	47.92	50.52	61.61
		Teamwork				79.76
		Handover	71.88	57.50	87.50	83.33
		Supportive environment		81.43	90.00	83.57
		Induction	95.71	96.19	95.71	91.67
		Adequate Experience	85.71	85.71	90.00	92.14
		Curriculum Coverage				75.00
		Educational Governance				83.33
		Educational Supervision	92.86	92.86	96.88	94.05
		Feedback	76.39	61.91	88.02	85.42
		Local Teaching	69.00	69.25	67.20	71.00
		Regional Teaching	65.17			66.13
		Study Leave	86.00	87.00	85.56	72.50

5.15   Trauma & Orthopaedic Surgery

Programme Group by Site

Programme	Site	Indicator	2014 (7)	2015 (9)	2016 (10)	2017 (6-10)
Trauma and orthopaedic surgery ST	Ninewells Hospital - T101H	Overall Satisfaction	74.29	87.56	90.40	87.67
		Clinical Supervision	88.71	93.22	96.30	90.56
		Clinical Supervision OOH		88.50	92.80	94.44
		Reporting systems			66.50	76.11
		Work Load	40.18	50.00	50.00	54.86
		Teamwork				79.63
		Handover	82.14	77.78	69.91	77.08
		Supportive environment		78.33	77.50	80.00
		Induction	68.00	88.52	85.83	90.28
		Adequate Experience	68.57	88.89	91.00	86.39
		Curriculum Coverage				86.11
		Educational Governance				75.93
		Educational Supervision	78.57	94.44	90.00	97.22
		Feedback	74.17	87.96	81.77	85.42
		Local Teaching	55.14	62.11	70.70	75.22
		Regional Teaching	73.63	79.44	73.11	77.94
		Study Leave	71.90	75.21	74.67	85.65

Programme	Site	Indicator	2014 (3-5)	2015 NA	2016 NA	2017 (3-5)
Trauma and orthopaedic surgery ST	Perth Royal Infirmary - T202H	Overall Satisfaction	54.67			93.33
		Clinical Supervision	73.33			95.00
		Clinical Supervision OOH				95.00
		Reporting systems				81.67
		Work Load	33.33			37.50
		Teamwork				75.00
		Handover	66.67			72.22
		Supportive environment				75.00
		Induction	33.33			87.50
		Adequate Experience	43.33			84.17
		Curriculum Coverage				86.11
		Educational Governance				80.56
		Educational Supervision	66.67			98.61
		Feedback				
		Local Teaching	49.00			78.67
		Regional Teaching	69.33			70.42
		Study Leave	65.00			78.47

Post specialty by site

Programme	Site	Indicator	2014 (20)	2015 (22)	2016 (21-25)	2017 (21-25)
Trauma and orthopaedic surgery	Ninewells Hospital - T101H	Overall Satisfaction	75.00	79.45	76.35	68.73
		Clinical Supervision	80.29	85.74	85.20	79.83
		Clinical Supervision OOH		87.54	84.91	84.55
		Reporting systems			67.39	70.00
		Work Load	39.69	44.03	46.20	44.22
		Teamwork				65.15
		Handover	76.14	77.88	71.47	78.03
		Supportive environment		74.32	70.22	63.18
		Induction	79.17	80.08	82.22	83.52
		Adequate Experience	74.00	81.82	76.96	69.20
		Curriculum Coverage				71.97
		Educational Governance				68.18
		Educational Supervision	87.50	88.64	84.78	86.55
		Feedback	71.61	69.25	61.52	73.13
		Local Teaching	58.78	64.20	70.27	75.60
		Regional Teaching	75.41	77.72	70.05	77.94
		Study Leave	79.70	74.17	72.98	80.56
Programme	Site	Indicator	2014 (9)	2015 (10)	2016 (11-15)	2017 (11-15)
Trauma and orthopaedic surgery	Perth Royal Infirmary - T202H	Overall Satisfaction	75.27	83.60	85.45	70.46
		Clinical Supervision	72.55	74.80	79.64	74.04
		Clinical Supervision OOH		77.03	87.60	79.00
		Reporting systems			70.00	75.42
		Work Load	37.50	46.25	51.51	43.43
		Teamwork				70.51
		Handover	67.19	82.50	74.31	72.22
		Supportive environment		81.50	80.91	62.31
		Induction	61.82	87.50	81.36	82.69
		Adequate Experience	71.82	80.00	82.73	74.81
		Curriculum Coverage				76.28
		Educational Governance				70.51
		Educational Supervision	84.09	87.50	93.18	83.65
		Feedback	66.20	69.45	81.02	83.33
		Local Teaching	48.50		75.00	78.67
		Regional Teaching	64.69			70.42
		Study Leave	60.21	85.00	79.76	53.65

5.16   Urology

Post specialty by site

Programme	Site	Indicator	2014 (7)	2015 (7)	2016 (6-10)	2017 (6-10)
Urology	Ninewells Hospital - T101H	Overall Satisfaction	84.00	71.43	74.86	68.83
		Clinical Supervision	85.00	80.29	87.29	85.63
		Clinical Supervision OOH		86.00	91.14	92.50
		Reporting systems			68.57	83.33
		Work Load	39.29	32.14	40.18	26.04
		Teamwork				76.39
		Handover	66.67	83.33	77.09	
		Supportive environment		59.29	60.71	67.50
		Induction	75.71	75.71	86.43	67.71
		Adequate Experience	90.00	74.29	77.14	73.75
		Curriculum Coverage				72.22
		Educational Governance				77.78
		Educational Supervision	96.43	89.29	92.86	83.33
		Feedback	85.72	81.94	77.38	83.33
		Local Teaching	68.75	59.33	52.50	
		Regional Teaching	62.63	75.67	63.75	
		Study Leave	82.50	91.67	81.25	

6.1 Trainer Specialty by Trust/Board – Tayside – 2016

Trainer Specialty	Response Rate	Organisational culture	Supportive environment	Handover	Time for trainers	Support for trainers	Supervisor training
Anaesthetics	53%	88.16	87.37	73.90	71.05	71.49	67.76
Child and adolescent psychiatry	56%	57.50	73.00	61.46	26.67	50.00	40.00
Clinical radiology	40%	91.25	89.50	82.50	58.33	71.67	68.75
Community Sexual and Reproductive Health	43%	62.50	75.00		34.72	50.00	75.00
Dermatology	50%	97.50	95.00	86.67	41.67	80.00	75.00
Emergency medicine	29%	100.00	83.75	80.55	52.08	72.92	71.88
Forensic psychiatry	75%	95.83	88.33		73.61	69.44	66.67
Gastroenterology	40%	96.88	86.25	66.67	70.84	75.00	75.00
General psychiatry	30%	57.81	69.38	52.08	47.92	60.42	64.06
General surgery	27%	70.83	74.17	52.78	68.06	72.22	77.08
Geriatric medicine	73%	89.77	85.45	72.73	68.18	68.18	77.27
Obstetrics and gynaecology	22%	77.50	59.00	76.66	23.33	43.33	45.00
Old age psychiatry	60%	79.17	73.33		41.67	69.45	66.67
Ophthalmology	40%	78.13	86.25		43.75	72.92	53.13
Otolaryngology	44%	87.50	82.50	81.25	31.25	52.08	59.38
Paediatrics	52%	84.38	85.00	89.58	54.17	69.44	72.92
Palliative medicine	67%	87.50	91.25	81.25	39.59	68.75	65.63
Respiratory medicine	57%	84.38	90.00	77.08	60.42	66.67	68.75
Rheumatology	50%	87.50	91.67		51.39	63.89	58.33
Trauma and orthopaedic surgery	65%	76.67	77.00	70.00	53.89	66.11	60.83

6.2 Trainer Specialty by Trust/Board – Tayside – 2017

Trainer Specialty	Response Rate	Overall Satisfaction	Work Load	Handover	Supportive environment	Curriculum Coverage	Educational Governance	Time for training	Rota Design	Resources for trainers	Support for trainers	Trainer Development
Anaesthetics	61%	74.58	51.77	64.17	67.50	70.94	65.42	64.17	72.50	63.44	69.75	71.25
Cardiology	44%	66.67	48.96	61.11	58.75	69.27	69.45	54.17	34.38	57.81	56.25	59.38
Clinical radiology	39%	74.24	49.43	64.58	69.55	70.83	73.33	57.20	79.38	65.91	66.36	65.91
Community Sexual and Reproductive Health	100%	68.75	52.09		45.00	84.72		38.54	63.19	81.25	70.00	75.00
Dermatology	67%	77.78	49.65	77.78	80.00	79.86	78.47	68.06	72.92	80.21	81.67	75.00
Emergency medicine	63%	74.17	37.92	72.50	67.50	61.58	68.08	65.00	75.00	67.50	70.50	68.75
Endocrinology and diabetes mellitus	50%	71.67	30.83	58.33	59.00	62.75	62.50	48.33	28.75	62.50	71.00	75.00
Forensic psychiatry	100%	80.00	53.75	61.67	70.00	68.33	62.50	79.17	51.25	80.00	74.00	72.50
Gastroenterology	38%	69.44	47.92	58.33	51.67	65.42	54.17	63.89	37.50	66.67	73.33	70.83
General (internal) medicine	44%	64.58	40.63	72.92	71.25	65.42	68.05	52.09	54.69	67.19	57.50	62.50
General Practice	39%	77.67	36.92		68.20	74.72	71.67	57.00		74.25	78.20	73.00
General psychiatry	42%	69.27	57.03	52.08	57.50	77.08	59.38	61.98	42.97	67.97	65.63	64.06
General surgery	29%	69.05	47.62	66.07	72.14	73.21	65.28	54.76	52.68	70.54	59.29	73.21
Geriatric medicine	59%	81.25	50.00	75.93	65.00	75.51	73.33	70.42	52.50	70.63	68.00	75.00
Obstetrics and gynaecology	33%	70.14	52.08	87.50	65.00	74.17	69.45	57.64	48.96	75.00	65.83	66.67
Old age psychiatry	38%	77.78	59.03		53.33	70.14	55.56	58.33	35.42	68.75	58.33	83.33
Otolaryngology	40%	58.33	46.88	70.84	66.25	56.04	60.42	45.83	68.75	57.81	53.75	53.13
Paediatrics	46%	71.97	43.94	87.88	74.09	63.94	70.83	56.82	63.07	68.18	65.45	68.18
Palliative medicine	86%	66.67	47.92	72.22	62.50	69.86	68.33	30.56	60.42	73.96	70.00	64.58
Public health medicine	75%	77.78	60.42		51.67	66.67		54.17	79.86	75.00	73.33	70.83
Respiratory medicine	70%	55.36	43.75	67.86	59.29	59.03	61.11	29.76	47.32	60.71	54.29	62.50
Trauma and orthopaedic surgery	52%	78.03	49.81	69.32	65.91	74.62	63.43	63.64	65.91	71.02	72.27	72.73

NHS Tayside
Directorate of Medical Education

Undergraduate Quality Overview

2016/2017

Contents

Key and explanation

RAG report key	
Score 0.55 to <1.55	
Score more than or equal to 1.55	
Score 0 - <0.55	
Score less than 0	
No data available	

This document is intended to give those involved in undergraduate teaching an overview of the 4th and 5th year placements' performance in the RAG report over the last 5-6 academic years.

In order to avoid duplication of information, some flags have been removed from this report.

These flags are:
- Total: block organisations
- Total: teaching
- Total: experience
- Total: assessment
- Total: support
- Total: IT
- Total: facilities

In this report, the qualitative data included for each speciality has been extracted from the 2016/2017 data.

NHS Tayside continues to work closely with Dundee Medical School to monitor the quality of teaching taking place in clinical areas throughout the Board.

This data is collected through end of block student evaluation forms. The key areas that are monitored, set by NHS Educational Scotland (NES) are facilities, organisation of the block, delivery of teaching, learning opportunities, clinical experience, availability of educational and pastoral support, assessment and IT.

A formula is applied to the likert scale responses to achieve a single figure which is then awarded a flag designation; < 0 = red, 0 – 0.55 = amber, 0.55 - <1.55 = white, > or equal to 1.55 = green. The reports detailing the flag allocations for each area were this year collated by Mr Steven Irvine, within the Medicine Directorate at NES.

The obvious themes coming out of the student feedback and any areas of concern (red or amber flags) are addressed jointly by the relevant Teaching Lead and the Medical Education Manager and/or Co-ordinator. Solutions are agreed upon to take forward in order to see improvements in the forthcoming academic year.

 Report compiled by:
Directorate of Medical Education
NHS Tayside

Year 4   **response rate 39.3%**

Child Health

Ninewells Hospital, Perth Royal Infirmary

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction					🟧
Block organisation					
Teaching Delivery					
Teaching quality					🟧
Learning opportunities					
Clinical experience					
Assessment					
Feedback					
Learning support					
Pastoral support					🟧
IT equipment					
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 4   **response rate 44%**

Integrated Specialities – Acute Care Anaesthesia

Ninewells Hospital

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction		🟩	🟩		
Block organisation		🟩	🟩		
Teaching Delivery		🟩	🟩		
Teaching quality		🟩			🟩
Learning opportunities		🟩	🟩		
Clinical experience		🟩			
Assessment					
Feedback					
Learning support					
Pastoral support					
IT equipment					
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 4   **response rate 37.3%**

Integrated Specialities – Acute Care Emergency Medicine

Ninewells Hospital

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction					
Block organisation					
Teaching Delivery					
Teaching quality					
Learning opportunities					
Clinical experience					
Assessment					
Feedback					
Learning support					
Pastoral support					
IT equipment					
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 4   **response rate 32%**

Integrated Specialities – Ageing & Health

Ninewells Hospital

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction					
Block organisation				🟧	
Teaching Delivery				🟧	
Teaching quality					
Learning opportunities					
Clinical experience					
Assessment					
Feedback					
Learning support					
Pastoral support					
IT equipment					
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 4   response rate 32%
Integrated Specialities – Dermatology
Ninewells Hospital

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction	🟩	🟩	🟩	🟩	🟩
Block organisation	🟩	🟩	🟩	🟩	🟩
Teaching Delivery					
Teaching quality	🟩	🟩	🟩	🟩	🟩
Learning opportunities	🟩	🟩	🟩	🟩	🟩
Clinical experience	🟩	🟩	🟩	🟩	🟩
Assessment	🟩	🟩	🟩	🟩	
Feedback					
Learning support	🟩	🟩	🟩	🟩	
Pastoral support		🟩	🟩		
IT equipment	🟩	🟩	🟩	🟩	
Access to software	🟩	🟩	🟩	🟩	
Teaching Equipment					🟩
Teaching accommodation				🟩	
Facilities				🟩	

Year 4   response rate 38.5%
Integrated Specialities – Orthopaedics
Ninewells Hospital

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction					
Block organisation					
Teaching Delivery					
Teaching quality					
Learning opportunities					
Clinical experience			🟩		
Assessment					
Feedback					
Learning support					
Pastoral support					
IT equipment					
Access to software					🟩
Teaching Equipment					🟩
Teaching accommodation					
Facilities					

Year 4   **response rate 40.8%**

Integrated Specialities - Orthopaedics

Perth Royal Infirmary

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction					
Block organisation					
Teaching Delivery					
Teaching quality					🟩
Learning opportunities					🟩
Clinical experience					🟩
Assessment					
Feedback					
Learning support					
Pastoral support					
IT equipment					
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 4   **response rate 42.7%**

Integrated Specialities – Rheumatology

Ninewells Hospital

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction					
Block organisation					
Teaching Delivery					
Teaching quality					
Learning opportunities					🟧
Clinical experience					
Assessment					
Feedback					
Learning support					
Pastoral support					
IT equipment					
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 4
General Medicine
Ninewells Hospital

response rate %

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction					
Block organisation					
Teaching Delivery					
Teaching quality					
Learning opportunities					
Clinical experience					
Assessment					🟩
Feedback					
Learning support					
Pastoral support					
IT equipment					
Access to software				🟧	
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 4
General Medicine
Perth Royal Infirmary

response rate 37.5%

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction	🟩				🟩
Block organisation					🟩
Teaching Delivery			🟧		
Teaching quality	🟩	🟩			🟩
Learning opportunities	🟩				🟩
Clinical experience	🟩				🟩
Assessment					
Feedback					
Learning support	🟩				🟩
Pastoral support					
IT equipment	🟧				
Access to software	🟧	🟧	🟧		
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 4 Medicine Specialities – Infectious Diseases Ninewells Hospital					response rate 43%
Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction		🟩			
Block organisation		🟩			
Teaching Delivery					
Teaching quality		🟩	🟩		
Learning opportunities		🟩			
Clinical experience		🟩	🟩		
Assessment					
Feedback					
Learning support					
Pastoral support					
IT equipment					
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 4 Medicine Specialities – Neurology Ninewells Hospital					response rate 38.4%
Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction		🟧			
Block organisation	🟧	🟧			
Teaching Delivery	🟧	🟥	🟧		
Teaching quality					
Learning opportunities					
Clinical experience					
Assessment					
Feedback					
Learning support					
Pastoral support					
IT equipment					
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 4 — Medicine Specialities – Oncology — Ninewells Hospital

response rate 39%

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction	🟩				
Block organisation	🟩				
Teaching Delivery					
Teaching quality	🟩				
Learning opportunities					
Clinical experience					
Assessment	🟩				
Feedback					
Learning support					
Pastoral support					
IT equipment					
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 4 — Obstetrics & Gynaecology — Ninewells Hospital

response rate 49.3%

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction	🟩	🟩		🟩	
Block organisation				🟩	
Teaching Delivery					
Teaching quality	🟩	🟩	🟩	🟩	
Learning opportunities	🟩	🟩		🟩	
Clinical experience	🟩	🟩		🟩	
Assessment					
Feedback					
Learning support					
Pastoral support					
IT equipment					
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 4
Obstetrics & Gynaecology
Perth Royal Infirmary
response rate 66.6%

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction					
Block organisation					
Teaching Delivery					
Teaching quality					
Learning opportunities					
Clinical experience					
Assessment					
Feedback					
Learning support					
Pastoral support					
IT equipment					
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 4
Psychiatry
Perth
response rate 45%

Category	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction						
Block organisation			🟧	🟧		
Teaching Delivery				🟧		
Teaching quality						🟩
Learning opportunities						
Clinical experience						🟩
Assessment						
Feedback					🟧	
Learning support						
Pastoral support						
IT equipment			🟧			🟩
Access to software			🟥		🟧	
Teaching Equipment						
Teaching accommodation						
Facilities						

Year 4 Psychiatry Angus **response rate 75%**

Category	2011/2012	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction			🟩			
Block organisation	🟩		🟧		🟧	
Teaching Delivery					🟧	
Teaching quality	🟩	🟩	🟩			
Learning opportunities		🟩	🟩			
Clinical experience	🟩					
Assessment		🟩				
Feedback			🟩		🟧	
Learning support						🟩
Pastoral support						
IT equipment	🟥	🟥	🟥		🟧	
Access to software	🟧	🟥	🟧		🟧	
Teaching Equipment						
Teaching accommodation	🟧	🟧	🟩		🟧	
Facilities	🟧	🟧	🟩		🟧	

Year 4 Psychiatry Dundee **response rate 35.3%**

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction					
Block organisation					
Teaching Delivery				🟧	🟧
Teaching quality				🟧	
Learning opportunities					🟩
Clinical experience					
Assessment					
Feedback					🟩
Learning support					
Pastoral support					
IT equipment					
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 4
General Surgery
Ninewells Hospital

response rate 47.5%

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction					
Block organisation					🟧
Teaching Delivery	🟧		🟧		🟧
Teaching quality		🟩			
Learning opportunities					
Clinical experience		🟩			
Assessment					
Feedback					
Learning support					
Pastoral support					
IT equipment	🟥				
Access to software	🟧				
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 4
General Surgery
Perth Royal Infirmary

response rate 47.8%

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction					
Block organisation					
Teaching Delivery	🟧		🟧		🟧
Teaching quality		🟩			🟩
Learning opportunities					
Clinical experience		🟩			
Assessment					
Feedback					
Learning support					
Pastoral support					
IT equipment	🟥				
Access to software	🟧				
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 4 — response rate 43.3%
Surgical Specialities – Ophthalmology
Ninewells Hospital

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction	Green	Green	Green		Green
Block organisation	Green	Green		Green	
Teaching Delivery		Green			
Teaching quality	Green	Green		Green	Green
Learning opportunities		Green			
Clinical experience					
Assessment					
Feedback					
Learning support					
Pastoral support					
IT equipment					
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 4 — response rate 40.3%
Surgical Specialities – Otolaryngology
Ninewells Hospital

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction					
Block organisation					
Teaching Delivery					
Teaching quality		Green			
Learning opportunities		Green			
Clinical experience					
Assessment					
Feedback					
Learning support		Green			
Pastoral support					
IT equipment	Green	Green			
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 4
Surgical Specialities – Urology
Ninewells Hospital

response rate 43.3%

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction					
Block organisation					
Teaching Delivery					
Teaching quality					
Learning opportunities	🟧				
Clinical experience					
Assessment					
Feedback				🟧	🟧
Learning support					
Pastoral support					
IT equipment					
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 5   **response rate 50%**

Acute Care – Anaesthesia, Emergency Medicine, Acute Medicine

Ninewells Hospital

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction	✓	✓	✓		
Block organisation	✓	✓	✓		
Teaching Delivery	✓	✓	✓		
Teaching quality	✓	✓	✓		
Learning opportunities	✓		✓		
Clinical experience			✓		
Assessment			✓		
Feedback	✓		✓		
Learning support			✓		
Pastoral support					
IT equipment					
Access to software			✓		
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 5   **response rate 66.7%**

Foundation Medicine – Foundation Apprenticeship in Cancer Medicine

Ninewells Hospital

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction		✓	✓		✓
Block organisation		✓			
Teaching Delivery					
Teaching quality		✓			
Learning opportunities		✓	✓		✓
Clinical experience	✓	✓	✓		
Assessment		✓			
Feedback		✓			
Learning support		✓	✓		✓
Pastoral support		✓			
IT equipment					✓
Access to software					✓
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 5   response rate 46.4%
Foundation Medicine – Stroke and CIU
Ninewells Hospital

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction					GREEN
Block organisation					
Teaching Delivery					
Teaching quality					
Learning opportunities					
Clinical experience					
Assessment					
Feedback			GREEN		
Learning support					
Pastoral support					
IT equipment					
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 5   response rate 63.2%
Foundation Medicine – GI
Ninewells Hospital

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction					
Block organisation			ORANGE		
Teaching Delivery			ORANGE		
Teaching quality			ORANGE		
Learning opportunities					
Clinical experience					
Assessment					
Feedback					
Learning support					
Pastoral support					
IT equipment					
Access to software			ORANGE		
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 5 Foundation Medicine - Cardiology Ninewells Hospital	response rate 36.4%				
Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction	🟩				
Block organisation					
Teaching Delivery					
Teaching quality					
Learning opportunities					
Clinical experience	🟩		🟩		
Assessment		🟩			
Feedback					
Learning support					
Pastoral support					
IT equipment					
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 5 Foundation Medicine – Infectious Diseases Ninewells Hospital	response rate 55.6%				
Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction	🟩	🟩			
Block organisation					
Teaching Delivery				🟩	
Teaching quality				🟩	
Learning opportunities			🟩	🟩	
Clinical experience	🟩	🟩	🟩		
Assessment					
Feedback					
Learning support					
Pastoral support					
IT equipment					
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 5 — response rate 50%
Foundation Medicine – Renal Medicine
Ninewells Hospital

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction	Green		Orange	Green	Green
Block organisation				Green	
Teaching Delivery					
Teaching quality			Orange		Green
Learning opportunities			Orange		Green
Clinical experience	Green	Green		Green	Green
Assessment				Green	Green
Feedback				Green	Green
Learning support					Green
Pastoral support					Green
IT equipment					
Access to software					
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 5 — response rate 54.5%
Foundation Surgery – Surgery & Oncology
Perth Royal Infirmary

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction					
Block organisation					
Teaching Delivery					
Teaching quality					
Learning opportunities					
Clinical experience		Green			
Assessment					
Feedback					
Learning support					
Pastoral support					
IT equipment	Orange				Green
Access to software	Orange				
Teaching Equipment					
Teaching accommodation					
Facilities					

Year 5   **response rate 60%**
Foundation Medicine – Respiratory
Ninewells Hospital

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction	green		green	green	
Block organisation			green		
Teaching Delivery					
Teaching quality			green	green	green
Learning opportunities				green	
Clinical experience	green		green	green	
Assessment			green		
Feedback			green		
Learning support					
Pastoral support					
IT equipment			green		
Access to software					
Teaching Equipment					
Teaching accommodation					green
Facilities					

Year 5   **response rate 60%**
Foundation Medicine – Haematology
Ninewells Hospital

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction	green	green	green	green	green
Block organisation			green		
Teaching Delivery			green		
Teaching quality			green	green	green
Learning opportunities		green	green	green	
Clinical experience		green	green	green	green
Assessment		green	green		
Feedback			green	green	
Learning support			green	green	
Pastoral support		green	green	green	
IT equipment			green		
Access to software			green		orange
Teaching Equipment					
Teaching accommodation			green		
Facilities			green		

Year 5 Foundation Surgery Ninewells Hospital	response rate 64.9%

Category	2016/2017
Overall satisfaction	
Block organisation	
Teaching Delivery	
Teaching quality	
Learning opportunities	
Clinical experience	
Assessment	
Feedback	
Learning support	
Pastoral support	
IT equipment	
Access to software	
Teaching Equipment	
Teaching accommodation	
Facilities	

Previous years:

Colorectal Surgery

Category	2012/2013	2013/2014	2014/2015	2015/2016
Overall satisfaction				
Block organisation				
Teaching delivery				orange
Teaching quality				
Learning opportunities				
Clinical experience	green			green
Assessment				
Feedback				
Learning support				
Pastoral support				
IT equipment				
Access to software				
Teaching accommodation				
Facilities				

Vascular Surgery

Category	2012/2013	2013/2014	2014/2015	2015/2016
Overall satisfaction				
Block organisation				
Teaching delivery				orange
Teaching quality				
Learning opportunities				
Clinical experience	green			
Assessment				
Feedback				
Learning support				
Pastoral support				
IT equipment				
Access to software	orange			
Teaching accommodation				
Facilities				

Upper GI Surgery

Category	2012/2013	2013/2014	2014/2015	2015/2016
Overall satisfaction				
Block organisation				
Teaching delivery	orange			orange
Teaching quality				
Learning opportunities				
Clinical experience				
Assessment				
Feedback				
Learning support				
Pastoral support				
IT equipment	green			
Access to software	orange			
Teaching accommodation				
Facilities				

Year 5

Foundation Surgery - Neurosurgery
Ninewells Hospital

response rate 33.3%

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction			Red		
Block organisation	Yellow		Red		
Teaching Delivery			Yellow		
Teaching quality			Red		
Learning opportunities			Yellow		Yellow
Clinical experience			Yellow	Green	
Assessment				Green	
Feedback				Green	
Learning support					
Pastoral support	Yellow			Green	
IT equipment					
Access to software		Yellow	Yellow		
Teaching Equipment					
Teaching accommodation			Yellow		Yellow
Facilities			Yellow		

Year 5

Foundation Surgery – Plastic Surgery
Ninewells Hospital

response rate 41.7%

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction				Green	
Block organisation	Yellow			Green	
Teaching Delivery				Green	
Teaching quality				Green	
Learning opportunities				Green	
Clinical experience				Green	
Assessment					
Feedback					
Learning support					
Pastoral support	Yellow				
IT equipment				Green	
Access to software					
Teaching Equipment					
Teaching accommodation				Green	
Facilities				Green	

Year 5
Foundation Surgery - ENT
Ninewells Hospital

response rate 58.3%

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction		🟩	🟩		🟩
Block organisation			🟩		
Teaching Delivery					
Teaching quality					
Learning opportunities					
Clinical experience		🟩	🟩		
Assessment			🟩		
Feedback		🟩			
Learning support			🟩		
Pastoral support			🟩		
IT equipment	🟩		🟩		
Access to software					
Teaching Equipment					
Teaching accommodation	🟩				
Facilities	🟩				

Year 5
Foundation Surgery - Orthopaedics
Ninewells Hospital

response rate 54.5%

Category	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Overall satisfaction					
Block organisation	🟧	🟧			🟧
Teaching Delivery	🟧	🟧			
Teaching quality	🟧				
Learning opportunities	🟧				
Clinical experience					
Assessment	🟧				
Feedback	🟧				🟧
Learning support	🟧				
Pastoral support	🟧				🟧
IT equipment					🟧
Access to software	🟧				🟧
Teaching Equipment					
Teaching accommodation	🟧				
Facilities	🟧				

NHS Tayside

CCGC/2017/72
Clinical and Care Governance Committee
5 October 2017

SCOTTISH PUBLIC SERVICES OMBUDSMAN REPORTS

1.   SITUATION AND BACKGROUND

The Scottish Public Services Ombudsman (SPSO) handles complaints about public services in Scotland including the National Health Service. The SPSO investigates complaints where a member of the public claims to have suffered injustice or hardship as a result of maladministration or service failure. This report provides details of SPSO cases that have been referred to the Ombudsman relating to NHS Tayside, with decisions published during June and July 2017.

2.   ASSESSMENT

There have been no reports published during the period June to July 2017.

3.   RECOMMENDATIONS

The Clinical and Care Governance Committee is asked to:

•   note this report

4.   REPORT SIGN OFF

Ms A Moss   **Prof A Russell**
Complaints and Feedback Team Lead   **Medical Director**

                                                                   Mrs G Costello
                                                                   Nurse Director

October 2017

Please note any items relating to Committee business are embargoed and should not be made public until after the meeting

Item 10.1

NHS Tayside

CCGC2017/85
Clinical and Care Governance Committee
5 October 2017

PRESSURE ULCER PREVENTION AND CARE FOR ADULTS IN HOSPITAL POLICY

1. PURPOSE OF THE REPORT

The Pressure Ulcer Prevention and Care for Adults in Hospital Policy has been updated to reflect changes in National and Local Guidance.

2. RECOMMENDATIONS

The Clinical and Care Governance Committee are asked to acknowledge, accept the changes and adopt the Policy for Pressure Ulcer Prevention and Care for Adults in Hospital.

3. EXECUTIVE SUMMARY

The Policy had expired in April 2017 and the new version reviewed following consultation with members from the Tissue Viability Network Group, ANMAC and Associate Directors of Nursing.

Changes to the policy include:
- Reference to Health Improvement Scotland: Standards for Prevention and Management of Pressure Ulcers, September, 2016
- Revised guidance within theatres: 2.3.6, page 8
- General updates to pages: 2,3,4,5,6,1,12,13,14

The policy has recently been tabled at the Clinical Quality Forum which was held on the 11th of September 2017, further amendments have been made to the Policy as advised by the Group. These include:
- Clarity statement around "avoidable" and "unavoidable" pressure ulcer prevention
- Clarity Statement on use of reporting pressure ulcer on Datix and the inclusion of mandatory fields
- Reporting mechanisms and how they are linked with R2 and R3 groups

4. REPORT DETAIL

A pressure ulcer is an injury that breaks down the skin and underlying tissue caused by pressure. Pressure ulcers are graded 1-4 according to the depth of skin damage. In short, Grade 1 is a red area that does not turn white when pressed, the skin is unbroken. Grade 2 is a superficial injury affecting the surface of the skin, Grade 3 has a depth that shows the subcutaneous tissue, and Grade 4 shows muscle and or bone.

The prevention of pressure ulcers has been a focus for improvement in NHS Tayside since 2009. The Leading Better Care Programme (SGHD 2008) designated pressure ulcer prevention as one of the three Clinical Quality Indicators. The Scottish Patient Safety Programme assumed responsibility for a Scotland wide improvement programme in 2014, with a target 50% reduction in pressure ulcer occurrence in hospitals and care homes by December

2017. This programme of work is led by the Nursing and Midwifery Directorate through the Tayside Tissue Viability Network work plan

5. CONTRIBUTION TO NHS TAYSIDE'S STRATEGIC AIMS

The Pressure Ulcer Prevention Policy meets all the requirements for :
- 20/20 vision
- The new National Clinical Strategy for the NHS in Scotland 5 was launched in Dundee in February 2016.
- The NHS Board has a policy and treatment plan for the prevention and management of pressure ulcers within hospital. The policy compliments the HIS Best practice Statement and European Pressure ulcer Advisory Panel Guidance (2009), and the National Association of Tissue Viability Nurses Scotland guidance and documentation.

6. HEALTH EQUITY

N/A

7. MEASURES FOR IMPROVEMENT

All patients are assessed for skin damage and the risk of developing a pressure ulcer within 6 hours of admission. A comprehensive plan of care ensures that all risks from pressure, shear, friction, moisture, and other risk factors such as nutrition and hydration are addressed.

All patients are cared for on an electric profiling bed and high specification mattress for high to very high risk patients (with the exception of some mental health areas where there is a risk of ligature injury).

Patients at high risk of developing a pressure ulcer receive written information (where appropriate) describing what a pressure ulcer is, and methods of prevention and self care. All patients assessed as 'at risk' have a SKIN care chart that prescribes the interval of re-positioning, and prompts a number of checks to ensure moisture, nutrition and hydration needs are also considered

Patients at risk have documented evidence that all aspects of care delivery for the prevention of tissue damage were delivered. Patient care and comfort rounds are practised within each ward area.

All wards have implemented a safety cross to record incidence of pressure ulcer occurrence. Incidence of acquired pressure ulcer are recorded on the dashboard as days between the last pressure ulcer, and incidence of hospital acquired pressure ulcer per 1000 occupied bed days. This data is available to view at ward, directorate and Board level

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8. IMPACT ASSESSMENT & INFORMING, ENGAGING & CONSULTING

The aim of this policy is to:

- ensure patients are provided with optimum person centred evidence based pressure ulcer prevention.
- ensure each patient has the right bed and mattress to meet their clinical needs.
- standardise the assessment and care of patients with/or at risk of developing pressure ulcers.
- set the minimum standard for the maintenance of knowledge and skills related to pressure area care.
- comply with Health Improvement Scotland Pressure Ulcer Prevention Standards (2016)

This policy is based on the best available evidence at the time of development and applies to all nurses' midwives and AHP`s within NHS Tayside. However when clinical judgement takes precedence over this policy the registered nurse/midwife/AHP will document clearly their rationale for any deviation from the policy.

This policy does not provide guidance on specific wound care. Practitioners should refer to NHS Tayside wound management formulary for such advice.

9. PATIENT EXPERIENCE

All treatment and care carried out by healthcare professionals should take into account individual needs and preferences. Patients and/or their carers will have the opportunity to make informed decisions about their care and treatment, in partnership with healthcare professionals.

10. RESOURCE IMPLICATIONS
N/A
Financial

N/A

Workforce

N/A

11. RISK ASSESSMENT

Equality Impact Assessment Appendix 3 of the Policy

12. LEGAL IMPLICATION

N/A
13. INFORMATION TECHNOLOGY IMPLICATIONS

N/A
14. HEALTH & SAFETY IMPLICATIONS

N/A

15. HEALTHCARE ASSOCIATED INFECTION (HAI)

Policy meets all recommendations as directed by HAI guidance

16. DELEGATION LEVEL

N/A

17. TIMETABLE FOR IMPLEMENTATION

As soon as policy endorsed by the Clinical and Care Governance Committee

18. REPORT SIGN OFF

Ms C McLean
Prescribing Support Nurse

Mrs G Costello
Nurse Director

Professor A Russell
October 2017
Medical Director

19.   SUPPORTING DOCUMENTS

Pressure Ulcer Prevention and Care for Adults in Hospital

Nursing and Midwifery

Pressure Ulcer Prevention and Care for Adults in Hospital

Policy Manager Caroline McLean	Policy Group Tayside Tissue Viability Network Sub Group

Policy Established	Policy Review Period/Expiry April 2019	Last Updated June 2017

This policy does apply to Medical/Dental Staff

UNCONTROLLED WHEN PRINTED

Pressure Ulcer Prevention and Care for Adults in Hospital

Version Control

Version Number	Purpose/Change	Author	Date
1.0	Version Control was introduced in July 2011 and the previous versions of this policy to this date are available in the Electronic Document Store	Sue Mackie	June 2009
2.0		Sue Mackie	2010
3.0		Sue Mackie	2011
4.0	Changes to related local guidelines	Sue Mackie	2013-15
5.0	Changes to related local guidelines	Sue Mackie	2013-15
6.0		Sue Mackie	April 2015
6.1	Change to page 12 Incident review for grade 3 or 4 ulcers	Sue Mackie	March 2016
6.1	Changes related to National Standards	Sue Mackie	December 2016
6.2	Changes to page(s) 5, 7, 9, 11, 12, 13	Kerry Queen	April 2017
6.3	Changes to page(s) 2, 3,4, 6, 12, 13, 14	Caroline McLean	June 2017

CONTENTS

1 PURPOSE SCOPE AND DEFINITION

The aim of this policy is to:

- Ensure patients are provided with optimum person centred evidence based pressure ulcer prevention.
- Ensure each patient has the right bed and mattress to meet their clinical needs.
- Standardise the assessment and care of patients with/or at risk of developing pressure ulcers.
- Set the minimum standard for the maintenance of knowledge and skills related to pressure area care.
- Comply with Health Improvement Scotland Pressure Ulcer Prevention Standards (2016)

This policy is based on the best available evidence at the time of development and applies to all nurses' midwives and AHPs within NHS Tayside. However when clinical judgement takes precedence over this policy the registered nurse/midwife/AHP will document clearly their rationale for any deviation from the policy.

This policy does not provide guidance on specific wound care. Practitioners should refer to NHS Tayside Wound Management Formulary for such advice.

Definition

Pressure ulcers are caused when an area of skin and the tissue below are damaged as a result of being placed under pressure sufficient to impair its blood supply. Typically they occur in a person confined to bed or a chair by an illness.

The goals of prevention are:

- To identify individuals at risk of pressure ulcer development.
- Identify and implement interventions related to the specific risk factors.
- Protect against the adverse effects of pressure, shear and friction.
- Improve the outcomes for patients at risk of pressure damage through timely evaluation of nursing/midwifery interventions and educational programmes to healthcare providers' patients and families.

2 POLICY STATEMENTS

2.1 Person Centred Care and Patient Involvement

All treatment and care carried out by healthcare professionals should take into account individual needs and preferences. Patients and/or their carers will have the opportunity to make informed decisions about their care and treatment, in partnership with healthcare professionals.

Patients/and or their carer`s who are deemed at risk will be informed (when possible) of their risks and given practical information on how they can help themselves to reduce the risks. Health Professionals are advised to respect and incorporate the knowledge and experience of people who have or have had a pressure ulcer. This advice will be given verbally and supported by the provision of relevant leaflets. Pressure Ulcer Patient Leaflet. This can be ordered from the print department number LN0282.

2.2 Assessment

- All patients will have a Preliminary Pressure Ulcer Risk Assessment (PPURA) carried out within 6 hours of admission (NHSQIS 2009) using the NHS Tayside pressure ulcer care plan THB 620. As a minimum, an informal assessment will be made within 2 hours of arrival, and appropriate prevention measures will be put in place to ensure that the most vulnerable patients do not develop pressure ulcers whilst waiting for a formal assessment

- The use of risk assessment tools should not take precedence over the clinical judgement of the registered nurse/midwife

- Ensure a complete skin assessment is carried out as part of the risk assessment on admission, at each re positioning and on transfer to any new ward/area. Skin assessment should include assessment of all pressure risk areas on the body, inspected for local heat, oedema, induration (hardness) especially in individuals with darkly pigmented skin (European Pressure Ulcer Advisory Panel,(EPUAP), National Pressure Ulcer Advisory Panel,(NPUAP) 2014)

- If the patient has been pre-assessed, any changes in their pressure ulcer risk must be documented within 6 hours of admission

- The registered nurse/midwife has a duty to review all relevant risk factors each shift, evidenced on the Traffic Light assessment. If there is a change in circumstances/condition or treatment, the risk will be re-assessed and interventions reviewed and adjusted accordingly

- Risk assessments should be used to determine the plan of care to alleviate factors that cause pressure ulcers, for example. poor mobility, incontinence, poor nutrition, not as a tool to determine the pressure relieving device alone

- Following the assessment, if the patient is at risk, the pressure ulcer treatment plan will be raised and the nurse will decide if the patient requires treatment plan B or C

2.3 Prevention

2.3.1 Skin Inspection and Grading of Pressure Ulcers

- Skin inspection should be based on an assessment of the most vulnerable areas of risk for each patient; typically heels, sacrum and ischial tuberosities are the areas most affected by friction, pressure or shearing, and from interventions such as anti-embolism stockings, clothing, and other invasive devices such as catheters, IV devices, Naso Gastric tubes, plaster casts and splints

- Skin inspection and the grading of any pressure ulcers will be undertaken on admission to an area, and during the patients re-positioning schedule or in accordance with intervention specific protocols for elevated risk factors (for example: post surgery, epidural/spinal anaesthesia, prolonged intra-operative periods). The grade, site, description, measurement, condition and possible cause of the ulcer will be documented on the treatment plan, and treated in accordance with the NHS Tayside Wound Management Formulary. Skin inspection will be used to decide the re-positioning schedules and this must be stated on the SKIN chart. If a patient does not wish to be re-positioned this should be marked on the SKIN chart and also documented on the ongoing record, that the patient has been informed of the potential consequence of skin damage and the patient information leaflet given

- The updated Scottish Adapted (2015) European Pressure Ulcer Advisory Panel (EPUAP) grading and moisture lesion tool will be used to assess and document

pressure ulcer. A laminated copy of both tools will be held in ward resource folders for staff to reference – available to order from Tayside Print - order number THB MR 619

The following do's and don'ts should be adhered to when writing in the nursing documentation to describe the skin integrity or care.

- **Incorrect Terminology**

  SKIN INTACT
  RED AREA
  SKIN BROKEN
  SKIN Marking – must describe what the marking is due to

- **Correct Terminology**

  NO RED OR BROKEN AREAS
  PERSISTENT ERYTHEMA BUT BLANCHING
  NON BLANCHING ERYTHEMA – GRADE 1
  GRADE 2
  GRADE 3
  GRADE 4
  SUB CATEGORIES – UNSTAGEABLE OR SUSPECTED DEEP TISSUE INJURY – PURPLE AREA – WARM-BOGGY TO TOUCH

- Patients will be informed from admission to alert staff if they feel discomfort in any area

- Individuals/carers who are willing and able should be encouraged, following education to inspect their own skin. The use of a mirror is recommended. It may be difficult to assess erythema in patients with darkly pigmented skin, therefore other signs such as heat, oedema, discolouration and induration might be observed (see Appendix 1)

- NHST guidelines on the use of small devices to prevent pressure ulcers should be used (available on Staffnet and via the wound management formulary)

- A photograph will be taken (following NHS Tayside Policy – Photography & Video Recordings of Patients for Clinical and Service use) of any pressure ulcer grade 2 and above, or unstageable and suspected deep tissue injury with a dated measurement showing the size of the area

2.3.2 Bed and Mattresses Allocation

- Do not base the selection of support surface solely on the risk assessment. Clinical judgement following regular skin inspection is required to check if the current intervention is sufficient to alleviate pressure damage

- All patients at risk of developing pressure ulcers or have grade 1-2 pressure ulcers will have as a minimum an electric profiling bed and a high specification foam mattress (currently Direct Health Care Mercury) and/or cushion with pressure reducing properties (see 2.3.4)Dynamic mattresses, which are either alternating pressure mattresses, continuous low-pressure mattresses or the new 'static non powered' mattresses should be considered in the following circumstances and according to NHS Tayside Treatment Plan C

  o Patients with grade 3 or 4 pressure ulcer

  o Patients who cannot be re-positioned on 3 sides back left and right (30 degree tilt) or turned regularly

- o Patients with severe impaired muscle tone, neuro muscular disorders, vascular/arterial disease, diabetes, low Hb flaccid paralysis, sensory impairment, cognitive function
- o Patients with a history of pressure ulcer development

- If there is extensive fluid exudate, an air fluidised bed or equivalent flotation type mattress could be used until the amount of seepage is reduced

- The need for any powered mattress must be re-assessed as soon as the patient's risk factors decrease to ensure the effective use of resources

- Patients who require pressure relief should not be nursed on top of the bed covers. The bed linen must be loosely fitted to prevent a hammock effect that would negate the pressure relieving properties of the mattress

- For specialised bed rental follow NHS Tayside Policy for and the use and maintenance of beds

2.3.3 Re-Positioning

- All individuals at risk of pressure ulcer development will be re-positioned regularly (NICE 2014), at least 6 hourly for those at risk, and at least 4 hourly for those at high risk this will be documented on the SKIN bundle. Healthcare staff should also consider the comfort needs of patients when deciding the repositioning schedule. Repositioning frequency will be determined by the individuals' tissue tolerance; his/her level of activity and mobility, general medical condition, treatment objectives and assessment of the skin condition at each re-position event. If the individuals' skin is not responding to the regime, consider increasing the frequency and method of repositioning

- Self Care – patients who are at risk and who can self care or require prompting will be given advice and a leaflet on actions they can take to reduce the risks. In partnership and agreement with the patient, they will be afforded the opportunity to check and record their own skin integrity and re-position themselves. The nurse/midwife is responsible for documenting this agreement in the nursing/midwifery care plan. Ask patient to report any pain that may prevent them from re-positioning themselves

- Avoid subjecting the skin to shear and friction forces

- Avoid postures that increase shear and friction such as 90 degree side lying, or semi recumbent position which increases pressure and shear on the sacrum and heels

- To avoid positioning patients on bony prominences and maximising weight distribution the 30 degree tilt will be used ensuring the knee section is raised prior to elevating the head end

- Whenever possible, do not position patients onto a body surface that is still reddened from a previous episode of pressure loading (EPUAP, NPUAP 2014)

2.3.4 SEATING

- Limit the time an individual is seated in a chair without pressure relief. Patients at risk of pressure ulcers should not be seated for more than 2 hours at any one time without being re-positioned utilising strategies to relieve pressure such as frequent standing or mobilising. Sitting in a chair increases the risk of pressure ulcer development/deterioration, as pressure is concentrated on one area.

- The ideal seating position maximises weight distribution:

- o The back and head support should maintain maximum contact to fully support the patients back and head
- o The patient's feet must be supported to attain maximum load distribution. If a height adjustable chair is not available a footstool can be used (assess risks of patient falling or tripping during transfer before use)
- o The ideal sitting position is where the hips knees and feet are at 90 degree angles. This can be achieved with an adjustable chair, or the use of high specification foam cushions. Thighs must be fully supported along their length

- Patients with grade 1 or 2 pressure ulcers will have a pressure reducing cushion on the chair

- It is not advised for patients with grade 3/4 ulcers on the sacral area to sit in a chair, as the patients' weight cannot be distributed and the focus of pressure is on the pressure ulcer. If possible, patients remain on the profiling bed and the chair position of the bed utilised. Mobilisation regimes are to be actively encouraged. However, patient choice, their clinical condition and professional judgement need to be exercised to ensure that care is patient focussed. If it is not possible or the patient refuses, limit the time to less than one hour and no longer than three times a day

- If pressure areas deteriorate despite the above. Seek advice from a Physiotherapist Occupational Therapist or Clinical Scientist for specialist seating

- Use the SKIN chart to document pressure relief intervals when seated

2.3.5 Use of Aids

The following will **not** be used as pressure relieving aids:

- Water filled gloves
- Synthetic Sheepskins
- Doughnut-type devices

2.3.6 Theatre

There is a tension between the positioning of the patient for the surgical procedure and the needs of pressure ulcer prevention. In some procedures it is unavoidable that pressure areas are put at risk but this must be weighed against the patient not having the procedure carried out. In all cases, pressure
relieving devices will be used for all patients within theatre and as appropriate in the reception/recovery rooms.

Theatre staff will refer to the Theatre ticket, Core Data Set and PPURA Nursing record on receiving the patient handover from the ward staff to ascertain pressure ulcer status.

A Standard Operating Procedure - Peri-Operative Pressure Ulcer Prevention in Adults is available in all theatre areas.

Refine risk assessment of individuals undergoing surgery by examining other factors that are likely to occur and will increase risk of pressure ulcer developing.
- o Longer than 2 hours in a single position
- o Expected high level of blood loss

- Past history of or existing pressure ulcer
- BMI of < 18.5 or > 40
- Pre – existing medical conditions e.g. Diabetes, Neurological impairment /sensory loss (including spinal or epidural anaesthesia)
- Pressure / Shearing / Friction due to movement or mechanical supports used during surgery

- All at risk patients receiving surgery will have a pressure-relieving device on the operating table and transfer trolleys.
- As a minimum standard, all nursing staff in reception theatre and recovery will ensure that they know the patient's risk status at all points of the patient's journey through theatre. Theatre staff will conduct a pre– operative assessment using the Peri – operative SKIN chart sheet for all patients
- All patients identified as at risk will have their pressure areas inspected prior to theatre and in the recovery area and where possible during the operation. This will be documented on the theatre SKIN chart
- All patients at risk will have measures in place to alleviate factors that cause pressure ulcers in reception, theatre and throughout the recovery phase
- Elevate heels completely in such a way as to distribute weight of the leg along the calf without putting all the pressure on the Achilles tendon. The knee should be in slight flexion
- Each theatre will have guidelines available on the range and use of products i.e. gel pads and pressure relieving surfaces and demonstrate that education on their use has been provided
- Position the individual in a different posture preoperatively and post operatively to the posture adopted during surgery
- The recovery nurse will discuss the patients' skin integrity with the nurse receiving the patient for return to the ward
- The length of time a patient has been in one position in the anaesthetic room, theatre and recovery will be documented on the peri-operative SKIN chart sheet for all patients.

2.3.7 Prevention of Heel Ulcers

Patients at particular risk of developing heel ulcers are patients with one or a combination of:

- Frailty
- Neuropathy
- Vascular Insufficiency
- Diabetes – All Diabetic patients will be assessed using the CPR feet guide
- Immobility during surgery
- Critically ill
- Cognitive impairment/Delirium

- Raising the knee section of a profiling bed reduces pressure on the heels and should where possible be utilised on all patients unless there are clinical contra indications
- Elevate heels completely in such a way as to distribute weight of the leg along the calf without putting all the pressure on the Achilles tendon. The knee should be in slight flexion. A soft pillow along the length of the calf (not under the Achilles tendon) has been shown to be effective (EPUAP 2014)
- Inspect heels each shift or when dressing or bathing a patient, ask the patient to report redness, blisters, or bruises. If the patient is wearing compression stockings, remove them at least once a day for inspection the use a mirror may be useful to see the heels
- Use NHST Guidance On the use of small devices to prevent pressure ulcers. found within section 6 of the wound management formulary
- The best heel pressure-reducing products reduce pressure, friction, and shear; separate and protect the ankles; maintain heel suspension; and prevent footdrop. They should also be comfortable for the patient, easy for you to use, and permit re-positioning without increasing pressure in other areas. Remove boots or braces every shift and inspect the patient's skin for redness from the device
- To prevent heel ulcers from friction, use either a silicone pad, or polyurethane foam dressing
- Bed linen must be loosely fitting on the pressure-relieving mattress

2.4   Skin and Wound Care

Moisture:

- The NHS Tayside Continence guide available on the Tayside Area Formulary (section 20) will be used to assess excoriated skin and moisture lesions
- Procedure pads must not be used to absorb urine, only specific continence pads and pants should be used to remove moisture from the skin
- The ongoing nursing record will contain evidence that the advice of a continence advisor was sought where incontinence is compromising the skin integrity
- Soap and water should not be used on patients with or at risk of excoriation. A skin cleansing agent will be used following episodes of incontinence. Skin cleansers that are PH neutral are acceptable. This needs to be discussed with carers. Do not vigorously rub the skin
- Barrier creams and sprays will be used to prevent skin damage, however must be used sparingly as per manufacturers instruction to prevent blocking the absorbency of pads
- For patients with severe diarrhoea, Faecal collectors can be used – follow NHST faecal management systems guidelines available on the Intranet

Dry Skin:

- Non-perfumed moisturisers are used at least twice daily on individuals with dry skin, apply sparingly to prevent clogging, as dry skin is a significant and independent risk factor for pressure ulcer development (EPUAP, NPUAP 2014). The NHS Tayside continence skin care guideline (2014) suggests suitable moisturisers to be used to treat dry areas

Wound Care:

- The NHS Tayside Wound Management Formulary (available on the formulary tab on the home page on Staffnet) will be utilised to decide the most appropriate dressing
- A wound referral pathway is available on staffnet section
- Products that promote a moist wound environment are used for all skin damage unless contraindicated by the individual's condition
- Pressure Ulcers of grade 3 or 4, or unstageable that do not respond to treatments following one month of the recommendations within the wound formulary, and following all aspects of this policy should be referred to the most appropriate speciality; Vascular, or Plastic Surgery for further advice
- All health records must note the site, condition and dressing utilised and will demonstrate evidence of ongoing assessment and skin and wound care using the THB MR 609 form
- Guidelines on the management of Diabetic Foot Ulceration can be obtained from the NHS Tayside Diabetes MNC Handbook and the NHST Wound Management Formulary section 15

2.5 Discharge – Transfer

The nurse responsible for arranging the discharge/transfer of patients with a pressure ulcer or at risk of developing an ulcer will ensure that the receiving nurse/hospital/area has written information on:

- Patients' risk status, treatment plan A, B or C
- Whether the ulcer was present on admission or hospital acquired
- Grade, description, size and site of ulcer
- Nursing intervention, such as dressings and re positioning regime.

Complex cases will be discussed with the District Nursing team and if appropriate arrange a hospital visit.

Staff within diagnostic areas such as radiology, nuclear medicine etc must be informed that the patient is at risk or have a pressure ulcer and advised of the re-positioning schedule and care required for the time the patient is out of the ward area.

For patients who are at risk or have an established ulcer and require long distance ambulance transfer, the ambulance staff must be informed of the need for particular care with moving and handling and the need for the patient to provide some change in their position at least 6 hourly for those at risk, and at least 4 hourly for those at high risk.

2.6 Education and Training

Each Registered Nurse must act in line with NMC Code (2015) whether they are providing direct patient care to individuals, groups or communities or bringing their professional knowledge to bear on nursing practice. The Code is structured around four themes – prioritise people, practice effectively, preserve safety, promote professionalism and trust.

In the vast majority of cases, appropriate identification and mitigation of risk factors can prevent or minimise pressure ulcer formation. However, some pressure ulcers are unavoidable.

Avoidable Pressure Ulcer: "Avoidable" means that the person receiving care developed a pressure ulcer and the provider of care did not do one of the following: evaluate the person`s clinical condition and pressure ulcer risk factors: plan and implement interventions that are consistent with the persons needs and goals, and recognised standards of practice; monitor and evaluate the impact of the intervention: or revise the interventions as appropriate."

Unavoidable Pressure Ulcer: "Unavoidable means that the person receiving care developed a pressure ulcer even though the provider of the care had evaluated the person`s clinical condition and pressure ulcer risk factors; planned and implemented interventions that are consistent with the persons needs and goals; and recognised standards of practice; monitored and evaluated the impact of the interventions; and revised the approaches as appropriate; or the individual person refused to adhere to prevention strategies in spite o education of the consequences of non-adherence"

The Senior Charge Nurse (SCN) is required to ensure that evidence of yearly update's and education for all nursing staff in pressure ulcer care and prevention by

- Completing the Learn Pro Module (previously NES resource pack) every 3 years available through Staffnet, and thereafter; evidence of a yearly competency assessment recorded within the clinical area and supported by the department link nurse

- Each area will have 2 link nurses (usually one Registered General Nurse (RGN) and one Healthcare Assistant HCA). The SCN will ensure there is protected time (2 hours per month) for the RGN to carry out the role as outlined in the role descriptor for the pressure ulcer link nurse, and completes the competency assessments for each staff member. Records for each nurse will be held at ward level completed by the link nurse supported by the SCN

- The SCN must ensure the link nurses are released for mandatory education and updates

3   RESPONSIBILITY AND ORGANISATIONAL ARRANGEMENTS

3.1   Responsibility

- It is the responsibility of the individual nurse/health professional to be familiar with and practice in accordance with this policy

- Maintain accurate records of assessment intervention and evaluation in accordance with NMC standards for record keeping

3.2   Accountability and Governance

- Each individual nurse/midwife is accountable for making evidence based assessment and decisions in accordance with this policy

- Each Nurse and Midwife will ensure that when delegating care to Health Care Assistants, they ensure that Health Care Assistants understand this policy and implications for their practice. They have the necessary knowledge and skills relating to pressure ulcer observation, re-positioning, 30 degree tilt, cleansing and moisturising agents and the required communication and documentation required for the care plan

- The SCN and Link nurse will keep a record of nurses who have read the policy and updated their knowledge yearly at ward level

- Each clinical area will implement and monitor pressure ulcer management processes and outcomes using the Clinical Quality Indicator and Qlikview display

- Grade 2 pressure ulcers and above that have developed in the clinical area will be reported through the ward safety Cross, and a **Datix** completed: Datix is the recognised electronic adverse event management tool for NHS Tayside, it is imperative that on observation of a pressure ulcer that all relevant details are recorded on the system. These are mandatory fields that are required to be completed. Further information on Datix is available on Staffnet; under business systems.
- A Local Adverse Event Review will be carried out by the Head of Nursing/Manager for all Grade 3 or 4 pressure ulcers that develop under the care of NHS Tayside staff using the LAER PUP template (Link this rather than embed)

3.3 Clinical Effectiveness - Standards and Guidelines

What is a standard?

- A standard is a statement of an expected level of service which demonstrates delivery of person-centred, safe and effective healthcare, and promotes understanding, comparison and improvement of that care
- Standards can be used for National consistency and/or for local improvement (Health Improvement Scotland September 2016)

Health Improvement Scotland introduced six performance standards for the prevention and management of pressure ulcers and can be used to reinforce national consistency and drive improvement within health and social care services responsible for pressure ulcer care, the standards are:

Standard 1 : Leadership and Governance
The organisation demonstrates leadership and a commitment to the prevention and management of pressure ulcers.

Standard 2 : Education, training and information
The organisation demonstrates commitment to the education and training of staff involved in the prevention and management of pressure ulcers, appropriate to roles and workplace setting.

Information and support is available for people at risk of, or identified with, a pressure ulcer, and/or their representatives

Standard 3: Assessment of risk for pressure ulcer development

An assessment of risk for pressure ulcer development is undertaken as part of initial admission or referral, and informs care planning.

Standard 4: Reassessment of risk

Regular reassessment of risk for pressure ulcer development or further damage to an existing pressure ulcer is undertaken to ensure safe, effective and person-centred care

Standard 5: Care planning for prevention and treatment

A person-centred care plan is developed and implemented to reduce the risk of pressure ulcer development and to manage any existing pressure ulcers

Standard 6: Assessment, grading and care planning for identified pressure ulcers

People with an identified pressure ulcer will receive a person-centred assessment, a grading of the pressure ulcer and an individualised care plan

3.4 In Summary:

The information, guidance and examples you need to develop best achievable practice in the prevention and management of pressure ulcers.

- a basis for developing and improving care
- an educational tool for students at pre and post registration level and to stimulate learning amongst teams.
- helps promote effective interdisciplinary team working
- helps determine whether a quality service is being provided
- stimulates ideas and priorities for nursing research, and
- stimulates ideas and priorities for continuous improvement.

Best practice statements address an area of care where there is variation in practice across Scotland since there is a limited amount of robust evidence available. They attempt to incorporate professional consensus in the absence of a rigorous evidence base.

3.5 Key Challenges:

All settings

1. Maintaining a record, giving the rationale if the patient cannot be repositioned regularly, the very ill do not physiologically tolerate 2 hourly position changes

Primary care

2. Encouraging carer`s to maintain a record of any positional changes between visits by staff
3. Maintaining records of education of both carer and person being cared for

Children and neonates

1. Ensuring that if specialist equipment is required, it is appropriate for the person`s size and weight. Many Adult devices are unsuitable for children as the buttocks, feet, elbows, etc may sink in between cushions/mattress Ensuring that children with reduced sensation, e.g. spina bifida have, if it is required, a cushion for use at school which is light and portable for taking between different areas
2. Education parents and carer`s in re-positioning and how to use equipment appropriately and safely.

4 RAPID IMPACT CHECKLIST (RIC)

EACH POLICY MUST INCLUDE A COMPLETED AND SIGNED TEMPLATE OF ASSESSMENT

Which groups of the population do you think will be affected by this proposal?		
• minority ethnic people (incl. gypsy/travellers, **Groups:**		**Other:**

refugees & asylum seekers) • **women and men** • **people in religious/faith groups** • **disabled people** • **older people, children and young people** • **lesbian, gay, bisexual and transgender people** • **people of low income**	• **people with mental health problems** • **homeless people** • **people involved in criminal justice system** • **staff**
N.B. The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed.	What positive and negative impacts do you think there may be? **See Page 2**
	Which groups will be affected by these impacts? ALL
What impact will the proposal have on lifestyles? For example, will the changes affect: • Diet and nutrition? • Exercise and physical activity? • Substance use: tobacco, alcohol or drugs? • Risk taking behaviour? • Education and learning, or skills?	Diet & nutrition and other risk factors will be assessed with potential for change required Mobility and re-positioning will be required Patient and/or carer education regarding self-care and rationale for nursing interventions
Will the proposal have any impact on the social environment? Things that might be affected include : • Social status • Employment (paid or unpaid) • Social/family support • Stress • Income	No
Will the proposal have any impact on: • Discrimination? • Equality of opportunity? • Relations between groups?	No
Will the proposal have an impact on the physical environment? For example, will there be impacts on: • Living conditions? • Working conditions? • Accidental injuries or public safety? • Transmission of infectious disease?	Improvement for patient outcomes
Will the proposal affect access to and experience of services? For example, • Health care • Transport • Social services • Housing services • Education	No

1.	**POSITIVE IMPACTS (NOTE THE GROUPS AFFECTED)**	2.	**NEGATIVE IMPACTS (NOTE THE GROUPS AFFECTED)**
	Use of high specification foam mattresses and profiling beds will provide patients with pressure-redistributing properties.		None
	Ongoing purchases of equipment will provide high standard of pressure relief as standard to reduce pressure ulcer incidence.		
	Compliance with policy and Clinical Quality Indicator (CQI) will result in anticipated improvements in pressure ulcer incidence.		
	CQI and policy will standardise practice within NHS Tayside.		

3.	**ADDITIONAL INFORMATION AND EVIDENCE REQUIRED**
	Evidence supports use of electric profiling beds, high specification foam mattresses and compliance with Best Practice Guidelines in pressure ulcer prevention improves patient outcomes.

4.	**RECOMMENDATIONS**
	Risk assessment/management strategies should be employed to minimise negative impacts.

5.	**FROM THE OUTCOME OF THE RIC, HAVE NEGATIVE IMPACTS BEEN IDENTIFIED FOR RACE OR OTHER EQUALITY GROUPS? HAS A FULL EQIA PROCESS BEEN RECOMMENDED? IF NOT, WHY NOT?**
	No

MANAGER'S SIGNATURE: C McLean   **DATE: June 2017**

5   NHS TAYSIDE – POLICY/STRATEGY APPROVAL CHECKLIST

This checklist must be completed and forwarded with policy to the appropriate forum/ committee for approval.

POLICY/STRATEGY AREA: CLINICAL
POLICY/STRATEGY TITLE: Pressure Ulcer Prevention and Care for Adults in Hospital
LEAD OFFICER: Gillian Costello

Why has this policy/strategy been developed?	To ensure that all pressure ulcer prevention and care in NHS Tayside is consistent with national guidelines and evidenced based practice		
Has the policy/strategy been developed in accordance with or related to legislation? – Please give details of applicable legislation.	N/A		
Has a risk control plan been developed? Who is the owner of the risk?	No		
Who has been involved/consulted in the development of the policy/strategy?	Policy development group with representation from across NHS Tayside. Critical review carried out by Tissue Viability Nurses (Scotland)		
Has the policy/strategy been assessed for Equality and Diversity in relation to:		**Has the policy/strategy been assessed for Equality and Diversity not to disadvantage the following groups:**	
	Please indicate Yes/No for the following:		**Please indicate Yes/No for the following:**
Race/Ethnicity **Gender** **Age** **Religion/Faith** **Disability** **Sexual Orientation**	Yes Yes Yes Yes Yes Yes	**Minority Ethnic Communities (includes Gypsy/Travellers, Refugees & Asylum Seekers)** **Women and Men** **Religious & Faith Groups** **Disabled People** **Children and Young People** **Lesbian, Gay, Bisexual & Transgender Community**	Yes Yes Yes Yes Yes Yes Yes
Does the policy/strategy contain evidence of the Equality & Diversity Impact Assessment Process?	Yes		
Is there an implementation plan?	Yes		
Which officers are responsible for implementation?	Caroline McLean		
When will the policy/strategy take effect?	June 2017		
Who must comply with the policy/strategy?	All nursing and AHP staff		
How will they be informed of their responsibilities?	Policy emailed to Clinical Leads Cascade training at ward level		

Is any training required? Yes	Education on the Policy and associated documentation and care
If yes, has any been arranged?	Link Nurse education 12 per year
Are there any cost implications?	No
If yes, please detail costs and note source of funding	N/A
Who is responsible for auditing the implementation of the policy/strategy?	Senior Charge Nurse
What is the audit interval?	Weekly or longer with the implementation of national nursing quality indicators
Who will receive the audit reports?	Nursing & Midwifery Directorate NHS Scotland
When will the policy/strategy be reviewed and by whom? (please give designation)	Bi annually, Nursing & Midwifery Directorate

Name: Gillian Costello   **Date: June 2017**

References

European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel. Prevention and Treatment of pressure: quick reference guide. Washington DC: National Pressure Ulcer Advisory Panel; 2014

Heyneman A, Beele H, Vanderwee K, Dehloor T, 2008. *A Systematic Review of the use of Hydrocolloids in the Treatment of Pressure Ulcers*. Journal of Clinical Nursing, 17 (9) p p. 1164-1173 (10). Blackwell Publishing.

NATVNS Scotland. 2008 *Tissue Viability Toolkit.*

NHS QIS Best Practice Statement 2005. *The Treatment/Management of Pressure Ulcers*. www.nhshealthquality.org

NHS QIS Best Practice Statement 2005 and Revised Statement 2009 *Pressure Ulcer Prevention*
http://www.nhshealthquality.org/

NHS Education for Scotland . The Prevention & Management of Pressure Ulcers –An Educational Workbook for Healthcare Staff 2009.Edinburgh

NICE clinical guidelines 179 April 2014 *Pressure Ulcers: Prevention and management of Pressure http://www.nice.org.uk/guidance/cg179/resources/guidance-pressure-ulcers-prevention-and-management-of-pressure-ulcers-pdf*

Health Improvement Scotland 2016, *Standards for prevention and management of pressure ulcers,*
http://www.healthcareimprovementscotland.org/our_work/patient_safety/tissue_viability_resources/pressure_ulcer_standards.aspx

Please note: that references preceding 2007 have been archived and are still available from previous versions

Appendices

Appendix 1

Semi Fowler Position

Semi-Fowler 30° - 30°

30°   30°
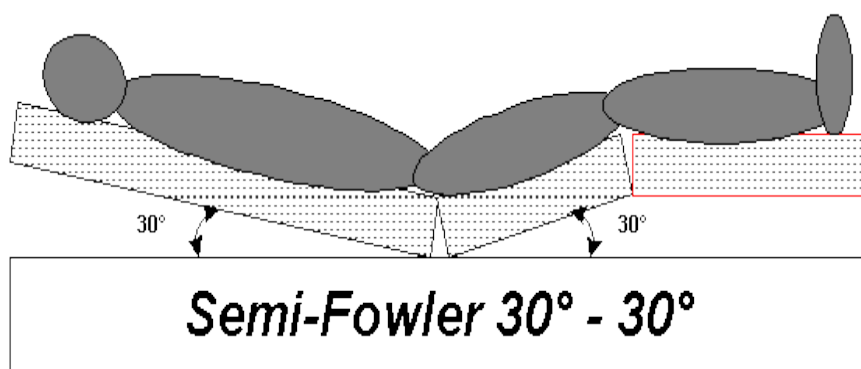
30 degree Tilt

Illustration Courtesy of MSS Dolby

30-degree lateral tilt: gently turn patient, place a pillow support under shoulder and one corner of pillow at base of spine. Patient to rest back on the pillow, to a 30-degree tilt.

Place another pillow between the patients' legs ensuring the heel is off the pillow. The nurse will check that the tailbone and shoulder blades are not touching the bed.

The buttocks should be taking the weight not the tailbone, shoulder blade or touching the bed.

Appendix 2

NATVNS, Scotland, Dark Pigment Skin

What is Darkly Pigmented Skin?

An individual's skin colour is determined by the amount and type of pigmentation (Melanin) in the skin. Individuals with darkly pigmented skin have more melanin in their skin than individuals with lightly pigmented skin.

Key Principles of Assessing Darkly Pigmented Skin

- Darkly pigmented skin doe not blanch.

- Depending on skin tone, the skin may appear blue or purple compared to the surrounding area of skin. It is important to compare the section of the body you are concerned about with other areas of skin to look for differences in skin tone.

- Assess skin in a good light in order to see light variances in colour.

- Touch the skin and ask yourself if the skin feels boggy, stiff, warm or cool?

- Observe if the skin has changed since the last time you inspected it.

- Listen to the individual and any complaint of itchiness or pain.

A Grade 4 Pressure Ulcer clearly illustrating darker skin tones around the ulcer site

NHS Tayside

EQUALITY IMPACT ASSESSMENT

Manager Caroline McLean	Group Pressure Ulcer Prevention and Care for Adults in Hospital

Established June 2009	Last updated June 2017	Review / Expiry April 2019

UNCONTROLLED WHEN PRINTED

Section 1 (This is mandatory and should be completed in all cases)

Part A – Overview

Name of Policy, Service Improvement, Redesign or Strategy:

Pressure Ulcer Prevention and Care for Adults in Hospital

Lead Director of Manager:

Caroline McLean

What are the main aims of the Policy, Service Improvement, Redesign or Strategy?

To ensure that all adult in patients within NHS Tayside receive the optimal care to prevent the development of pressure ulcers

Description of the Policy, Service Improvement, Redesign or Strategy –
What is it? What does it do? Who does it? And who is it for?

This policy describes how clinical healthcare staff should assess, plan, carry out interventions and document care to prevent a patients from developing pressure ulcers

What are the intended outcomes from the proposed Policy, Service Improvement, Redesign or strategy? – What will happen as a result of it?- Who benefits from it and how?

A sustained reduction in patients developing a pressure ulcer

Name of the group responsible for assessing or considering the equality impact assessment? This should be the Policy Working Group or the Project team for Service Improvement, Redesign or Strategy.

Tissue Viability Network

SECTION 1 Part B – Equality and Diversity Impacts

Which equality group or Protected Characteristics do you think will be affected?

Item	Considerations of impact	Explain the answer and if applicable detail the Impact	Document any Evidence/Research/Data to support the consideration of impact	Further Actions required
1.1	Will it impact on the whole population? Yes or No. If yes will it have a differential impact on any of the groups identified in 1.2. If no go to 1.2 to identify which groups.	**Yes** **No**		
1.2	Which of the protected characteristic(s) or groups will be affected? • Minority ethnic population (including refugees, asylum seekers & gypsies/ travellers) • Women and men • People in religious/faith groups • Disabled people • Older people, children and young people • Lesbian, gay, bisexual and transgender people • People with mental health problems • Homeless people • People involved in criminal justice system • Staff • Socio-economically deprived groups			

Item	Considerations of impact	Explain the answer and if applicable detail the Impact	Document any Evidence/Research/Data to support the consideration of impact	Further Actions required
1.3	Will the development of the policy, strategy or service improvement/ redesign lead to: • Discrimination • Unequal opportunities • Poor relations between equality groups and other groups • Other	No		

SECTION 2 – Human Rights and Health Impact

Which Human Rights could be affected in relation to article 2, 3, 5, 6, 9 and 11. (ECHR: European Convention on Human Rights)

Item	Considerations of impact	Explain the answer and if applicable detail the Impact	Document any Evidence/Research/Data to support the consideration of impact	Further Actions required
2.1	**On Life (Article 2, ECHR)** • Basic necessities such as adequate nutrition, and safe drinking water • Suicide • Risk to life o /from others • Duties to protect life from risks by self/ others • End of life questions	No		
2.2	**On Freedom from ill-treatment (Article 3, ECHR)** • Fear, humiliation • Intense physical or mental suffering or anguish • Prevention of ill-treatment • Investigation of reasonably substantiated allegations of serious ill-treatment • Dignified living conditions	No		
2.3	**On Liberty (Article 5, ECHR)** • Detention under mental health law • Review of continued justification of detention • Informing reasons for detention	No		

Item	Considerations of impact	Explain the answer and if applicable detail the Impact	Document any Evidence/Research/Data to support the consideration of impact	Further Actions required
2.4	**On a Fair Hearing (Article 6, ECHR)** • Staff disciplinary proceedings • Malpractice • Right to be heard • Procedural fairness • Effective participation in proceedings that determine rights such as employment, damages/compensation	No		
2.5	**On Private and family life (Article 6, ECHR)** • Private and Family life • Physical and moral integrity (e.g. freedom from non-consensual treatment, harassment or abuse • Personal data, privacy and confidentiality • Sexual identity • Autonomy and self-determination • Relations with family, community • Participation in decisions that affect rights • Legal capacity in decision making supported participation and decision making, accessible information and communication to support decision making • Clean and healthy environment	**No**		

Item	Considerations of impact	Explain the answer and if applicable detail the Impact	Document any Evidence/Research/Data to support the consideration of impact	Further Actions required
2.6	**On Freedom of thought, conscience and religion (Article 9, ECHR)** • To express opinions and receive and impart information and ideas without interference	No		
2.7	**On Freedom of assembly and association (Article 11, ECHR)** • Choosing whether to belong to a trade union	No		
2.8	**On Marriage and founding a family** • Capacity • Age	No		
2.9	**Protocol 1 (Article 1, 2, 3 ECHR)** • Peaceful enjoyment of possessions	**No**		

SECTION 3 – Health Inequalities Impact

Which health and lifestyle changes will be affected?

Item	Considerations of impact	Explain the answer and if applicable detail the Impact	Document any Evidence/Research/Data to support the consideration of impact	Further Actions required
3.1	What impact will the function, policy/strategy or service change have on lifestyles? For example will the changes affect: • Diet & nutrition • Exercise & physical activity • Substance use: tobacco, alcohol or drugs • Risk taking behaviours • Education & learning or skills • Other	This should have positive impact on patient quality of life, as pressure ulcers are painful and debilitating, and may be prevented		
3.2.	Does your function, policy or service change consider the impact on the communities? Things that might be affected include: • Social status • Employment (paid/unpaid) • Social/family support • Stress • Income	No		

Item	Considerations of impact	Explain the answer and if applicable detail the Impact	Document any Evidence/Research/Data to support the consideration of impact	Further Actions required
3.3	Will the function, policy or service change have an impact on the physical environment? For example will there be impacts on: • Living conditions • Working conditions • Pollution or climate change • Accidental injuries/public safety • Transmission of infectious diseases • Other	No		
3.4	Will the function, policy or service change affect access to and experience of services? For example • Healthcare • Social services • Education • Transport • Housing	No		

Item	Considerations of impact	Explain the answer and if applicable detail the Impact	Document any Evidence/Research/Data to support the consideration of impact	Further Actions required
3.5	In relation to the protected characteristics and groups identified: • What are the potential impacts on health? • Will the function, policy or service change impact on access to health care? If yes - in what way? • Will the function or policy or service change impact on the experience of health care? If yes – in what way?	No		

SECTION 4 – Financial Decisions Impact

How will it affect the financial decision or proposal?

Item	Considerations of impact	Explain the answer and if applicable detail the Impact	Document any Evidence/Research/Data to support the consideration of impact	Further Actions required
4.1	• Is the purpose of the financial decision for service improvement/redesign clearly set out • Has the impact of your financial proposals on equality groups been thoroughly considered before any decisions are arrived at	N/A		
4.2	• Is there sufficient information to show that "due regard" has been paid to the equality duties in the financial decision making • Have you identified methods for mitigating or avoiding any adverse impacts on equality groups • Have those likely to be affected by the financial proposal been consulted and involved	N/A		

Item	Considerations of impact	Explain the answer and if applicable detail the Impact	Document any Evidence/Research/Data to support the consideration of impact	Further Actions required
5.	Involvement, Consultation and Engagement (IEC) (1) What existing IEC data do we have? • Existing IEC sources • Original IEC • Key learning (2) What further IEC, if any, do you need to undertake?	**N/A**		
6.	Have any potential negative impacts been identified? • If so, what action has been proposed to counteract the negative impacts? (if yes state how) For example: • Is there any unlawful discrimination? • Could any community get an adverse outcome? • Could any group be excluded from the benefits of the function/policy? (consider groups outlined in 1.2) • Does it reinforce negative stereotypes? (For example, are any of the groups identified in 1.2 being disadvantaged due to perception rather than factual information?	**N/A**		

Item	Considerations of impact	Explain the answer and if applicable detail the Impact	Document any Evidence/Research/Data to support the consideration of impact	Further Actions required
7.	Data & Research • Is there need to gather further evidence/data? • Are there any apparent gaps in knowledge/skills?	**N/A**		
8.	Monitoring of outcomes • How will the outcomes be monitored? • Who will monitor? • What criteria will you use to measure progress towards the outcomes?	All areas will submit a Datix report if a grade 2-4 pressure ulcer develops. Qlikview will provide a dashboard display of number of pressure ulcers occurring		
9.	Recommendations State the conclusion of the Impact Assessment	There will be no adverse impact on equality diversity and human rights		
10.	Completed function/policy • Who will sign this off? • When?	This is an updated policy not a new policy Tissue Viability Network NHS Tayside Nurse Director		
11.	Publication			

The Equality Impact Assessment Process

Proposal

Financial Impact

EQUALITY

HEALTH

HUMAN RIGHTS

Establish Proposal Timeline

Final Report

1.   PREPARATION

Establish steering or policy / project group and develop introductory narrative – Complete Section 1, part A & B

2.   SCOPING

Meaningful involvement of key stakeholders. Identify affected populations and any potential impacts

Scoping Report

3.   PRIORITISATION

Impacts / research questions narrowed based on relevance to equality, human rights, health inequalities scope and other criteria

4.   APPRAISAL

Evidence is gathered for the prioritised list of impacts and research questions

5.   RECOMMENDATION

Make recommendations on the outcomes of the appraisal process

6.   CONSULTATION AND REPORTING

Arrangements for consulting on final report and ensuring recommendations inform decision making. Monitoring arrangements also established

Conclusion Sheet for Equality Impact Assessment	
Positive Impacts (Note the groups affected) All patients will receive optimum care in the prevention of pressure ulcers in hospital	Negative Impacts (Note the groups affected) None
What if any additional information and evidence is required	
From the outcome of the Equality Impact Assessment what are your recommendations? (refer to questions 5 - 10) The policy is approved	

This conclusion sheet should be attached to the relevant committee report.

MUST BE COMPLETED IN ALL CASES

Manager's Signature   Caroline McLean   Date June 2017

Please note any items relating to Committee business are embargoed and should not be made public until after the meeting

NHS Tayside

CCGC/2017/71
Clinical and Care Governance Committee
5 October 2017

GUIDELINES FOR THE MANAGEMENT OF CHEST DRAINS FOR ADULT INPATIENTS

1   SITUATION AND BACKGROUND

The purpose of this document is to standardise the approach to the management and education of Chest Drains across NHS Tayside. These guidelines provide the evidence based clinically effective care that adult patients must be given by all professional health care staff. This guideline is applicable to all clinical areas within NHS Tayside. It is however noted that variations in practice may exist within an intensive care environment.

Through the implementation of this guideline, patient safety and a systematic reduction in clinical risk will be assured from the delivery of evidence based care which reflects individual patient need.

Patients with a chest drain should be managed on a ward where staff have maintained competency in the management of chest drains. The appropriate training of the nursing staff is imperative and communication between the medical and nursing staff regarding the chest drain care is vital.

2   ASSESSMENT

The policy has been developed by medical staff, nursing staff and allied health professionals, through the Chest Drain Working Group.

3   RECOMMENDATIONS

The Clinical and Care Governance Committee is asked to adopt the guideline.

4   REPORT SIGN OFF

Dr P Short   **Prof A Russell**
Consultant Respiratory Physician   **Medical Director**

                                                        Mrs G Costello
                                                        Nurse Director

October 2017

NHS Tayside

CLINICAL

GUIDELINES FOR THE MANAGEMENT OF CHEST DRAINS FOR ADULT INPATIENTS

Author(s): Annette Moody, Anne Thomson, Nicola Hutchison, Philip Short	**Review Group:** Chest Drain Working Group
Last Updated: September 2017	**Review Date:** September 2019
Document No: 1	**Issue No:**

UNCONTROLLED WHEN PRINTED

Signed: **Executive Lead Officer**
(Authorised Signatory)

CONTENTS

1. PURPOSE AND SCOPE

The purpose of this document is to standardise the approach to the management and education of Chest Drains across NHS Tayside. These guidelines provide the evidence based clinically effective care that adult patients must be given by all professional health care staff. This guideline is applicable to all clinical areas within NHS Tayside. It is however noted that variations in practice may exist within an intensive care environment.

Through the implementation of this guideline, patient safety and a systematic reduction in clinical risk will be assured from the delivery of evidence based care which reflects individual patient need.

2. INTRODUCTION

Patients with a chest drain should be managed on a ward where staff have maintained competency in the management of chest drains. The appropriate training of the nursing staff is imperative and communication between the medical and nursing staff regarding the chest drain care is vital (British Thoracic Society, 2010).

The British Thoracic Society Guidelines for the insertion of a chest drain state that in current practice chest drains are used in many different hospital settings and doctors in most specialties need to be capable of their safe insertion. Incorrect placement of a chest drain can lead to significant morbidity and even mortality (Griffiths and Roberts, 2005).

The chest drain most commonly used across NHS Tayside is the Thoraseal™ Chest Drainage Unit (CDU). (See Appendix 1) The most commonly used chest drains are the Thal-Quick chest drain by Cook Medical.

3. GUIDELINE STATEMENTS

These guidelines have been benchmarked against the following reports:

British Thoracic Society Pleural Guidelines, 2010.

The Royal Marsden Manual of Clinical Procedures, 9th edition.

4. INDICATIONS FOR USE

The outer layer of the lung is formed of two membranes called pleura, between which is a thin layer of serous fluid. Abnormal fluid or air between the pleura results in respiratory distress and can cause death, if untreated. Intrapleural chest drains are used to remove abnormal accumulations of fluid or air (Woodrow, 2013).

By draining air and fluid from the chest, the underlying lung can re-inflate and relieve breathlessness. If fluid is there because of heart or renal failure, a drain is not used and the condition is treated with diuretics. Some collections of air or fluid may be small enough to drain using needle aspiration. However, larger collections normally necessitate chest drain insertion into the intrapleural space and connection to a collection chamber.

4.1 Pleural effusion

If there is inflammation around the lung this space can fill up with fluid, which can compress the lung and cause breathlessness. The fluid may be watery or 'serous' fluid, blood, pus or even lymphatic fluid.

4.2 Pneumothorax

If there is a leak of air into the pleural space it is called a pneumothorax. This is usually from a weakness in the lung that bursts, but can also be caused by damage from outside the thorax such as instrumentation or rib fracture. Like fluid, air will cause the lung to collapse until the leak has closed over and the air has been drained off.

5. PREPARATION OF PATIENT FOR INSERTION OF A CHEST DRAIN

Routine insertion of a chest drain should be carried out in a designated treatment area using full aseptic technique and is undertaken by medical staff with a nurse assisting. Chest Drain Packs are available within NHS Tayside which contain the required equipment.

To maximise patient safety the procedure should be explained and discussed with the patient to ensure the patient understands why and how the procedure is to be performed and gives their valid consent. The British Thoracic Society (2010) states that written consent should be obtained for chest drain insertions, except in emergency situations. The General Medical Council (2008) guideline further states that it is the responsibility of the doctor carrying out a procedure or an appropriately trained individual with sufficient knowledge of a procedure to explain its nature and the risks associated with it in a language which is understandable to the patient.

Chest drain insertion is described as a very painful procedure by patients and can be improved by better training, use of sedation and liberal use of local anaesthesia (British Thoracic Society, 2010). Lignocaine 1% should be injected into the skin and deeper tissue (intercostal muscle and parietal pleura) along proposed insertion site. The British Thoracic Society (2010) further state to reduce pain associated with chest drains, analgesia should be considered as premedication and should be prescribed for all patients with a chest drain in place.

During the procedure the patient should be closely observed, with attention to respiratory status including colour, respiratory rate, and respiratory pattern, equal movement of chest and peripheral tissue oxygen saturations. The patient should also be observed for any change to the cardiovascular system by alterations in heart rate or blood pressure (Dougherty and Lister, 2015).

6. MANAGEMENT OF THE PATIENT FOLLOWING CHEST DRAIN INSERTION

6.1 Clinical Observations

Vital signs as per National Early Warning Score (NEWS) should be recorded, as a minimum, **hourly** for the first 4 hours after insertion, then if within patient's normal parameters 2 hourly thereafter until review by medical team and frequency of observations required is documented. In addition, a careful and detailed respiratory assessment is also required for any patient with a chest drain insitu (Kane et al, 2013) specifically in terms of rate, depth, symmetry of breathing, skin colour and responsiveness (using the **AVPU** -Alert, Voice, Pain, Unresponsive scale).

The frequency of observations should always be determined by the individual patient's condition and for this reason the frequencies written in this document are set as minimum but require review as the patient's condition alters. Any deterioration in observations, an increase in NEWS score, patient repositioning or the patient reporting discomfort should result in re-assessment. Changes in the chest drain recordings should be escalated to medical staff immediately, clearly detailing what these are and once the patient is reviewed the treatment plan agreed between both medical and nursing staff should be documented.

Please note, any patient leaving the ward or hospital with a standard chest drain in-situ unsupervised is not recommended.

6.2 Wound Care

Research is limited on the subject of appropriate dressings but post procedure it is important to ensure the site is cleaned and well covered with an appropriate dressing. The literature recommends that dressings are not changed routinely unless the dressing is compromised in some way or there is a significant need to visualise the tube insertion site based on changes in the patient's condition.

Large amounts of tape and padding to dress the drain site are unnecessary and concerns have been expressed that this may restrict chest wall movement or increase moisture collection (British Thoracic Society, 2010). The dressing over the insertion site should be checked every day as per the Nursing Observation Chart for Patients with a Chest Drain in Situ (Appendix 1) ensuring it is secure, clean and dry with no visible signs of infection or infiltration (surgical emphysema) (Allibone, 2003).

Surgical emphysema can be caused by anything that allows air or gas to enter tissue spaces, such as misplaced or blocked intrapleural chest drain (Woodrow, 2013). Air rises to the uppermost parts of the body, so typically collects in the chest, neck or face. Patients with surgical emphysema may report various problems, including sore throats, difficulty in breathing or swallowing and wheezing. When skin over the affected area is touched, surgical emphysema causes a distinctive crackling feeling (Woodrow, 2013). If surgical emphysema is gross or spreading rapidly, medical attention should be sought urgently.

6.3 Pain Control

Pain management following insertion is best achieved by an ongoing process of assessment, effective pain management and evaluation of treatment (Schug et al, 2015). Inadequate pain management may inhibit movement, lung expansion and patient recovery.

Pain should be assessed using the verbal rating score on NEWS which combines assessment of pain at rest and on movement (deep breathing, coughing). Simple analgesia such as regular Paracetamol should be considered as minimum analgesia. Non-steroidal anti-inflammatory drugs such as Ibuprofen are particularly useful for chest drain related pain if not contra-indicated. Some patients may require addition of a weak opioid such as Codeine. Rarely patients may need strong opiate analgesia such as liquid Morphine Sulphate (Oramorph), or Tramadol.

Completing **P**ain **A**ccurate Assessment **I**ntervention **N**ow evaluate **G**oal **O**verall evaluation of the pain management plan (PAINGO) every shift will prompt changes to treatment based on the patients experience and prevent delays in providing effective pain relief (NHS Tayside Pain Management Guidelines Book, 2016).

6.4 Positioning of Drainage System/Mobilising

Sitting upright improves drainage and breathing. To prevent back flow of fluid in to the pleural space the drain must **always** be kept below the level of the patient's chest (British Thoracic Society, 2010).

Patients with intrapleural chest drains should be encouraged to mobilise and breathe deeply (Woodrow, 2013). The chest drain must always remain lower than the patient's hips during patient transfers and mobilisation. The chest drain must be kept upright at all times; it must not be tilted and must stand on the attached feet.

If the patient is mobilising and carrying the chest drain they must do this with a straight arm. Care should be taken to ensure the protection of the drainage unit when lowering beds for x-rays or other purposes.

7. MANAGEMENT OF THE DRAINAGE SYSTEM

There are a number of observations specifically related to the care of patients with a chest drain that must be monitored. The British Thoracic Society (2010) state that daily re-assessment of the amount of drainage, bubbling and the presence of respiratory swing should be documented preferably on a dedicated chest drain chart. Within NHS Tayside the requirement is that drainage, bubbling and the presence of respiratory swing must be documented hourly for the first 4 hours then 2 hourly thereafter, if no areas of concern e.g. blood, on the Nursing Observation Chart for Patients with a Chest Drain Insitu until review by medical team and frequency of observations required is documented. (See Appendix 2)

7.1 Chest Drain Security

A common complication of drain insertion is accidental removal of the drain, usually as a result of inadequate securing techniques.

After insertion, the drain must be secured usually by suturing. Adhesive dressings specifically designed for the purpose which fix to the skin and attach to the drain may also be used although it should be emphasised that while these dressings are useful for stabilising the drain and act to prevent kinking they do not replace the need to stitch the drain firmly in place.

Large amounts of tape and padding at the site are unnecessary and may restrict chest wall movement. A transparent dressing allows the wound site to be inspected for leakage or signs of infection.

To avoid tubing connections coming loose they should be secured with surgical tape and checked regularly.

7.2 Bubbling

Bubbling signifies that air is being removed from the pleural space. The term 'bubbling' refers to the chamber with the underwater seal. When suction is attached, the suction chamber will continuously create bubbles due to suction pressure, but this would not be

considered a 'bubbling drain'. Usually this means there is a leak in the patient's lung (e.g. the cause of the pneumothorax) but this can also be caused by small leaks in the drainage system at taps, tube connections and tissue suture lines. If the system has been checked for leaks and the drain is still bubbling this indicates the drain is still required and removing it will likely cause the lung to collapse.

If the drain stops bubbling this should be escalated to medical staff. It is recommended that if a drain stops bubbling the patient should be asked to take a deep breath and cough, as this may dislodge the blockage. **Bubbling will not occur if only fluid is being drained unless there is also air in the system (i.e. hydropneumothorax). Persistent bubbling requires daily medical review.**

7.3 Swinging

Essentially, a chest drain is a tube that contains a column of air in a closed circuit. The circuit is closed with an 'underwater seal', which prevents air and infection from going into the chest. If the drain tip is inside the pleural space (in the thorax) and the drain is not blocked then changes in pressure inside the patient's chest should be transmitted down the column of air. This means that water in the tube should move up and down as the patient breathes or coughs. This is called 'swinging'. **If the drain is not swinging it is not working, therefore the drain may be blocked or dislodged and not in the pleural space.** Escalate to medical staff and record in the nursing notes.

If a small-bore flexible catheter is used, regular flushing is recommended to avoid catheter blockage. British Thoracic Society (2010) suggests trained nurses should administer flushing with 20-30 mls 0.9% Sodium Chloride every 6 hours via a three-way tap or t-piece. Within NHS Tayside only staff who have maintained competency in the management of chest drains should administer the flush which should be prescribed on the Tayside Prescription and Administration Record (TPAR).

7.4 Drainage

The British Thoracic Society (2010) state that to avoid clamping being carried out inappropriately by an inexperienced clinician a chest drain should **NOT** be clamped. However, in the case of pleural effusion, the volume of fluid drained in the first hour should be a maximum of 1.5 litres and the drainage should be stopped by clamping the drain when 1.5 litre of fluid has been drained. If symptoms have been minor, the drain can be re-opened after 1 hour (stopping again as required) as per written medical direction. For large effusions, vigilance in the first hour post drainage is important.

The fluid volume should be controlled in this fashion to avoid the risk of re-expansion pulmonary oedema (British Thoracic Society, 2010). When a large amount of fluid is removed rapidly, the underlying lung can react to the sudden change in pressure. This is most commonly seen when large volumes (more than 1.5 litres) of fluid are drained off in the first hour after drain insertion. The first sign is often coughing and discomfort in the chest, but if not recognised pulmonary oedema and respiratory distress can occur.

Clamping a chest drain in the presence of a continuing air leak may occasionally lead to the potentially fatal complication of a tension pneumothorax. A bubbling drain should therefore never be clamped. There is no need to clamp the drain when moving a patient in bed or when transferring patients to other departments.

It is important to measure and document the amount, colour and nature of drainage as this

can help medical staff decide when it is appropriate to remove the chest drain. Drainage should be recorded on the Nursing Observation Chart for Patients with a Chest Drain In Situ as well as the Fluid Balance Chart.

7.5 Suction

In the treatment of a non-resolving pneumothorax, adding the drain to low pressure wall suction may help. Theoretically it will speed up the removal of air from the pleural space and if the removal of air is greater than the air leak, the lung can inflate. It is not as straight forward as this and often a larger drain (or surgical procedure) is also required. Suction should not be routinely used to expedite drainage of pleural fluid.

The suction compartment of the chest drainage containers is clearly marked. The amount of suction applied is dictated by the 'fill' level of water in this compartment and not by settings at the wall suction or pump. Water should be filled to the 10cm line and then the suction valve should be increased until the water is bubbling within this chamber. Please note the filling cap for this middle compartment must be closed or the system is not closed and suction will not be effective. Suction can be added with a low suction pressure machine or attachment to a wall point with an appropriately modified low suction valve (not full wall suction). If using wall suction a high volume, low pressure specific thoracic suction valve should be used. Standard wall suction valves should not be used.

7.6 Pleurodesis

In the setting of a malignant pleural effusion, intercostal drainage may be followed by pleurodesis to prevent recurrence of pleural fluid. Standard pleurodesis involves the injection of reconstituted talc slurry including lignocaine and normal saline into the chest drain via a three way tap. This procedure should be performed by medical staff with nursing support. Following injection of talc pleurodesis the chest drain should be clamped for 1 hour.

7.7 Sampling of Pleural Fluid

Sampling of pleural fluid is routinely carried out at the point of insertion of the drain. If further samples are required these may be obtained by supervised clamping of the drain at the level of the t-piece, and aspiration of the collected fluid through the attached 3 way tap; or by aspiration of fluid directly through the thick walled tubing of the Thoracele 3 chest drain bottle system, with a fine gauge needle (22G or finer) – this tubing will self seal following puncture by a fine bore needle. Sampling in either of these manners should avoid the need to break the circuit during sampling.

8. REMOVAL OF CHEST DRAIN

The chest drain should be removed once the fluid drainage has decreased to less than 200mls per day, resolution of the pneumothorax or when the drain is no longer functioning (British Thoracic Society, 2010). Drain removal should only be carried out by staff who have been trained and demonstrated competence in this procedure. Once the tube is removed, a transparent film dressing would be preferable if the patient plans to shower.

9. TRAINING/EDUCATION

All medical and nursing staff within NHS Tayside working with patients who have a chest drain in situ are required to continually keep up to date with new guidelines related to chest drain management. (Laws et al 2010, O'Driscoll et al 2008, National Patient Safety Agency (NPSA), 2008).

NHS Tayside requires all staff involved in the management of patients with a chest drain in situ to be assessed as competent following the completion of a Management of Chest Drains training programme.

Practitioners should access the Clinical Skill Managed Education Network (CSMEN) Chest Drains Online Skills Pack. This clinical skills programme will support practitioners in their studying, enabling them to work at their own pace, and learning about chest drains in the context of their own practice. Throughout this skill pack activities are provided which will encourage the use of reflection, decision-making, observational and cognitive skills.

Practitioners will also be required to attend a simulated practice session and undertake supervised practice with an assessor in their own clinical area. There are circumstances when practitioners will require supervised practice outwith their own clinical area and this should be negotiated with supervisors/managers. Supervised practice should only occur following attendance at a simulated practice session.

Unsupervised practice should only occur when the assessor deems the practitioner competent (successful completion of both theoretical and practical assessments). An assessor will be a practitioner who is competent in the skill of chest drain insertion or management and familiar with this programme.

Depending on their scope of professional practice it will be appropriate for some healthcare practitioners to undergo training in both the insertion and care of chest drains and some only the on-going management and removal of chest drain. However, all healthcare practitioners that assist with the insertion of chest drains or care for patients with chest drains require some familiarity with all procedures and the under-pinning theory.

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Appendix 1

Thora-Seal™ Chest Drainage Unit

Chamber 1
Collects
pleural fluid
drained
from patient

Attach to
chest drain

Attach to wall
suction

Chamber 2
Under water seal –
fill with sterile water
to the line. Check
this chamber for
bubbling ie on going
pleural air leak

Chamber 3
Suction chamber- fill
with sterile water to
desired level of suction.
Connected to wall
suction. This chamber
will bubble
continuously.
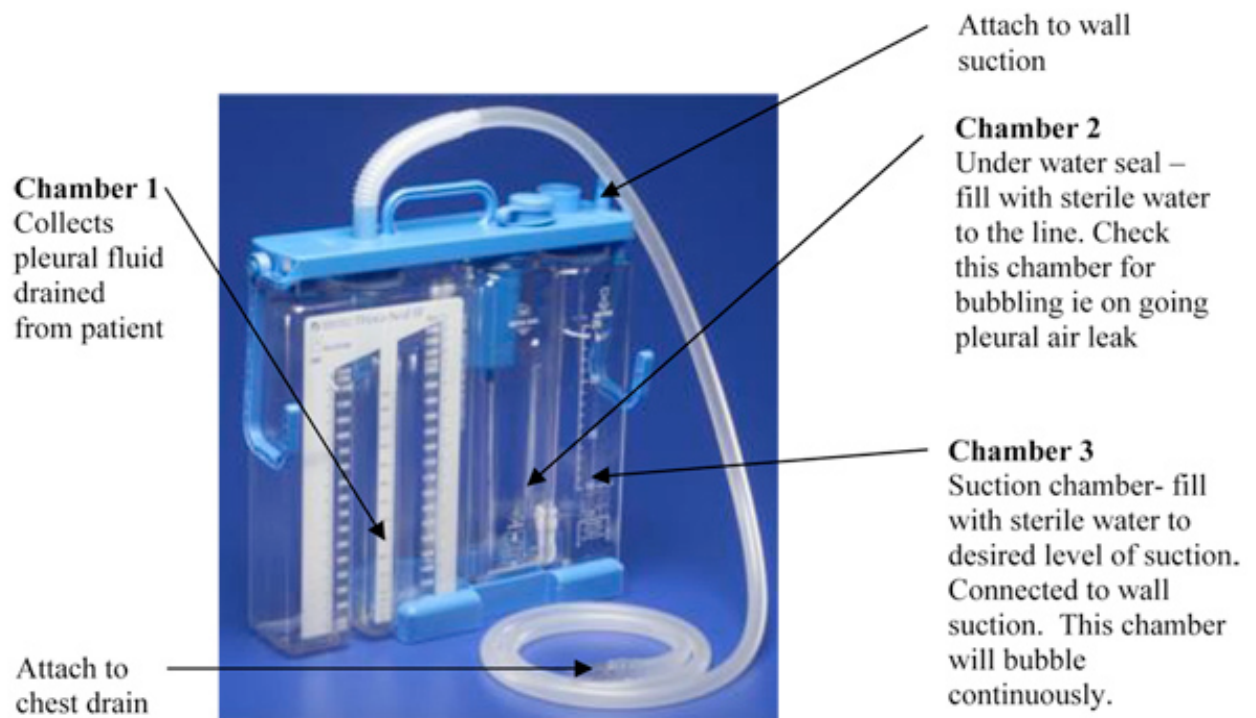
Appendix 2

NURSING OBSERVATION CHART FOR PATIENTS WITH A CHEST DRAIN IN SITU
It is the responsibility of the nurse to maintain the chest drain and monitor the patient
Additional information regarding the management of a chest drain can be obtained from NHS Tayside's Guidelines for the Management of Chest Drains for Adult Inpatients which are available on Staffnet.

Patient Name:		Initials
CHI:	Insertion Date: Time:	
Consultant:	Site of Insertion (Please Circle) Left Right	
Frequency of Observations Chest drain observations and vital signs as per the NEWS chart should be recorded hourly for the first 4 hours then 2 hourly thereafter until review by medical team and frequency of observations is recorded. A daily check of the Water Seal Compartment must also be recorded. Chest Drain monitoring should be recorded under Additional Care Needs as part of the traffic light assessment.	Reason for Insertion (Please Circle) Pneumothorax Haemothorax Pleural Effusion Empyema Post- Thoracoscopy Other (Please State):	
	Post Insertion CXR checked by medical team Date: Time:	

Any deterioration in observations, increase in NEWS score, patient repositioning or patient reporting discomfort should result in reassessment of the chest drain.

<u>Note</u>: Changes in the chest drain recordings should be reported to medical staff, clearly detailing what these are using the Deteriorating Patient Structured Response form. Following review treatment plan continued as discussed and agreed with nursing team.

Problem	Actions
1. A patient in your care has a chest drain and you're unfamiliar with their use	As per NHS Tayside's Guidelines patients with chest drains should be managed by staff who have been deemed competent in the management of chest drains
2. A drain for PNEUMOTHORAX stops bubbling, even on coughing	Check the drain for obvious blockage (e.g. clamp or kink in tube) - escalate to medical staff and record in nursing record
3. A drain stops swinging, even on coughing	
4. Your patient is ambulatory or going for a test	Ensure the drain is kept <u>*below the chest*</u> at all times to prevent the underwater seal being broken and prevent ascending infection Patients leaving the ward for investigations MUST be escorted by a Registered Nurse competent in the management of chest drains
5. Shortly after a drain has been inserted a patient is coughing, breathless and uncomfortable	Contact medical team for urgent assessment
6. Disconnection/Dislodgement	Contact medical team for urgent assessment If disconnected clamp immediately. If drain falls out apply sterile dressing to drain site and secure. Undertake full NEWS assessment
7. Surgical emphysema present	Seek medical attention promptly

Adapted from guidance by P Williamson AM/AT- December 2016

NURSING OBSERVATION CHART FOR PATIENTS WITH A CHEST DRAIN IN SITU

It is the responsibility of the registered nurse to maintain the chest drain and monitor the patient

Additional information regarding the management of a chest drain can be obtained from NHS Tayside's Guidelines for the Management of Chest Drains for Adult Inpatients which are available on Staffnet.

			Initials
Patient Name:	**Insertion**		
	Date:	Time:	
CHI:	**Site of Insertion (Please Circle)**		
	Left	Right	
Consultant:	**Reason for Insertion (Please Circle)**		
	Pneumothorax		
Frequency of Observations	Haemothorax		
Chest drain observations and vital signs as per the NEWS chart should be recorded **hourly** for the first **4** hours then **2** hourly thereafter until review by medical team and frequency of observations is recorded.	Pleural Effusion		
	Empyema		
	Post- Thoracoscopy		
A **daily** check of the Water Seal Compartment must also be recorded.	Other (Please State):		
	Post Insertion CXR checked by medical team		
Chest Drain monitoring should be recorded under Additional Care Needs as part of the traffic light assessment.	Date:	Time:	

Any deterioration in observations, increase in NEWS score, patient repositioning or patient reporting discomfort should result in reassessment of the chest drain.

Note: Changes in the chest drain recordings should be reported to medical staff, clearly detailing what these are using the Deteriorating Patient Structured Response form. Following review treatment plan continued as discussed and agreed with nursing team.

Problem	Actions
1. **A patient in your care has a chest drain and you're unfamiliar with their use**	**As per NHS Tayside's Guidelines patients with chest drains should be managed by staff who have been deemed competent in the management of chest drains**
2. **A drain for PNEUMOTHORAX stops bubbling, even on coughing**	**Check the drain for obvious blockage (e.g. clamp or kink in tube) - escalate to medical staff and record in nursing record**
3. **A drain stops swinging, even on coughing**	
4. **Your patient is ambulatory or going for a test**	**Ensure the drain is kept _below the chest_ at all times to prevent the underwater seal being broken and prevent ascending infection** **Patients leaving the ward for investigations MUST be escorted by a Registered Nurse competent in the management of chest drains**
5. **Shortly after a drain has been inserted a patient is coughing, breathless and uncomfortable**	**Contact medical team for urgent assessment**
6. **Disconnection/Dislodgement**	**Contact medical team for urgent assessment** **If disconnected clamp immediately. If drain falls out apply sterile dressing to drain site and secure. Undertake full NEWS assessment**
7. **Surgical emphysema present**	**Seek medical attention promptly**

Adapted from guidance by P Williamson AM/AT- December 2016

NURSING OBSERVATION CHART FOR PATIENTS WITH A CHEST DRAIN IN SITU
(Refer to guidance overleaf and ensure ALL patient details are complete)

Date/ Time	Tubing Connection & Dressing (secure, clean & dry with no visible signs of infection) (circle)	Evidence of Surgical Emphysema (circle)	Swinging (circle)	Bubbling (circle)	Draining (circle)	Suction (mm H_2O)	Colour and consistency of fluid drained	Total Drainage			Overall Total Fluid Drained Since Insertion	Pain at drain site (circle)	Initial & Comments (Note any actions taken if required)
								Total Volume drained in current bottle (mls)[1]	Volume inserted as flush (mls)[2]	Net Volume drained since last measure (mls)[3]			
	Y / N	Y / N	Y / N	Y / N	Y / N							Y / N	
	Y / N	Y / N	Y / N	Y / N	Y / N							Y / N	
	Y / N	Y / N	Y / N	Y / N	Y / N							Y / N	
	Y / N	Y / N	Y / N	Y / N	Y / N							Y / N	
	Y / N	Y / N	Y / N	Y / N	Y / N							Y / N	
	Y / N	Y / N	Y / N	Y / N	Y / N							Y / N	
	Y / N	Y / N	Y / N	Y / N	Y / N							Y / N	
	Y / N	Y / N	Y / N	Y / N	Y / N							Y / N	
	Y / N	Y / N	Y / N	Y / N	Y / N							Y / N	
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	Y / N	Y / N	Y / N	Y / N	Y / N							Y / N	
	Y / N	Y / N	Y / N	Y / N	Y / N							Y / N	
	Y / N	Y / N	Y / N	Y / N	Y / N							Y / N	

1) Total fluid volume in the current bottle 2) Volume of any fluid inserted, e.g. flushes, since last measurement 3) Total new volume in the drain since last measurement minus volume listed in (2)

Adapted from guidance by P Williamson AM/AT- December 2016

Minute   NHS Tayside

NHS TAYSIDE SPIRITUAL HEALTHCARE COMMITTEE
Minute of the above meeting held at 1200 hours on Tuesday 14th March 2017 in the Wellbeing Centre, Royal Victoria Hospital, Dundee.

Present
Dr Debbie Baldie, Senior Nurse, Practice Development
Mrs Morag Dorward, AHP Child Health Lead
Mr Sandy Edwards, Chaplaincy Volunteer Visitor
Rev Alan Gibbon, Senior Chaplain, Professional Lead: Person Centred Care
Mr David Gordon, Senior Chaplain, Professional Lead: Staff Support
Ms Lynn Griffin, Lecturer, School of Nursing & Midwifery
Mr Munwar Hussain, Chair and Non Executive Board Member
Mrs Pat Millar, Head of Knowledge and Skills
Rev Gillian Munro, Head of Department of Spiritual Care

Apologies
Dr Alan Cook, Medical Director, Operational Unit
Ms Judith Golden, Employee Director
Dr Jennifer Kennedy, Lecturer, Dundee University
Mr Iain McEachan, HR Buisness Lead, Human Resources
Ms Angela Murphy, Health & Social Care Representative

In Attendance
Mr Charles Sinclair, Associate Nurse Director

Mr Munwar Hussain in the chair
Mr Hussain welcomed everyone to the meeting.

ACTION

01/17   APOLOGIES

Apologies were noted as above**.**
Mr Hussain asked that a letter be written from the Committee to Mrs Lynne Downie to congratulate her on the birth of her first grandchild.

02/17   MINUTE OF LAST MEETING HELD ON 13th September 2016

The Committee: -
- Agreed the above minute to be an accurate account of the meeting

03/17   ACTION POINTS UPDATE
10/12a GLIDER
A resource has now been received to support the development of LearnPro.
A lead officer had been appointed who will consider the organisations managed risks for LearnPro and prioritise development of modules.   **GM/PM**
04/15 Supporting Medics
A presentation has now been made to Dundee Shadow IJB Board. This action is complete.
11/16 Transformation
This is now a standing item.
13/16 SHCC Annual report 2015/16
This has now been submitted
15/16 Strategic Framework
See report on agenda item 7

The Committee

- Noted the update

04/17   TRANSFORMATION BOARD

The report contained a summary of the work the department is undertaking in relation to NHS Tayside's Transformation Board. Discussion took place around the focus on the Do You Need to Talk? listening service and the senior chaplain for Person Centred Care explained how services felt this would be supportive to them in their challenge of change. It was also noted that staff support is being offered both in 1-1 confidential conversations and in group work through Values Based reflective Practice through challenging changes.

The Committee: -
- Noted the update

05/17   REVIEW OF SPIRITUAL CARE POLICY

Due to national developments in spiritual care where discussions are taking place on the development of a national generic spiritual care policy the following was agreed.

The Committee: -
- Agreed that NHS Tayside would adopt this policy including local requirements
- Agreed the delay in reviewing NHS Tayside Spiritual Care Policy by six months to December 2017.

06/17   DRAFT DEPARTMENT OF SPIRITUAL WELLBEING QUALITY CARE AND PROFESSIONAL GOVERNANCE STRATEGY 2016-2021

Explanation was given as to the delay in finalising the Strategy which is due to the delay in the finalising the national delivery plan.

Following full discussion of the DRAFT document it was approved by the committee with completion of the following

- Addition of the most recent NHS Tayside 'route map'
- Debbie Baldie to review wording for the department Education and Research protocol
- Gillian Munro to send department Education and Research protocol to Debbie Baldie
- On page 10, at No 6, 'Strategy' to be added to Nursing and Midwifery.
- Members not present at the meeting are to be invited to send comments to on the revised document to Mrs Lynne Downie by the 30th April 2017.
- The Equality and Diversity assessment to be added
- Statement re describing needs for specific groups to be discussed with Mrs Santosh Chima, Diversity and Inclusion Manager
- The completed document to be sent to the Clinical and Care Governance Committee and discussions to take place with the communications team on the most effective means of raising awareness of this document.

Members commended the document for being inclusive of the place of all

staff in supporting spiritual wellbeing, the clarity of purpose and being user friendly.

The Committee: -
- Agreed the draft Strategy agreed the document should proceed following the above actions
- Agreed the final document be sent to the Clinical and Care Governance Committee

07/17   **STANDING ITEMS**

a) Department Report

The committee commended the department on having been awarded funding to backfill senior posts, both in Person Centred Care and Staff Support recognising this reflected the respect the department is held in NHS Tayside.

This has supported the department in allowing development of members of the department who have been identified as having particular skills such as in paediatrics, palliative care and staff support.

Discussions took place on national developments in spiritual care which will have the following consequences.
- Support equity of service across Scotland for both the supporting of and receiving spiritual care.
- Provide a national governance structure through
  - A national Spiritual Care Board will be set up with Scottish Government representation
  - A Professional Leads Group whose membership will comprise of all Heads of Service for Spiritual Care.
  - Revised Standards to support service delivery
  - Revised Capabilities and Competences to support for the Profession of Spiritual Care
  - An education programme
    - For entry to the Profession of Spiritual Care
    - For Personal Development for a career pathway in the Profession of Spiritual Care

NHS Tayside Head of Service is leading on the development of Revised Standards and Revised Capabilities and Competences. This will be informed by regional workshops for multi professional colleagues and visits to the three island Health Boards.

The committee supported the proposals and agreed that the national template for reporting should be used for local governance as well as national governance so releasing time for members of the department to focus on working with staff, patients and carers.

The Committee: -
- Note the content of this report.
- Agree the completed template would be submitted to NHS Tayside Spiritual Care Committee each March and September for discussion and approval before submission to the national Spiritual Care Board. These would replace the Person Centred Care and Staff Reports.
  - Agree the above would be submitted to the Clinical and Care Governance Committee as per the committee's remit,

- o three IJBs, Angus, Dundee and P & K,
- o national Spiritual Care Board.
- Agree to support and attend where possible one of the workshops in support of revision of the Standards and Capabilities & Competences for Spiritual Care.
- Agree to support and attend where possible the national *What Matters to You?* Day on the 6th June 2017.
- Mrs Pat Millar, Head of Knowledge & Skills, to help raise awareness of the Profession of Spiritual Care at school career fairs when NHS Tayside is participating.

b) Person Centred Report

The senior chaplain, professional lead for Person Centred Care, highlighted three aspects of the department's work in this area.

1) Work is being developed with a High School by the chaplain specialising in Paediatric and young person's care. This is in partnership with the local GP Practice.

2) CAMHS have also requested development of support for young people in GP practices.

3) The Do You Need To Talk? listening service is now in place in 13 GP Practices in Dundee as well as being present in Perth & Kinross. GP Practices in Angus are now also requesting the service and the service is in development in four practices.

Capacity for this service is built through using carefully selected, trained and deployed volunteers.

This service is part of a national service referred to as Community Chaplaincy Listening and governance around this requires all volunteers involved to receive supervision from a registered supervisor six times a year. The department has members who are registered supervisors and others who are or shortly will be undertaking appropriate training to be registered. They will take on responsibility for supervising the volunteers involved in DYNTT?

This is complemented by six sessions per year of group supervision. These sessions are facilitated by two trained volunteers.

Dr Debbie Baldie encouraged the department to consider investigating ways in which the services involved could provide support for the volunteers.

Dr Baldie commended the five spiritual care volunteers who are at present supporting the research project on Feedback in relation to the Patients' Rights Act.

The Committee
- Noted the report
- Encouraged the department to consider investigating ways in which the services involved could provide support for the volunteers
- Commended the five spiritual care volunteers who are at present supporting the research project on Feedback in relation to the Patients' Rights Act.

c) Staff Support Report

The senior chaplain, professional lead for Staff Support highlighted the following aspects of work he is at present supporting.

1) Primary Care Development: funding has been made available for backfill to allow development in raising awareness of the staff support service to all staff working in the community including doctors. New models of support will also be investigated.

2) As lead for education for the department the senior chaplain, professional lead for Staff Support commended two members of staff on the completion of the pastoral supervision course and the senior chaplain, professional lead for Person Centred Care, on the completion of the Postgraduate Masters in Healthcare Chaplaincy from Glasgow University.

Discussion then took place, with Mrs Lynne Griffin, Dundee University School of Nursing and Midwifery, on the development of the courses for undergraduate nursing which involved members of NHS Tayside Department of Spiritual Care. This includes work on Values Based Reflective Practice, the development of an online course on Compassionate Care, and a clear theme throughout the three year curriculum for spiritual care.

Mrs Lynne Griffin will consider how VBRP could be used in the simulation exercise used with 3rd year students when exploring 'A day in the life of a newly qualified practitioner' in relation to communications, palliative care, the power of apology and having courageous conversations.
It was agreed that VBRP and the Essential Toolkit, had an important place in supporting NHS Tayside staff both in developing facilitation skills and in clinical supervision. The following actions were agreed.

1) VBRP and essential toolkit: to be advertised on the Practice Development website with a link to appropriate sites.
2) Associate Nurse Director Charlie Sinclair to explore with David Gordon how VBRP could support building of capacity for clinical supervision.
3) David Gordon to have similar discussions with Nicola Richardson on supporting supervision for AHPs.
4) David Gordon to explore with PEFS how supportive learning groups could be set up for both new starts and mentors.
5) David Gordon to explore with Dr Alan Cook, Medical Director - Operational Unit & Consultant Radiologist, and Dr Jen Kennedy, Dundee University School of Medicine, how medical students and staff can be supported in a similar way to the above.

The Committee
- Noted the report
- Agreed the actions

08/17   **ANY OTHER COMPETENT BUSINESS**
The date of future meetings was discussed as some dates have previously coincided with another committee which some members are required to attend. The following dates were agreed

- Tuesday 12th September 2017

- Tuesday 6th March 2018

09/17   **ATTENDANCE RECORD**

The Committee

- Noted the attendance record

10/17   **DATE OF NEXT MEETING**

The next meeting of the Committee will be held on Tuesday 12th September 2017 at 12noon in the Wellbeing Centre, Royal Victoria Hospital, Dundee.

NHS Tayside

Record of Attendance Clinical and Care Governance Committee 1 April 2017 – 31 March 2018

		11 May 2017	12 June 2017	17 Aug 2017	5 Oct 2017	14 Dec 2017	8 Feb 2018
Members							
Professor John Connell	Chairman, Tayside NHS Board	present	apologies	present			
Mrs Gillian Costello **(Lead Officer)**	Nurse Director, NHS Tayside	apologies	present	present			
Dr Andrew Cowie	Non-Executive Member, Tayside NHS Board	present	apologies	apologies			
Mrs Linda Dunion **(Vice Chair)**	Non-Executive Member, Tayside NHS Board	present	present	present			
Mrs Judith Golden	Non-Executive Member, Tayside NHS Board	present	apologies	present			
Mr Stephen Hay	Non-Executive Member, Tayside NHS Board	present	present	apologies			
Ms Lesley McLay	Chief Executive, NHS Tayside	present	present	apologies			
Dr Robert Peat	Non-Executive Member, Tayside NHS Board	apologies	apologies	present			
Mrs Alison Rogers **(Chair)**	Non-Executive Member, Tayside NHS Board	present	present	present			
Professor Andrew Russell **(Lead Officer)**	Medical Director, NHS Tayside	present	present	present			
Professor Margaret Smith	Non-Executive Member, Tayside NHS Board	present	present	apologies			
In attendance							
Dr Alan Cook	Medical Director, Operational Unit, NHS Tayside	present	apologies	present			
Ms Margaret Dunning	Board Secretary, NHS Tayside	present	present	apologies			
Professor Clare McKenzie	Postgraduate Dean, NHS Education for Scotland (NES)	present	_	_	_	_	_
Ms Arlene Napier	Associate Director, Clinical Governance and Risk, NHS Tayside	present	present	present			