Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	12th November 2020	**Level(s)**	ST
Type of visit	Enhanced Monitoring Revisit	**Hospital**	Aberdeen Maternity Hospital
Specialty(s)	Neonatal Medicine (Paediatrics)	**Board**	NHS Grampian

Visit panel	
Amjad Khan	Visit Chair and Director of Postgraduate GP Education
Robin Benstead	GMC Visits & Monitoring Manager
Richard Tubman	GMC Associate
Peter MacDonald	Associate Postgraduate Dean – Quality
Chris Lilley	Associate Postgraduate Dean
Alan MacKenzie	Trainee Associate
Jenny Greener	Lay Representative
Fiona Conville	Quality Improvement Manager
In attendance	
Patriche McGuire	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Obstetrics & Gynaecology and Paediatrics	
Lead Dean/Director	Alan Denison	
Quality Lead(s)	Peter MacDonald and Alastair Campbell	
Quality Improvement Manager(s)	Fiona Conville	
Unit/Site Information		
Non-medical staff in attendance	7	
Trainers in attendance	5	Including college tutor and clinical lead
Trainees in attendance	7	ST1-7

Feedback session: Managers in attendance	Chief Executive		DME		ADME		Medical Director		Other	

Date report approved by Lead Visitor	26th November 2020

1. Principal issues arising from pre-visit review:

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.

Neonatal medicine at Aberdeen Maternity Hospital was placed on to enhanced monitoring in 2017. This will be the fourth enhanced monitoring visit to the department. It was decided following the visit in 2019 that the department should remain on enhanced monitoring with a revisit in 2020 to determine if actions undertaken had resulted a sustained improvement to the post.

Following the visit in 2019, a total of 2 requirements were made. The requirements related to ensuring the level of competence of trainees must be evident to those they come in contact with and trainers providing more regular informal feedback.

The site provided an update against the previous visit requirements in March 2020, which suggested there had been progress against and/or resolution of the previous requirements. The visit commenced with a session with training leads from within the department and members of the management team. The main areas of focus were:

- Development of the Neonatal Unit Improvement meeting
- Simulation training has been delivered on a regular basis and is multidisciplinary
- Introduction of Newborn Life Support courses
- Increased learning opportunities for trainees in Cranial USS
- Trainees are encouraged to submit CBD's & DOP's after receiving feedback
- Introduction of coloured lanyards to differentiate staff level of training
- Delivering consistent and objective feedback to trainees
- Ongoing development of the rota to support training
- A doctors' rest room has been created within the unit

2.1 Induction (R1.13):

Trainers: Trainers felt the induction provided was effective for preparing trainees to work in the department. Site induction is scheduled into the trainees rota and does not clash with the department

induction. Departmental induction is thorough and provides trainees with an overview of the unit, duties and expectations, escalation policy, resus and scenario training and IT guides. Trainees who are out of sync or can't attend the main induction are provided with a separate session.

Trainees: All trainees new to working within NHS Grampian received hospital induction. Trainees highlighted some mandatory online modules were not relevant to paediatrics and more focussed on adult care. All trainees received departmental induction and felt this adequately prepared them to work in the unit. Induction is over 2-3 days and trainees highly valued this time being protected with no clinical duties allocated. Trainees suggested to further improve the induction it would be beneficial to target sessions by training levels such as ST1-3 and ST4+.

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

Trainers: The panel were advised postgraduate teaching sessions are delivered on a monthly basis and are bleep free. Since Covid restrictions, sessions are now delivered virtually and are recorded which has increased attendance. Departmental teaching is scheduled 4 out of 5 days per week. To ensure training is bleep free there are posters of learning on the ward notice board which inform staff not to bleep trainees unless an emergency. Junior trainees are able to participate in the coordination of ST1-2 teaching sessions based on their curricular needs. Trainers reported other educational opportunities available to trainees, these include:

- Radiology meetings
- Journal club
- Risk management meetings
- Quality Improvement

Trainees: The majority, of trainees were able to attend regional teaching with no barriers and confirmed this teaching time is protected. Trainees stated they are able to attend more sessions now due to the increased use of virtual training. Teaching is mainly bleep free although on occasions trainees are contacted but reiterate unless there is an emergency that teaching is taking place. Trainees listed a variety of local teaching sessions available to them and noted an average attendance of 3-5 hours per week.

2.3 Study Leave (R3.12)

Trainers: Trainers felt there were no issues in supporting study leave applications as the rota is built around the trainees learning needs.

Trainees: Trainees reported that it is very easy for them to request and take study leave.

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

Trainers: Trainees are allocated their educational supervisors prior to starting. There are currently 2 educational and 2 clinical supervisors and they meet trainees on their first day. Both educational and clinical supervisors have undertaken recognition of trainers and this is reviewed annually through appraisal. Trainers reported that when they receive the list of new trainees to the department, they contact the current clinical or educational supervisor and discuss any concerns or areas for improvement. Trainers also have regular contact with the TPD and any known concerns would be shared this way.

Trainees: All trainees present had been allocated Educational Supervisors, met them at the beginning of their current block, agreed learning plans and scheduled mid point meetings.

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 reported that the use of different coloured lanyards are now in place throughout the hospital which clearly differentiates the level of trainees. Trainers felt due to the size of the unit they were able to work closely with trainees and learn individual competence levels. Trainers noted that it is always clear which consultant is on call, with clear escalation policies in place. Trainers reported that they were not aware of any instances where a trainee would have to work beyond their competence level. In addition, trainers will not allocate a more junior trainee to out of hours until they are deemed competent to do so. Trainers reported trainees do not seek consent for procedures unless they are competent to do so.

Trainees: Trainees reported that they always know who to contact for supervision both during the day and out of hours. None of the trainees felt they had to cope with a situation beyond their

competence as they could always contact a senior colleague for support. Trainees noted that on occasions when seeking support, differences in clinical approach between consultants can come across as criticism of trainee management.

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

Trainers: Trainers reported that they ask trainees to highlight any curriculum competency requirements which they have not yet achieved and that there is a board for trainees to write what experience they require. Intubation is still challenging however a recent audit of intubation procedures within the unit highlighted 5 opportunities which is comparable to other units. Trainers advised trainees have the opportunity to attend outpatient clinics alongside consultants.

Trainees: Trainees reported that the rota is designed to maximise training opportunities and most competencies are achievable. Due to the limited number of patients requiring intubation, some trainees have yet to complete the procedure however, term and pre-term simulation dolls are available for trainees to practice procedures on. Senior trainees have been unable to gain neonatal transport experience however, there is currently a nationwide restriction in place limiting access. Trainees felt consultants are supportive and proactive in highlighting available opportunities and they are asked to state skill requirements at the beginning of their shifts. Exposure to clinics has been restricted due to Covid however, opportunities to attend virtually are now commencing. Trainees felt that there is a fair balance between educationally beneficial work and service base duties. Some trainees noted that prescribing antibiotics both at nights and on the post-natal ward compromised their attendance at available learning opportunities.

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

Trainees: Trainees reported that they have no issues completing their workplace-based assessments (WPBAs) and reviews are fair and consistent.

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

Trainees: Trainees reported they have fortnightly simulation training which is multidisciplinary. Trainees also noted there are opportunities for joint learning among trainees and non-medical staff, including:

- High Risk Obstetrics Meeting
- Perinatal Morbidity and Mortality meetings

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

Question Not asked

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported that they provide feedback informally whilst discussing cases with trainees. They ensure to highlight the conversations count towards feedback as there had been some confusion previously. There is a paper feedback form which can be utilised by all staff members. At consultant meetings trainers discuss trainee performance which is then fed back to the trainees via their educational supervisors. The panel were advised of a proposal to create a feedback form via Microsoft Teams which would allow trainees to provide anonymous feedback.

Trainees: Junior trainees reported that consultants are proactive in providing informal feedback and on occasions, if they have worked multiple shifts with the same consultants will receive formal feedback at the end of the week. ST4+ trainees noted that if they requested feedback it would be provided. Some trainees reported that feedback is occasionally delivered in a group scenario, they would prefer this to be delivered on a 1 to 1 basis, as this tends to come across more negatively than meant. Trainees felt some feedback is not evidence based and centres around consultant experience which is not conducive for learning.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers reported feedback is gathered via paper-based forms and discussed the intention to create an online anonymous form. There is an established trainee forum in which the senior trainee

feedbacks any issues or concerns to the trainers at the senior staff meetings. In addition, there is a North of Scotland training committee which could be utilised to gather feedback if requested.

Trainees: Trainees advised there is a trainee forum to feedback on the quality of training and raise any concerns. Trainees were aware of the intention to create the anonymous feedback form on Microsoft Teams. Some trainees have completed the paper feedback form but felt this was more aimed at personal development than improving training. The department utilises the Greatix system which allows staff to record when something has gone well. Once reviewed, the recipient receives a Learning from Excellence email.

2.12 Culture & undermining (R3.3)

Trainers: Trainers reported that there is a clear escalation policy in place regarding any bullying or undermining concerns which is discussed at induction. They operate an open door policy and encourage trainees to raise concerns. Trainers described an incident of undermining which was addressed and the trainee supported throughout.

Trainees: Overall trainees felt they worked in a supportive environment however, felt some consultants are more approachable than others. They noted occasional friction between consultants can sometimes create a negative atmosphere. Trainees who have worked in the department previously reported significant improvements in the culture.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers stated they create a bespoke rota which is designed to support training and curricular needs. Trainees are contacted 6 weeks prior to starting and asked to provide details of learning needs, the rota is then created around this. Trainers felt the rota is flexible and supports the trainees learning trajectory. Since the pandemic there is an onsite psychology resilience hub which provides emotional and psychological support to trainees should they require it. In addition, the department have a resident clinical psychologist available on the ward half a day per week to help support wellbeing.

Trainees: Trainees reported the rota is well balanced and provides adequate rest days. Gaps on the rota have been filled with locums which they felt, can sometimes affects continuity for clinical care. The rota is managed by a senior trainee with consultant overview. Trainees could not suggest any improvements to the rota.

2.14 Handover (R1.14)

Trainers: Trainers reported that handover provides safe continuity of care for all patients. They do not use it as a learning opportunity as historically trainees have felt this interrupted the flow. Trainers provide learning feedback after the handover either in a group setting or individually if appropriate.

Trainees: All trainees reported handover is well structured, safe and effective with regular consultant input. The majority felt handover is not used as a learning opportunity and suggested the inclusion of positive feedback would further improve the environment.

2.15 Educational Resources (R1.19)

Trainers: The panel were informed there are plans in place to create a dedicated doctor's room within the unit.

Trainees: Trainees reported facilities to support their learning needs are adequate.

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

Trainers: Concerns regarding a struggling trainee would be raised through the trainees' educational supervisor or college tutor and escalated to TPD if required. After discussion appropriate plans would be put in place to support the trainee, offering referrals to occupational therapy or mental health services if appropriate.

Trainees: Trainees felt they would be supported if they were struggling with the job, with health or in other ways.

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 reported they discuss medical education during senior staff meetings. Trainee reps are welcome to attend the senior staff meetings and raise any concerns.

Trainees: Trainees would raise any concerns regarding the quality of their training through the trainee forum. All trainees noted Dr Kistareddy had impressed upon them his willingness to discuss any issues. Trainees were unaware that a representative was able to attend the senior staff meeting.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers reported that they encourage trainees to raise any patient safety concerns through the consultant in charge and follow up through the Datix system if required. Concerns can also be discussed at the morning safety brief.

Trainees: All trainees would raise patient safety concerns through Datix and or via the consultant or senior charge nurse. Trainees also confirmed the trainee forum has a specific segment to discuss safety concerns.

2.19 Patient safety (R1.2)

Trainers: Trainers felt the department provides a safe environment for both trainees and patients.

Trainees: Trainees reported any potential patient safety risks are discussed during the daily safety brief. All trainees would feel comfortable with the quality or safety of care if a friend or relative was admitted.

2.20 Adverse incidents & Duty of Candour (R1.3 & R1.4)

Trainers: Adverse incidents are reported via the Datix system and discussed at the Neonatal Morbidity & Mortality meetings. Trainers advised an acute debrief would take place following an adverse incident and all staff would be asked to provide reflections. All team members would be fully supported throughout ensuring a no blame culture.

Trainees: Trainees reported that they are well supported by the consultants during significant or adverse events and would record any incidents via the Datix system.

Some trainees had received Greatix letters and all trainees were aware of the system.

2.21 Other

Trainees were asked to rate their overall satisfaction experience of working within the department from a range of 0 (very poor) to 10 (excellent). The scores are listed below:

- ST – Range: 7-8. Average 7.6 out of 10

3. Summary

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

Overall this was a positive visit and the panel were met with an engaged and supportive team who have taken onboard feedback from the previous visits and made improvements within the department. Trainees whom had previously worked within the unit noted marked improvements in both culture and training and we encourage this work remains ongoing.

Given the significant progress made by the department to improving the overall training environment, there is the potential to recommend that the department be de-escalated from enhanced monitoring and return to routine monitoring within the deanery quality cycle.

Positive aspects of the visit

- Both hospital and departmental induction are working well, and trainees value the protected time given to attend
- Trainees can attend on average 3-5 hours per week of local teaching which is mainly bleep-free attendance at regional teaching has improved due to sessions now being recorded and more accessible to trainees who may not have been able to attend due to work/rota commitments

- Supervision within the department is good and trainees are always aware who to contact
- The rota is well balanced and has teaching time built in.
- The trainee forum is well established and feeds into the consultant meetings allowing trainees to raise concerns or issues.
- Simulation training is valued amongst the trainees and is a multidisciplinary event.
- Access to the psychologist team and other support mechanisms available within the hospital

Less positive aspects of the visit

- Trainees reported that feedback is occasionally delivered in a group scenario, they would prefer this to be delivered on a 1 to 1 basis, as this tends to come across more negatively than meant. Trainees felt some feedback is not evidence based and centres around consultant experience which is not conducive for learning. We would encourage all consultants to adopt Pendleton's or other similar models of feedback to provide a consistent and structured delivery.
- Differences in clinical approach between consultants can sometimes create a negative atmosphere.
- Trainees highlighted some modules within the hospital induction that are not relevant to paediatrics and more focussed on adult care

Progress against previous requirements: recorded as 'addressed', 'significant', 'some progress', 'little or no progress'

Ref	Item	Progress
7.1	The level of competence of trainees must be evident to those that they come in contact with.	Addressed
7.2	Trainers within the department must provide more regular informal 'on the job' feedback, particularly in regard to trainee decisions and care planning.	Significant

4. Areas of Good Practice

Ref	Item	Action
4.1	Induction	Protected time allocated on rota to attend induction with no clinical duties scheduled
4.2	Teaching	Recording and offering virtual teaching sessions to increase attendance
4.3	Simulation	Established multidisciplinary training event which runs frequently.
4.4	Feedback	Greatix system to recognise when something has gone well
4.5	Rota	Bespoke and built around trainees learning requirements

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	Feedback	The department should work on delivering positive feedback in group settings, such as handover.
5.2	Feedback	The department should continue to work on providing consistent and structured feedback
5.3	Induction	Review of the hospital induction modules which are not relevant to paediatrics

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	The department must have a zero-tolerance policy towards undermining behaviour.		**ST**