Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	14th January 2020	**Level(s)**	FY/GP/Core and Higher
Type of visit	Revisit	**Hospital**	Queen Margaret Hospital, Lynebank Hospital, Stratheden Hospital, Victoria Hospital & Whytemans Brae Hospital
Specialty(s)	Psychiatry	**Board**	NHS Fife

Visit panel	
Alastair Campbell	Visit Chair – Associate Postgraduate Dean for Quality
Duncan Henderson	Foundation Programme Director
Chris Mair	GP Programme Director
Sarah Murray	Trainee Associate
Daniel McQueen	Lay Representative
Julie Mackay	Lay Representative (shadowing)
Vicky Hayter	Quality Improvement Manager
In attendance	
Susan Muir	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Mental Health	
Lead Dean/Director	Amjad Khan	
Quality Lead(s)	Claire Langridge, Alastair Campbell	
Quality Improvement Manager(s)	Dawn Mann	
Unit/Site Information		
Non-medical staff in attendance	7	
Trainers in attendance	17	
Trainees in attendance	14	FY-3, GP-2, CT-3, ST-6
Feedback session: Managers in attendance	12	

Date report approved by Lead Visitor	13th February 2020

1. **Principal issues arising from pre-visit review**

A previous visit to Psychiatry Pan Fife was undertaken in November 2018 which highlighted a number of recommendations and lack of trainee attendance. Following discussions at the quality review panel in September 2019 a revisit was arranged.

The following is a list of recommendations from the previous visit held in November 2018.

- Departmental induction must be provided which ensures trainees are aware of all of their roles and responsibilities and feel able to provide safe patient care. Handbooks may be useful in aiding this process but are not sufficient in isolation.
- There must be active planning of attendance of doctors in training at teaching events to ensure that workload does not prevent attendance.
- Trainees must have access to personal alarms and appropriate training on how to use them.
- Trainees must receive consistent weekly sessions with their appointed supervisor.
- A trainee forum should be established and supported so trainees can safely raise concerns and provide feedback.
- Provide routine team-based opportunities for trainee learning from clinical incidents/DATIX.
- Provision of additional workstations to enable trainees to fulfil their reporting requirements.
- Zero tolerance of undermining behaviours must be promoted.

There are five main sites across Fife where mental health trainees are placed including Stratheden Hospital, Queen Margaret Hospital, Lynnebank Hospital, Victoria Hospital and Whytemans Brae Hospital. There are currently 4 Foundation, 5 GP, 9 Core and 6 Higher trainees based across these sites.

A summary of the discussions has been compiled under the headings in section 3 below. This report is compiled with direct reference to the GMC's Promoting Excellence - Standards for Medical Education and Training. Each section heading includes numeric reference to specific requirements listed within the standards.

The panel met with the following groups:
Foundation Trainees
Core Trainees
General Practice Trainees
Specialty Trainees

At the start of the visit the panel met with the DME and some of the consultant group led by Clinical Director Dr Marie Boilson, who gave a presentation highlighting significant improvements in Psychiatry across NHS Fife. Specific examples given were in relation to each recommendation on the previous visit report. This presentation showed significant improvements had been made in relation to induction, teaching, clinical supervision, learning from Datix and the introduction of additional work stations. The presentation showed a clear drive and ambition across all sites to improve training.

2.1 Induction (R1.13)

Trainers: Trainers reported an improved formal layered induction which consists of a department, site, administration, clinical supervisor and a corporate Fife induction. Trainees who cannot attend the initial induction are inducted to the post by their clinical supervisor. A handbook is also available for trainees which is available online. Trainers are in the process of developing the mental health intranet site and incorporating the handbook information.

Trainees: Trainees had received the NHS Fife corporate induction. Trainees advised that they had attended the Fife-wide mental health induction and received a handbook. All trainees had been given a tour of the relevant site for them and the majority received induction to their ward with the exception of Stratheden where trainees reported no ward specific induction.

Non-Medical Staff: Nursing staff advised that trainees receive a lot of information at induction therefore they re-enforce any areas they are unsure of once they start on the ward.

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

Trainers: Trainers reported that there is a Fife wide teaching programme which takes place on a Tuesday morning and rotates around each site over 3 terms. Each term is 10 weeks for one hour per week. Journal club is run by trainees and can take place after teaching. Foundation trainees have teaching every Thursday in Queen Margaret and trainees can use video conferencing. GP trainees have regional teaching once a month and also teaching within GP practices. Core trainees attend regional teaching in Edinburgh every week and Specialty trainees have monthly teaching on a Monday afternoon.

FY/GP Trainees: Trainees confirmed that local teaching takes place on a Tuesday and Foundation trainees can attend most of the time. GP trainees reported this post was the best in their rotation for being able to access teaching and have no issues attending.

Core/Higher Trainees: Trainees advised that they attend the Tuesday morning teaching sessions which has the journal club held afterwards and have no issues attending unless on-call.

Non-Medical Staff: Not all staff were aware of the teaching schedule and would benefit from access to a teaching timetable.

2.3 Study Leave (R3.12)

Trainers: The trainers reported that most study leave requests are accommodated with no issues.

Trainees: Trainees advised there are no issues taking study or annual leave and have a very supportive and accommodating rota co-ordinator.

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

Trainers: Trainers advised that trainees are assigned an educational supervisor and a substantive clinical supervisor using a firm-based approach. There was an issue with having enough substantive consultant supervisors due to a lot of retirements therefore a buddy system was introduced to assist the Locum consultants to be supported in providing a role in supervision. Trainers complete the recognition of trainers Clinical Educator Programme which is accessible and works well.

Trainees: Trainees advised that had met with their educational supervisor and hold regular meetings with them.

Non-Medical Staff: Nursing staff advised that the trainees were always aware of who to contact for supervision out of hours, but it can sometimes be difficult during the day. There is a duty charge nurse on call 24 hours at Queen Margaret and Stratheden.

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

Trainers: Trainers advised that individual placements have a specific grade of trainee allocated and in the majority of cases it will be the trainees first post in psychiatry. There is a clear escalation policy which works well, and trainees are encouraged to call to discuss any concerns out of hours.

FY/GP Trainees: Trainees advised they know who to contact both during the day and out of hours. They do not have to deal with problems beyond their competence and reported Consultants are accessible and approachable.

Core/Higher Trainees: The trainees advised they know who to contact both during the day and out of hours and reported senior colleagues as accessible and approachable. An example was given where a trainee dealt with a situation beyond their competence, but this was dealt with effectively and the trainee felt supported.

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

Trainers: Trainers have completed the educational supervisor's course and are aware of the differences between the various curricula for trainees. All trainees are given an equal amount of training opportunities and achieve the required numbers. If a trainee wishes to gain more experience in a specific area the rota can be tailored depending on the individual's requirements. Trainers advised that trainees have a good balance of education and training.

FY/GP Trainees: GP Trainees felt that they were exposed to a good mix of cases and couldn't think of a better post. Foundation trainees advised that it may be a challenge to achieve all the required competencies due to attending teaching and annual leave

Core/Higher Trainees: Trainees reported a good breadth of experience with lots of learning opportunities which they are encouraged to take advantage of. Trainees have no issues achieving the required competencies and if they would like more experience in a specific area training would be tailored to achieve this. There can be duplication of letters and emails and believe electronic notes would be a much better use of time which is something the department have on the agenda for the near future.

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

Trainers: Trainers have no issues completing assessments for trainees however there can be the occasional challenge when locums are in post due to staff shortages, but the buddy system helps. Trainers complete training as part of the clinical educator programme and regularly encourage trainees to complete work placed based assessments.

Trainees: All levels of trainees advised that they had regular opportunities to complete assessments. Trainees reported the majority of consultant complete these with no issues however a small number may not always know what is required.

Non-Medical Staff: Nursing staff advised that they contribute to online assessments for trainees.

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

Trainers: Trainers advised that multi-disciplinary staff were invited to attend training sessions on a Tuesday morning. Trainees can liaise with occupational therapists for specific specialty training.

Trainees: Trainees report that there is no multidisciplinary teaching, however trainees regularly interact with nursing staff. Foundation and GP trainees benefit from learning when undertaking joint assessments with UCAT.

Non – Medical Staff: The unscheduled care department hold joint assessments with the trainees which works well. Staff advised it is difficult for nursing staff to attend teaching due to ward pressures but feel everyone would benefit from multi-disciplinary teaching.

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

Trainers: Trainers advised quality improvement and audit projects are identified by the trainee. Trainers encourage medical students and trainees to undertake projects. There was no defined consultant lead for quality improvement

FY/GP Trainees: Trainees advised there are opportunities available to undertake an audit or quality improvement project.

Core/Higher Trainees: Trainees reported some difficulties in Lynebank and Stratheden trying to start an audit or quality improvement project. Trainee's commented there was at time a lack of expertise available in helping with quality improvement projects

Non-Medical Staff: Nursing staff seemed unaware of the colour coded badge system in place to identify the different levels of trainees and their level of competence. Most sites are aware of which grade of trainees are coming to their site.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers provide feedback to trainees by email, during the weekly supervision session or when completing workplace-based assessments.

Trainees: Trainees advised that they receive regular feedback which is constructive and meaningful.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers meet trainees at both the beginning and end of placements providing an opportunity for trainees to provide feedback. Trainees can also discuss feedback during weekly supervision meetings or on Ravenscraig ward at the monthly meetings which are held between senior colleagues and trainees.

Trainees: Trainees have the opportunity to provide feedback to trainers once a week during the weekly supervision session.

2.12 Culture & undermining (R3.3)

Trainers: Trainers advised that there is no hierarchy structure in the departments and although each site is different trainers work closely with trainees. Trainers encourage networking with trainees particularly in larger sites and often arrange to meet for lunch creating a team culture.

Trainees: Trainees reported very supportive senior colleagues with no bullying or undermining concerns and if a situation arose, trainees would feel comfortable raising concerns.

Non-Medical Staff: Nursing staff have regular safety huddles and working closely as a team and have no bullying or undermining concerns.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers reported no current gaps in the rota but will have one less GP from August 2020 which they have prepared for. The rota co-ordinator is flexible and meets the needs of the trainees. The daytime duty rota is organised by the trainees.

Trainees: Trainees reported a rota which works well and accommodates specific learning opportunities. The department have a 1st and 2nd on-call system therefore trainees are protected. There are currently no rota gaps and no patient safety concerns.

Non-Medical Staff: Nursing staff have no input into the rota. There can on occasion be one medical person covering 3 wards which can cause added pressures for all staff.

2.14 Handover (R1.14)

Trainers: Trainers reported a handover which works well across the sites and is done by telephone and email. The unscheduled care assessment team (UCAT) is the hub of all information which all trainees have access to.

Trainees: Trainees reported an efficient handover system which works well. There is an email handover system in place which all trainees check and update during the week. Both a phone and email handover are used at the weekend.

Non-Medical Staff: Staff reported a weekend handover which works well. The duty doctor attends the huddle which has made a huge difference. Handover is used as a learning opportunity.

2.15 Educational Resources (R1.19)

Trainers: Trainers advised trainees have access to the education centre at the Queen Margaret Hospital and Victoria Hospital. The Queen Margaret Hospital has had an additional computer installed in the junior doctor's room.

FY/GP Trainees: The panel were informed that there is a lack of computer workstations at both Queen Margaret and Stratheden. Inpatient notes are currently written, and outpatient correspondence is dictated and typed. Trainees are unable to use personal computers due to data protection/security.

Core/Higher Trainees: Trainees felt that there was a lack of computers particularly at Stratheden. Although trainees appreciate the latest addition of a computer there are still only 2 computers and 6 trainees. Trainees advised there is a peripheral GP clinic which has no computer access. This is challenging as everything needs to be written down and typed again later.

2.16 Support (R2.16, 2.17, 3.2, 3.4, 3.5, 3.10, 3.11, 3.13, 3.16, 5.12)

Trainers: Trainers advised if they had any concerns about a struggling trainee depending on the individual situation, they would contact the educational supervisor, Occupational Health, or wellness at work.

Trainees: Trainees thought support would be available for trainees who were struggling with their job or health.

Non-Medical Staff: Nursing staff would contact the trainee's Educational/Clinical Supervisor if they had any concerns regarding a trainee.

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

Trainers: Trainers were aware that the DME Professor Morwenna Wood was responsible for the educational governance in Fife.

Trainees: Some trainees were aware that the DME was responsible for the quality of the education at all sites.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers encourage trainees to speak to their Educational Supervisor or Chief Resident if they had any concerns in relation to patient safety.

Trainees: Trainees advised they would contact their Clinical Supervisor is they had any concerns regarding patient safety. Trainees were unable to identify the Chief Resident role

Non-Medical Staff: If there were any patient safety concerns these would be raised on the ward. This would then be used as a wider learning process and be disseminated across all staff.

2.19 Patient safety (R1.2)

Trainers: Trainers advised that trainees have access to alarms on the wards and discuss with nursing staff before approaching patients.

FY/GP Trainees: Trainees have no concerns in relation to treatment or care of patients and offer the best they can under the resources available. However, there isn't much for patients to do during the day in some units.

Core/Higher Trainees: Some trainees advised that they would have concerns if a friend or relative was admitted to Ward 2 at Queen Margaret's Hospital as there was a level of risk for patients due to wires in the roof and doors which don't have collapsible frames (i.e. not ligature safe).

Non-Medical Staff: Although money has been spent to make locations as safe as possible for patients there are still some building and environmental issues. There are plans to upgrade certain sites, but this is currently at the proposal stage. There is a robust system in place to monitor the safety of patients such as health and safety assessments, safety briefs, huddles, Datix etc.

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

Trainers: Datix is used to report any patient safety concerns and fed back to the team involved. Feedback from Datix will be introduced to the postgraduate teaching programme and used as a learning opportunity. Trainees are invited to local adverse event reviews.

FY/GP Trainees: Trainees advised that they had not had any adverse incidents to report but were aware of the Datix system which is now used as shared learning. Trainees were unaware of the chief resident role.

Core/Higher Trainees: Trainees advised if they were involved in an adverse incident, they would raise a Datix which would be reviewed and used as a learning experience. Trainees are aware of alarms which are available on specific wards.

Non-Medical Staff: The head of nursing reviews any significant adverse events and an internal review would be undertaken by another specialty with input from mental health. The local team receive feedback which is used as a learning opportunity and is monitored by the clinical governance team.

2.22 Other

Trainees: Trainees reported there are currently no inpatient beds for children with learning disabilities and patients have to travel to Edinburgh or England.

An additional comment was made in relation to some difficulty locating administration forms and a lack of clarity around the business/commuting policy for trainees to claim travel expenses.

Overall satisfaction

All groups of doctors were asked to rate their overall experience of their placement and the average scores are presented below:

FY & GP: 8.5/10

CORE & ST: 8/10

3. Summary

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

Overall this was a very positive visit and the panel were met with an engaged and supportive senior team who have taken onboard feedback from the previous visit and made improvements across the sites.

Eight requirements, that is, the issues to be addressed to meet the GMC's standards were stipulated following the previous visit in November 2018. Six out of the eight requirements were considered to have been fully met by the visit panel. Although improvements have been made in relation to induction and workstations there is still some work to be done.

We have highlighted below both the positive aspects from the visit, and some areas for improvement and requirements.

Aspects that are working well:

- The panel acknowledge a positive visit with several improvements in relation to the requirements from the visit of November 2018
- Proactive, approachable and supportive Consultant body engaged in education and training
- Improved layered induction which is working well
- Tailored training to suit individual training needs
- Very good Clinical Supervision and protected weekly meetings which the trainees highly recommend

- Evidence of improvement in teaching and accessibility
- Excellent rota co-ordination by Christine Goble
- Well received monthly meeting between Senior and trainee colleagues at Ravenscraig ward
- Trainees value joint assessments with UCAT
- Scheduled networking in large sites improving team culture

Aspects that are working less well:

- Lack of ward induction at Stratheden
- Some additional workstations have been provided however there is still a lack of computer workstations particularly at Stratheden. The clinic in the GP surgery has no computer access.
- Low visibility of QI/Audit Opportunities

4. Areas of Good Practice

Ref	Item	Action
4.1	Supervision	Weekly 1-hour supervision sessions with trainees

5. Areas for Improvement

Ref	Item	Action
5.1		Low visibility of quality improvement/audit opportunities
5.2		No awareness of Chief Resident

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Departmental induction must be provided which ensures trainees are aware of all of their roles and responsibilities and feel able to provide safe patient care.	October 2020	All grades at Stratheden

6.2	Provision of additional workstations to enable trainees to fulfil their reporting requirements.	October 2020	Queen Margaret & Stratheden
6.3	The level of competence of trainees must be evident to those that they come in contact with.	October 2020	All