Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	15th January 2019	**Level(s)**	FY & ST
Type of visit	Revisit	**Hospital**	Raigmore Hospital, Inverness
Specialty(s)	Trauma & Orthopaedics	**Board**	NHS Highland

Visit panel	
Ms Kerry Haddow	Visit Lead and Associate Postgraduate Dean for Quality (Surgical Specialties)
Mr. Donald Campbell	Training Programme Director, Trauma & Orthopaedics, East Region
Dr Eric Livingston	Foundation Programme Director, West Region
Dr Moray Kyle	Trainee Associate
Mr. John Cummings	Lay Representative
Miss Kelly More	Quality Improvement Manager
In attendance	
Ms Lorna McDermott	Quality Improvement Administrator
Specialty Group Information	
Specialty Group	Surgery
Lead Dean/Director	Professor Adam Hill
Quality Lead	Ms Kerry Haddow, Mr. Phil Walmsley
Quality Improvement Manager(s)	Miss Vicky Hayter
Unit/Site Information	
Non-medical staff in attendance	3 charge nurses and a nurse practitioner
Trainers in attendance	8 consultants
Trainees in attendance	4 FY1s, 1 ST1, 1 ST2, 1 ST3, 1 ST4 and a CDF
Feedback session: Managers in attendance	Director of Medical Education, Associate Director of Medical Education and the Medical Education Quality Manager
Date report approved by Lead Visitor	18/01/19

1. Principal issues arising from pre-visit review

The principal reason for this visit is to investigate whether issues raised at the May 2017 visit had been addressed.

The issues raised at the previous visit were to consider including non-medical staff in the trainees' departmental induction, the gaps on the rota were having an impact on the small team and the requirement was to provide clarity around the support available for foundation trainees at the weekend – who is providing it and how is it accessed. The completed action plan received from the board said that an on call middle grade and consultant were both available for support and they were accessible by page or by mobile phone.

A revisit was recommended by the Surgical Quality Review Panel after a downturn in the NTS survey results for Specialty Trainees.

At the pre-visit teleconference the panel decided that the areas of focus for the revisit were the teaching available to the specialty trainees and investigate why Foundation Doctors were not involved in the ward round.

2. Introduction

Raigmore Hospital in Inverness is a teaching hospital which provides services to patients across NHS Highland.

The visit team met with foundation and specialty trainees as well as trainers and non-medical staff.

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.

3.1 Induction (R1.13)

Trainers: The foundation and specialty trainees have different inductions. The depth of induction that the specialty trainees receive depends on whether or not they have worked in the department before. Foundation trainees have a shadowing week as well as the hospital and departmental inductions.

All trainees receive a departmental handbook. If a trainee starts out with the standard rotation time they still receive an induction.

Foundation Trainees: The trainees had no major issues with induction including shadowing week. They all received their passwords on time.

Specialty Trainees: All trainees received an induction and had no issues with passwords. However not all trainees received a handbook and those that did said that it could be updated. Another suggestion for improvement was that induction could contain more information for those who have not worked in the department before.

Non-medical staff: Nursing staff are not involved in either the foundation or specialty trainee induction. Often when the foundation trainee joins the ward they require further practical information about how things actually work in the department. Nursing staff were keen to be part of the induction process.

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

Trainers: All trainees attend the trauma meeting each day at 0830. Consultants and AHPs also attend this meeting. Regional teaching for the specialty trainees is currently in flux and attendance is irregular. Trainees are invited to attend journal club as well as monthly audit afternoons.

There is also trainee led teaching for specialty trainees. Trainees are also able to attend clinics although they do not often do so.

Foundation Trainees: They have dedicated weekly teaching on Thursday lunchtimes. They are able to attend all of these sessions bleep free. They also attend the daily trauma meetings although they feel that when the medical students are in attendance there is more teaching that they find useful.

Specialty Trainees: There is monthly regional teaching held in either Dundee or Aberdeen. It can be difficult to attend due to having to cancel participation in a theatre list. Notice for the dates could be improved and a reminder of the dates would be appreciated.

Trainees are invited to a monthly journal club which is well attended. The trauma meeting is very educational. They also attend a monthly audit meeting. Trainees have self-directed peer led sessions once a week which currently has no consultant involvement.

Non-medical staff: The nurse practitioner holds the foundation trainees' bleeps when they attend teaching on a Thursday.

3.3 Study Leave (R3.12)

Trainers: There are no issues with granting trainees study leave.

Specialty Trainees: There are no issues with being granted study leave

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

Trainers: Trainee allocation to supervisors is agreed before they start in the department. This is currently done on an informal basis and could perhaps do with formalising. If there are concerns about a trainee in a previous post this information would be shared by the consultant who is the liaison point with colleagues in Aberdeen and Dundee.

Trainers have attended the relevant courses. There is not quite enough time for education in some consultant job plans particularly those who supervise different levels of trainee. Educational roles are reviewed as part of the appraisal process.

Foundation Trainees: They see their supervisors informally on a daily basis. They have also met with them formally when they started in post.

Specialty Trainees: They see their supervisor daily on an informal basis as well as formal meeting when they join the department.

Non-medical staff: The care of the elderly team are often around to support the foundation trainees when the specialty trainees and consultants are in theatre.

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

Trainers: Curricula requirements are on the college website(s) and requirements are discussed when trainees meet with the supervisors at the start of their block. Consultants meet monthly and one of the items on the agenda is trainee progress. Trainees prioritise attending theatre rather than clinics due to time pressures although it is recognised by the consultants that this would be a useful learning opportunity.

Overall it is felt that trainees have a lot of good operating experience but perhaps not enough clinic and ward work.

Foundation Trainees: If you seek the opportunities they are there. They are able to see new admissions and attend the emergency department. They feel that there is a fair balance between service and training. If they have a particular training need then this is accommodated. It could be possible to attend clinics although this would depend on the number of trainees on shift. They have attended theatre. They would also like to attend ward rounds although they recognise that this is challenging given their shift patterns.

Specialty Trainees: They get a good experience in the department with good numbers of operations and exposure to a variety of procedures. They spend a lot of time with particular consultants who get to know the trainees experience. They do not spend much time in clinics as they prefer to get more operating experience and are often needed in theatre as assistants.

Non-medical staff: The nursing staff support foundation trainees with procedures such as cannulation. They also show them how to carry out things like sliding traction and thomas splints when they occur.

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

Trainers: Trainees are encouraged to ask for any assessments that they need to complete. There are no major issues in having assessments signed off. Trainers can benchmark their assessments against other trainers on the orthopaedic e-portfolio system.

Foundation Trainees: Their assessments are very fair. There are no issues in completing them.

Specialty Trainees: Their assessments are very fair. There are no issues in completing them.

Non-medical staff: staff are asked to complete multi source feedback assessments.

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

Trainers: Allied health professionals attend the trauma meeting. Foundation trainees can attend the care of the elderly orthopaedic ward round that takes places around 2-3 times a week.

Foundation Trainees: Occupational therapists and physios are involved in the 1130 ward huddles.

Specialty Trainees: The trauma meeting is multi-disciplinary as is the spinal meeting.

Non-medical staff: There is a nurse organised session from 2-4 on a Wednesday. The topics are often consultant led and anyone is invited to attend. Trainees have attended in the past, but this depends on the topic.

3.8. Adequate Experience (Quality improvement) (R1.22)

Trainers: Trainees are invited to attend the audit afternoon. One of the consultants in the department has a role with the university so tends to lead on this work.

Foundation Trainees: Trainees are involved with specialty trainees when working on their audits. The team are always keen to get them involved.

Specialty Trainees: They are always supported for audits and have more time than in previous posts to take part in these.

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

Trainers: It is a small unit, so everyone knows each other. The rota shows which grade the trainees are and the trainees also wear badges. The badges are not colour coded.

Trainees do not have to cope with any problems out with their experience. Some concern had been expressed previously about workload at the weekend so there are now 2 foundation trainees on shift on a Saturday morning.

Consent tends to be done by the consultant for elective procedures. Any trauma patients admitted overnight have their consent checked by a consultant.

Foundation Trainees: They always know who to contact for support. Who they would contact would depend on the situation but all staff including more senior trainees are approachable. They can feel slightly vulnerable after the nurse practitioner finishes their shift and the senior trainees and consultants may be in theatre. In that situation they might contact the medical registrar and have done so previously.

Specialty Trainees: They always know who to contact for support. They have not had to cope with problems out with their experience. All of the consultants are approachable and willing to help. However, they are not overbearing.

Non-medical staff: Staff know which level of training a trainee is as it clearly marked on the rota. They feel that the trainees working out of hours and at the weekend can be quite isolated especially during busy periods. This has been helped to some extent with the introduction of the second foundation trainee on a Saturday morning.

3.10. Feedback to trainees (R1.15, 3.13)

Trainers: Trainees input all patients on to the online patient management system (PACS). Their treatment plans and clinical outcomes are discussed with the trainee the next day and any relevant feedback provided.

Foundation Trainees: They receive almost immediate feedback from staff on how they can improve. This is always constructive.

Specialty Trainees: After working on call the PACS list is discussed and feedback provided.

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

Trainers: Trainees completed the Scottish training and national training surveys. Anonymised feedback is collected and will be fed back to the department in 2-3 years.

Foundation Trainees: They complete the trainee surveys from NES and the GMC.

Specialty Trainees: They have completed trainee surveys and multi-source feedback forms. They have fed back informally via a senior trainee, this could be formalised.

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

Trainers: There are no patient safety issues with the foundation or specialty trainee rotas. Trainers believe that the rotas are the best they can be given the numbers of trainees available.

Foundation Trainees: Their rota is not bad especially when compared with a previous placement. However, when they are working at the weekend after a busy week they do feel very tired and suggested perhaps that this block of work could be moved to before the start of the week when they will be feeling fresher.

Specialty Trainees: They feel that the rota is the best it can be with the number of trainees. It can be challenging to cover shifts if the trainee numbers fall for any reason. However, between 2100-0000

there is no foundation trainee on shift and the night nurse practitioner is not available until after midnight. Therefore, there is no one available to help with new admissions. It would be good to have some support around this time. They do not have any major patient safety concerns about this however it is not the best care for the patient.

Non-medical staff: The foundation trainees work at the weekend after a longer week which seems particularly tough.

3.13. Handover (R1.14)

Trainers: Foundation trainees attend the hospital at night evening handover. Any information from this handover is shared with the rest of the orthopaedic team. The majority of handover is done at the trauma meeting.

Foundation Trainees: If they are rostered for a long day then they attend the evening hospital at night handover. If the nurse practitioner is on leave then they also attend the morning handover. If they are on shift then they feed back to the trainees.

Specialty Trainees: Patients are discussed at the trauma meeting. On a Saturday morning a more formal written handover takes place before the weekend shifts.

Non-medical staff: The nurse practitioner attends the morning hospital at night handover at 0745. They then share this information either before or after the trauma meeting depending on how urgent the information is.

3.14. Educational Resources (R1.19)

Trainers: Specialty trainees have their own room which has IT access. All trainees have access to the departmental library. There are video conferencing facilities.

Foundation Trainees: They have no issues with the IT facilities available to them.

Specialty Trainees: They have access to IT in their registrar room.

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

Trainers: Trainees can feed back concerns formally at their educational supervision meetings. Training can be adapted to suit their needs.

Any concerns about a trainee would initially be discussed at the consultant meeting. If appropriate they would be raised with the training programme director (TPD) or clinical director.

Foundation Trainees: None of the trainees work less than full time or have come back from a career break. They have not had to access any support in the department although they feel that they would be supported if they needed it.

Specialty Trainees: None of the trainees work less than full time or have come back from a career break. They have not had to access any support in the department although they feel that they would be supported if they needed it.

Non-medical staff: If a member of staff has concerns about a trainee then these are raised with a consultant. They are confident that these would be dealt with. Feedback would also be given directly to the trainee where appropriate.

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

Specialty Trainees: Education is discussed at the hospital training committee.

3.17 Raising concerns (R1.1, 2.7)

Trainers: Trainees are encouraged to raise concerns with any of the team including non-medical staff.

Foundation Trainees: They would raise any patient safety concerns with one of the nursing staff or a more senior trainee initially. If they had any concerns about their training they would raise these with their foundation programme director (FPD). They feel that any concerns raised would be listened to.

Specialty Trainees: Concerns are raised at the trauma meeting.

Non-medical staff: Concerns are discussed on the ward initially and escalated as appropriate. The department is a team environment so everyone is supported in raising a concern.

3.18 Patient safety (R1.2)

Trainers: Prior to every operation the theatre brief is followed which includes a surgical pause. The trauma meeting also sense checks patient treatment plans. This leads to a safe environment for patients.

Foundation Trainees: They would have no concerns if a friend or relative was admitted to their ward/department. There are boarders in the wards but they don't have to do much for them as they are looked after by their parent specialty.

Specialty Trainees: They would have no concerns if a friend or relative was admitted to their ward/department.

Non-medical staff: The environment is very safe. Team huddles and meetings take place regularly.

3.19 Adverse incidents (R1.3)

Foundation Trainees: Incidents are recorded on Datix and fed back at the morbidity and mortality (M&M) meeting. None of the trainees had used the system yet.

Specialty Trainees: These are raised at the M&M meeting and put in a book it the trauma library. All of the trainees would be comfortable raising a concern and any feedback is always given in a constructive way.

Non-medical staff: Any incidents are recorded on Datix. There is a no blame culture in the team. Staff learn from incidents and then move on.

3.20 Duty of candour (R1.4)

Foundation Trainees: Trainees would be supported if something went wrong.

Specialty Trainees: Trainees would be supported if something went wrong. A consultant would speak to a patient on the trainees' behalf if they wanted them to.

3.21 Culture & undermining (R3.3)

Trainers: Any member of the team is encouraged to raise any concerns. Trainees had previously raised an issue which was dealt with following the correct process. This involved the TPD, clinical lead, the deanery and human resources. Since then there have been no more issues.

Foundation Trainees: They feel that the department is very supportive. None of the trainees had experienced or witnessed any bullying or undermining behaviours. If they did, they would mention it to one of the consultants.

Specialty Trainees: All of the trainees said that the environment is very supportive. They would raise any concerns about undermining or bullying behaviours with any of the team. They have also been provided with contact details of a bullying helpline from NHS Highland.

Non-medical staff: None of the staff have witnessed any bullying or undermining behaviours recently. A previous incident was quickly escalated and dealt with appropriately.

3.22 Other

Trainers: A regional elective care centre is due to open in 2021. Training numbers and experience will have to be factored in to this as there will need to be an expansion in numbers of trainers and trainees.

Foundation Trainees: They would recommend this post to others. The overall satisfaction score was between 7 & 8.

Specialty Trainees: They feel that this is a supportive environment and they have learned a lot. The overall satisfaction score is between 8 & 9.

Non-medical staff: the nurse practitioner role is a vital one in the team and that level of continuity & experience is difficult to replicate when they are off duty or on leave. Therefore, it would be good for the team to have another nurse practitioner.

4. Summary

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

Positive aspects of the visit were:

- Good supportive training environment.
- Consultants are said to be approachable.
- There is a good level of supervision at all trainee levels.
- Foundation trainees benefit from excellent supervision and support from the care of the elderly team.
- The advanced nurse practitioner is widely praised and valued.
- The specialty trainees benefit from a close working relationship with their supervising consultants.
- There is good feedback both formal and informal an example of this is the use of the trauma workload list which is used to provide feedback the morning after a trainee has been on call.
- The trauma meetings are an excellent learning opportunity. They could possibly be improved by targeting teaching at foundation trainees when medical students are not present.
- Induction is largely positive but could be improved perhaps by involving the nursing staff.

Less positive aspects of the visit were:

- Specialty trainees should receive the dates for regional teaching in plenty of time for them to arrange time off and trainers should facilitate attendance at these sessions.
- Foundation trainees and nursing staff expressed concern about the stretch of time on the rota that involves a weekend after a week of long shifts.
- Foundation trainees are not involved in the ward round which is a missed learning and continuity opportunity.
- There is a lack of foundation trainee or nurse practitioner presence from 2100-0000 which can cause a significant workload for the specialty trainee on shift. This could lead to potential patient safety issues.

- The allocation of educational and clinical supervisors to trainees is relatively haphazard and should be more formalised.

5. Areas of Good Practice

Ref	Item	Action
5.1	There is good feedback both formal and informal an example of this is the use of the trauma workload list which is used to provide feedback the morning after a trainee has been on call.	n/a
5.2	The advanced nurse practitioner is widely praised and valued. They have a wealth of orthopaedic experience so perhaps that could be replicated by increasing the numbers in this type of role.	n/a
5.3	Foundation trainees benefit from excellent supervision and support from the care of the elderly team.	n/a

6. Areas for Improvement

Ref	Item	Action
6.1	Foundation trainees and nursing staff expressed concern about the stretch of time on the rota that involves a weekend after a week of long shifts.	
6.2	Foundation trainees are not involved in the ward round which is a missed learning and continuity opportunity.	
6.3	The allocation of educational and clinical supervisors to trainees is relatively haphazard and should be more formalised	
6.4	It is important to differentiate between different levels of trainee and one way of doing this is to introduce a coloured badge system where each trainee group has a different colour of badge for example foundation trainees green and core trainees blue	

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	There must be active planning of attendance of doctors in training at teaching events to ensure that workload does not prevent attendance.	9 months from date of visit	ST
7.2	The scope of the ward cover and the associated workload for specialty trainees between 2100-0000 must be reviewed as this could lead to potential patient safety issues.	9 months from date of visit	ST