Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	30th January 2020	**Level(s)**	FY/GP/Core
Type of visit	Revisit	**Hospital**	Argyll and Bute Hospital
Specialty(s)	Mental Health	**Board**	NHS Highland

Visit panel	
Claire Langridge	Visit Chair - Associate Post Graduate Dean for Quality
Stuart Ritchie	Training Programme Director
Archie Glen	Lay Representative
Dawn Mann	Quality Improvement Manager
In attendance	
Patriche Maguire	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Mental Health	
Lead Dean/Director	Amjad Khan	
Quality Lead(s)	Claire Langridge and Alastair Campbell	
Quality Improvement Manager(s)	Dawn Mann	
Unit/Site Information		
Non-medical staff in attendance	4 including senior charge nurse and service manager	
Trainers in attendance	5 trainers including the educational supervisor	
Trainees in attendance	1 FY, 2 Core. There are currently no GP trainees in post.	

Feedback session: Managers in attendance	Chief Executive		DME Yes		ADME		Medical Director		8 including DME, local area manager and educational supervisor.	

Date report approved by Lead Visitor	18th February 2020

1. Principal issues arising from pre-visit review:

The Argyll and Bute Hospital is based in Lochgilphead and covers the whole of Argyll and Bute. Psychiatric inpatient care was transferred to the Mid Argyll Community Hospital in July 2017.

Previous Visits

Following local concerns and poor feedback from trainees a triggered visit was carried out on 30th January 2018 and a revisit on 31st January 2019.

Positives from 2019

- Consultant staff who are supportive, engaged and promote a team culture.
- There have been clear positive changes in the provision for medical support on site.
- Changes to the Rota have been implemented to add a flexi rest day following night time on call.
- Improvements to the teaching programme and support for trainees to attend.
- There are no longer lone trainee clinics occurring and clinic workload has been reviewed.
- Safety concerns have been addressed and trainees have access to alarms.
- The maintenance of the morning huddle which encourages a safe training environment and provides an opportunity for feedback and learning.
- The breadth of training opportunities due to the diverse patient group and consultant staff expertise.
- High level of satisfaction among trainees.
- Use of VC facilities to allow attendance of rural staff for MDT meetings.
- Supportive and capable nursing staff.

Less Positive Areas from 2019

- GMC have recommended the introduction of colour coded badges to help identify the trainee's level of competence.
- The required 1-hour supervision is inconsistent and not formalised for some trainees.
- It was unclear if non-substantive consultants providing supervision meet the GMC requirements for Recognition of Trainers.

- There has been some improvement to the induction, but the programme is still not adequate for trainees needs.
- A lack of shared learning from adverse incidents.
- Trainees should not be carrying out bed management duties.
- Inadequate access to IT support including passwords.

At this visit the site conveyed that a great deal of work had been carried out to make improvements and there had been a lot of positive change. It was hoped we would not be required to revisit however following review of the NTS and STS data and trainee freetext comments at QRP it was decided that a revisit was necessary.

We would like to thank the site for their organisation and help on the day especially due to an unforeseen change to using video conferencing facilities. The site provided the panel with a helpful presentation detailing some of the work that has been undertaken since our last visit to improve the experience for trainees.
A summary of the discussions has been compiled under the headings in section 2 below. This report is compiled with direct reference to the GMC's Promoting Excellence - Standards for Medical Education and Training. Each section heading below includes numeric reference to specific requirements listed within the standards.

2.1 Induction (R1.13):

Trainers: The panel were told the induction has been modified since the previous Deanery visit and seemed to work well in August with trainees having IT access at the start of placement and having access to a handbook. We were told if trainees miss the induction a catch-up meeting will be arranged when they arrive.

All Trainees: Trainees advised they had all received an induction which left them feeling prepared for their role, this included a tour of the ward and an induction for community work. It was felt the induction handbook was helpful and it was suggested it would be beneficial to receive this in advance or when starting their post.

Non-Medical Staff: It was felt the induction programme had been improved since the last Deanery visit in Jan 2019.

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

Trainers: Trainers advised local teaching has been changed to one weekly session on a Friday. All trainees can attend unless on call which should equate to missing 1 in 5 sessions and they could attend but leave if needed. We were told trainees have no barriers from the site in attending regional teaching but felt it would be useful to have more notice of when Foundation teaching was taking place to enable them to timetable it for trainees.

All Trainees: Trainees confirmed there is timetabled weekly teaching on Fridays which includes a presentation with external speakers and Balint group. We were told that one trainee will have the duty bleep, but the ward staff are very supportive of training and will only call them if really needed. All trainees are able to attend regional teaching in Glasgow or Oban/Fort William which is timetabled and bleep free.

Non-Medical Staff: The panel were told there is an awareness amongst all staff that teaching takes place on Friday mornings that trainees should be attending.

2.3 Study Leave (R3.12)

Trainers: Trainers were unaware of any problems with trainees getting study leave.

All Trainees: Trainees advised there were no issues getting study leave and core trainees had attended a 4-day external CAT Psychotherapy course.

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

Trainers: Trainers advised there are several factors considered before allocating trainees to supervisors including personal preferences, if the trainee can drive and the level of training. The panel were informed that the site does not always receive information prior to trainees starting regarding trainees with known concerns, this has previously put some strain on the department. It

was felt they would be more likely to be given prior information regarding core trainees due to the relationship with core colleagues. Trainers told us they had all attended courses to educate them for their role as supervisors, they all had allocated time in their job plans and their role was reviewed during appraisal.

All Trainees: Trainees advised they had all met with their educational supervisor and had protected weekly clinical supervision sessions.

Non-Medical Staff: It was felt doctors in training had access to senior support when they needed it, but it was raised there have been a number of Locum consultants employed which can affect the consistency of support for trainees.

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 the site now use colour coded badges to help differentiate between doctors at different stages of training. We were told all trainees receive one hour per week of formal supervision, it was felt that reducing the local teaching to one day per week has had a positive impact on supervision by freeing up time in the timetable. Trainers informed us trainees are in no doubt of who to contact both during the day and out of hours for support and are encouraged to call. It was relayed that there had been incidents where the interface between staff including trainees and local GPs was difficult, this was reported, and support offered to staff.

All Trainees: Trainees advised it was clear who they should contact both during the day and out of hours for support and consultants were easy to get hold of. The panel were told trainees had not had to cope with problems beyond their competence. It was felt senior colleagues were approachable and supportive.

Non-Medical Staff: Non-medical staff were aware of the colour coded badges in place at the site to help differentiate between the levels of trainee doctors however we were told there is not information readily available explaining the system or supervision requirement.

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

Trainers: The panel were told the educational supervisor would meet with trainees at the start of placement and throughout their placement to go through eportfolio and discuss individual learning outcomes. It was felt the interface between trainers and GP TPDs could be improved to ensure trainers at the site are kept up to date with curriculum changes. Trainers advised the number of clinics trainees attend has been reduced to ensure they receive adequate supervision, but all do attend clinics, the first 4 weeks directly with a consultant. It was felt trainees are able to achieve all their competencies including Psychotherapy as they have access to a Cognitive Analyst Therapist on site allowing trainees short and long cases with time for feedback. We were informed there have been staff shortages in the last year with only 2 trainees at one point, this has proved challenging to maintain the balance between time spent developing as a doctor and activities of little educational benefit, but staff have strived to protect trainee's education.

All Trainees: Trainees did not feel there were any competencies that were difficult to achieve during this placement. All trainees attended weekly clinics and advised that for the first 4 weeks these were undertaken with a consultant. It was felt there is a good balance of time spent between tasks that are of little educational benefit and personal development and the site were supportive of facilitating special requests from trainees for areas of interest and development. The panel were advised that there had been clarity given regarding the responsibilities of bed management at the site which it was felt improved this process and trainees were happy to help in locating beds with support from nurses and consultants. Core trainees advised they had been supported to undertake a research project where they will have the opportunity to present a poster and have been encouraged to write a paper with the hope of publication. Trainees appreciated having the time to take part in the study.

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

Trainers: It was felt trainers are keen to enable trainees to achieve workplace- based assessments and trainers have received training for these. Trainers thought it would be a good exercise to benchmark assessments against other trainers.

All Trainees: Trainees felt it was easy for them to complete workplace-based assessments which were fair and consistent.

Non-Medical Staff: Non-medical staff advised they complete online feedback forms for trainees and provide informal feedback on the job. It was felt the non-medical staff are all approachable and are particularly knowledgeable for trainees who are new to the area.

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

Trainers: Trainers felt ward rounds and Community Mental Health Team (CMHT) meetings provided good opportunities for multi professional learning. We were also advised that MDT staff are involved with teaching sessions including social workers and psychologists.

All Trainees: Trainees advised there were opportunities for multi professional learning including weekly MDT meetings and close working with community teams, social workers, occupational therapists and pharmacists. We were advised the pharmacist attended the induction and there were multi-professional speakers at teaching.

Non-Medical Staff: The panel were told all staff are invited to the teaching sessions, but it can be difficult for nursing staff to leave the wards and it has not been possible to source a venue for teaching in the same building as the ward. We were told that nursing staff deliver sessions in the teaching programme and all staff are involved in the morning huddle which is felt to be an opportunity for learning.

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

Trainers: Trainers advised trainees are supported to take part in quality improvement and audit projects.

All Trainees: The panel were informed about a quality improvement project core trainees had undertaken where they had identified a need and taken steps to fix it. This involved overnight calls being logged with the information now incorporated into morning handover.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: It was felt that due to the small size of the site trainees have daily contact with consultants and every clinical encounter was a learning opportunity as the treatment plans would be discussed between consultants and trainees. It was felt psychotherapy is a particular strength at the site as trainees get ringfenced time for cases and feedback discussions.

All Trainees: Trainees confirmed they get constructive and meaningful feedback on their clinical decisions both during the day and out of hours.

2.11. Feedback from trainees (R1.5, 2.3)

Trainers: The panel were informed following previous trainee feedback the educational supervisor now meets with the trainee group every 6-8 weeks to discuss the placement and give them an opportunity to feedback concerns. Trainees will also be asked to provide feedback at the end of their placements.

All Trainees: Trainees felt they had opportunities to provide feedback to trainers at weekly supervision sessions, Balint group and the morning huddle where they advised they were encouraged to participate. We were also told that Dr Morrison has set up meetings every 6-8 weeks with the trainee group as a whole to provide them an opportunity to provide feedback and discuss their training, there are minutes and actions produced from this meeting.

2.12 Culture & undermining (R3.3)

Trainers: It was felt that a team culture was encouraged at the site and all staff are approachable and supportive. Due to the size of the department consultants have direct contact with trainees and encourage them to raise concerns. There are processes in place to formally raise concerns and we were given an example of a concern that trainers encouraged a doctor in training to raise regarding hostility from another department.

All Trainees: Trainees told the panel the clinical team and senior colleagues were very supportive. They had not experienced or witnessed any undermining or bullying behaviour at the site but would

be aware of how to raise concerns and would feel comfortable speaking to consultants, ward managers or nursing staff. We were advised the bi-annual Loch swim still takes place and that all staff are encouraged to take part in.

Non-Medical Staff: It was felt the staff at the site are open, friendly and helpful. Non- medical staff were not aware of any trainees who had received comments that were less than supportive but advised there were bullying and undermining policies in place and felt inappropriate behaviour would not be condoned.

2.13. Workload/ Rota (1.7, 1.12, 2.19)

Trainers: The panel were told there are no current rota gaps as 3 locums have been in place since August to cover for unfilled trainee posts, mainly GPST. It was raised that there were significant short notice rota gaps in the previous cohort leaving two trainees covering the rota for up to two months before a Locum started. We were told trainees create the rota with support provided.

All Trainees: The panel were told there are no current rota gaps and trainees raised no concerns with the rota that would have implications on either patient safety or their training. Trainees advised they draft the rota which is then sent to the service manager and Dr Morrison for approval. The initial rota was not received before starting at the site, but trainees helped amend the drafted version when they arrived. Trainees thought it may be beneficial to have more access to community mental health during their placement.

Non-Medical Staff: We were advised the rota is created by core trainees with support from the administration services manager and a consultant. It was felt the rota is designed to accommodate teaching and is accommodating to swaps and study leave.

2.14. Handover (R1.14)

Trainers: Trainers advised multi-professional handovers take place every morning, as trainees work 24hr on call it was felt there is no need for evening handover. Consultants attend handover and it is viewed as a learning opportunity.

All Trainees: Trainees advised there is a morning handover at 9am weekdays and 10am on weekends which is attended by all levels of staff, this follows an agreed structure and has a written record. It was felt handover is used as a learning opportunity.

Non-Medical Staff: The panel were told there is a morning safety huddle attended by all levels of staff where all patients are reviewed, and information passed on from on call. It was felt the handover is a learning opportunity.

2.15. Educational Resources (R1.19)

Trainers: Trainers advised there is Wi-Fi across the site and residences and all trainees have adequate access to computers. We were told there is a good library as this was moved from the previous site and has developed over approximately 100 years. It was highlighted that one of the pressures of the site was the condition of the trainee accommodation.

All Trainees: Trainees advised they have a shared office with two computers and if all 6 trainees were present, they felt they can always access computers elsewhere. We were told there is a library at the site. The panel were told trainees who started in August had IT passwords prior to starting and had access to IT support at the start of placement. Trainees informed us they have WIFI access in the residences although it can be slow.

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

Trainers: We were told if there were concerns about a struggling trainee these would be discussed with supervisors and if required highlighted to the DME. Trainers told us there is support available for doctors in difficulty including occupational health and they make trainees aware of different avenues of support listed in the trainee handbook.

All Trainees: Trainees did not have experience of Less than full time working or needing reasonable adjustments but felt there would be support provided by the site if a trainee was struggling.

Non-Medical Staff: Non-medical staff gave examples of times they had raised concerns regarding trainee behaviour either directly with the trainee or with consultants.

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: N/A

All Trainees: Trainees were unaware what the Director of Medical Education was responsible for. Trainees advised they attend regular meetings as a group with the educational supervisor where they are encouraged to raise concerns regarding their training. It was also felt Balint group would provide a good opportunity to discuss things as a group. We were advised trainees are invited to patient safety meetings with senior staff but have not attended.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers felt trainees are encouraged and supported to raise concerns regarding patient safety.

All Trainees: Trainees told us they would feel comfortable raising patient safety concerns with their supervisor or senior nursing staff and felt these would be taken seriously.

2.19 Patient safety (R1.2)

Trainers: It was felt the ward was a safe environment for trainees but there is less infrastructure such as personal alarms at peripheral sites. Trainers advised bed management is ultimately the responsibility of consultants but other staff including nurses and trainees will help if available, this process is documented in the trainee handbook.

All Trainees: Trainees advised if a friend or family member was admitted to the site, they would have no concerns regarding the quality of care they would receive. Trainees informed us boarding as such was not a concern however there has recently been a case where a Child and Adolescent Mental Health (CAMHs) patient was admitted to the General Adult ward which was felt to be challenging for staff as there are not specific processes in place for this eventuality and there is currently no CAMHs consultant for the area. Trainees noted the situation was managed professionally by staff and management.

Non-Medical Staff: It was felt the environment at Argyll and Bute Hospital was very safe for patients and staff. We were advised bed management is now a joint effort with doctors, nurses and administration staff helping to source beds.

2.20 Adverse incidents (R1.3)

Trainers: Trainers advised adverse incidents are reported through Datix and trainees are supported and provided with feedback following an incident. We were told there is a shared learning event every 6 months.

All Trainees: Trainees advised they would report adverse incidents through Datix and we were given several examples where trainees had been encouraged to report incidents. Trainees felt they had been supported through the process and received feedback. The panel were told incidents are discussed at the huddle and any learning shared amongst staff.

Non-Medical Staff: The panel were told adverse incidents would be reported using Datix and that there are clear processes in place to investigate and provide feedback on incidents. It was felt there are also opportunities for shared learning from adverse incidents.

2.21 Other

Trainees: Trainees informed the panel they had initially raised some concerns regarding the residences which were quickly taken on board and an alternative accommodation was provided.

When trainees were asked to score their ‘overall satisfaction’ with their training in their current post, with ‘0’ being ‘lowest level possible for overall satisfaction’ and 10 being the ‘highest level of satisfaction possible’, the following scores were recorded:

All Trainees: Trainees scored between 8 and 9 with an average of 8

3. Summary

- Put the table below at the start of the section and only highlight one option from yes, no, highly unlikely, highly likely.

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

Positive aspects of the visit:

- Supportive and accessible team, who are open to trainee feedback and strive to create a positive team culture
- Strong focus on training and a constructive learning environment including a formalised teaching program, Balint group and encouraging trainees to participate in research projects and possible publication
- Redeveloped induction programme with MDT involvement
- A structure, well attended handover with a written element and the inclusion of the log book developed by trainees for documenting overnight calls
- Access to Psychotherapy short and long cases with protected time for feedback

Less positive aspects from the visit:

- Although colour coded badges have been introduced to help differentiate between different levels there is a lack of awareness of the system and a lack of information detailing the supervision levels.
- We were told there are instances of non general adult patients on the ward and it can be challenging for staff as there are no formal procedures or additional training.

The panel were left with an impression of a supportive and approachable senior staff and a new educational supervisor who has worked hard to ensure trainees achieve their competencies throughout a time of diminished trainee numbers. A number of requirements follow. The panel will suggest to the mental health sQMG that Argyll and Bute Hospital remains on the 5-year quality management cycle with appropriate monitoring depending on the consistency of training environment.

Requirements from previous visit

- All trainees must have timely access to IT passwords and system training through their induction programme. **Partially Met**
- Departmental induction must be provided which ensures trainees are aware of all of their roles and responsibilities. The induction booklet or online equivalent should be sent to all grades of trainees before commencing in post. **Met**
- Formal, consistent weekly supervision should in place for trainees. **Met**
- There must be a process that ensures trainees understand, and are able to articulate, arrangements regarding Educational Governance at both site and board level. **Partially met**
- Bed Management tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced. **Met**
- The level of competence of trainees must be evident to those that they come in contact with. The use and promotion of colour coded badges as part of the GMC recommendations should be introduced. **Partially Met**
- Provide routine team-based opportunities for trainee learning from clinical incidents/DATIX. **Met**

4. Areas of Good Practice

Ref	Item	Action
4.1	Supportive and accessible senior team, who strive to promote a culture of education and development.	

5. Areas for Improvement

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

Ref	Item	Action
5.1	We were told there are instances of non general adult patients on the ward and it can be challenging for staff as there are no formal procedures or additional training.	
5.2	There should be a greater awareness of educational governance processes and the role of the DME office.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	The level of competence of trainees must be evident to those that they come in contact with. The use and promotion of colour coded badges as part of the GMC recommendations has been introduced but there is a lack of information explaining the system.	9 months – 4th December 2020	All