Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	Tuesday 06 November 2018	**Level(s)**	FY, Core and ST
Type of visit	Triggered	**Hospital**	Royal Infirmary Edinburgh
Specialty(s)	Cardiothoracic Surgery	**Board**	NHS Lothian

Visit panel	
Dr Kerry Haddow	Visit Lead and Associate Postgraduate Dean for Quality
Dr Scott Taylor	Foundation Programme Director
Mr Tim Graham	College Representative
Dr Georgina Walsh	Trainee Associate
Mr Alex MacDonald	Lay Representative
Miss Vicky Hayter	Quality Improvement Manager
In attendance	
Mrs Fiona Conville	Quality Improvement Administrator
Specialty Group Information	
Specialty Group	Surgery
Lead Dean/Director	Professor Adam Hill
Quality Lead(s)	Dr Kerry Haddow and Mr Phil Walmsley
Quality Improvement Manager(s)	Ms Vicky Hayter and Ms Jill Murray

Unit/Site Information	
Non-medical staff in attendance	6
Trainers in attendance	2
Trainees in attendance	5 FY, 1 CT, 2 ST
Feedback session: Managers in attendance	12
Date report approved by Lead Visitor	14th December 2018

1. Principal issues arising from pre-visit review

This visit is a follow up to the most recent programme visit held on 23rd November 2016. The visit team investigated the issues previously highlighted and were informed of progress made towards their resolution. The visit team also used the opportunity to regain a broader picture of how training is carried out within the department visited and to identify any points of good practice for sharing more widely.

A Programme visit was undertaken on 23rd November 2016 and the following is the summary from the visit report.

The panel felt this was a positive visit with trainees rating their experience and support from Consultants very highly across the programme. Whilst there were some issues to address regarding formal training both locally at some sites and regionally, more formalised educational leadership at RIE, overall this was a well-run and supported training programme.

Survey data from Trainees include:

<u>Foundation Trainees</u>

NTS Data

FY1 - Red Flag – Feedback

FY2 – Red Flags - Adequate Experience, Educational Supervision, Overall Satisfaction, Feedback, Supportive Environment, and Teamwork, Pink Flag – Curriculum Coverage

STS data

Red Flags – Educational Environment, Handover, Induction and Teaching, please note this data is for all Surgical departments

<u>Core Trainees</u>

NTS Data

Pink Flags – Educational Supervision, Supportive Environment and Teamwork

Green Flag – Curriculum Coverage

STS Data – no data due to small numbers

Specialty Trainees

NTS Data – no data due to small numbers, aggregated data as follows:

Pink Flags – Clinical Supervision, Reporting Systems, Supportive Environment, Feedback, Local Teaching, Regional Teaching, Teamwork, Curriculum Coverage and Educational Governance

STS Data – no data due to small numbers

The requirements following the visit in November 2016 are listed below:

- All sites to work together, with TPD involvement, to coordinate and deliver a fully regional training programme.
- Unit induction is required at Royal Infirmary Edinburgh
- A clinical lead is required to oversee the training for cardiothoracic surgery at Royal Infirmary Edinburgh
- All trainers should have time in their job plans for their educational role
- A clinical supervisor is required to oversee the training for ST3/4 trainees
- Formal local teaching is required
- All sites must have routinely working and accessible facilities to support regional teaching e.g. v/c

2. Introduction

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 below includes numeric reference to specific requirements listed within the standards.

The panel met with the following trainee groups:

Foundation Trainees
Core Trainees
Specialty Trainees

The visit team also took the opportunity to gain a broader picture of how training is carried out within the department and to identify any points of good practice for sharing more widely.

3.1 Induction (R1.13)

Trainers: Trainers reported a very effective half day induction which is run by the Programme Lead. Trainees are given a tour around the department and meet with all team members. Any trainees who cannot attend are given an informal induction at a later date.

Foundation & Core Trainees: Not all trainees received hospital or departmental induction. The majority of Foundation trainees were given a brief overview and shown around the department by a nurse, trainees feel they would have benefited from a formal clinical departmental induction. Foundation trainees received the written induction document before commencing in post which they found useful. The Core Trainee did not receive a hospital or departmental induction.

Specialty Trainees: Trainees reported an adequate hospital induction but would have liked a formal departmental induction and not just a tour of the department. There was no written induction document.

Non-Medical Staff: Staff have input into induction which runs over a half day. An induction document is sent to the Foundation and Core trainees in advance.

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

Trainers: There is multi-disciplinary teaching on a Wednesday morning for junior trainees which is well attended. Specialty Trainees can video link with the Golden Jubilee on a Wednesday evening. Foundation training is bleep free as the specialty trainees on the ward holds the bleep. All trainees can attend regional teaching with no issues. The programme lead sets out the Foundation training programme before trainees start in post in August and trainees are encouraged to volunteer and pick topics.

Foundation & Core Trainees: Teaching is held on a Wednesday morning and trainees are expected to present. The Thoracic ward round is held at the same time therefore trainees reported

poor attendance, and some have only attended one or two sessions out of 8. Foundation teaching takes place on a Tuesday and Thursday and there are no issues with attendance. Core teaching is held in Aberdeen once a month and as it is practical teaching the trainee attends in person. Trainees feel that Wednesday morning teaching could be improved by changing the timing, so it is assessible for both teams and would like teaching topics in advance.

Specialty Trainees: Teaching is on a Wednesday morning for all to attend but it is for more junior trainees and is usually Foundation or Core focussed. There is no local formal in house teaching for Specialty Trainees however there is collaboration with Glasgow via video link on a Wednesday afternoon. Trainees can attend but it is their main operating day. Regional teaching is held on a Friday which is of good quality.

Non-Medical Staff: There is a formalised teaching programme on a Wednesday morning and inhouse multi-professional teaching weekly.

3.3 Study Leave (R3.12)

Trainers: Trainers have no issues supporting study leave provided trainees give notice.

Foundation & Core Trainees: Thoracic trainees must email several people to gain study leave approval which is not always straight forward due to annual leave etc. Cardiac trainees have no issues if 6 weeks notice is given.

Specialty Trainees: Trainees have no issues receiving study leave.

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

Trainers: Managers allocate both Clinical and Educational Supervisors to trainees. All trainers have time in job plans for their educational roles. Trainers have attended train the trainer's courses in the past and one is due to update this year. Trainers advised they were unsure whether the Core Trainee was part of the IST programme.

Foundation & Core Trainees: Trainees reported a varied response depending on the individual Educational Supervisor as to how often meetings have occurred. It ranged from 2 weeks after starting in post to 6 weeks all which were informal and adhoc. Some trainee learning agreements have not been signed off on ISCP despite being in post for 3 months. Trainees reported being attached to one supervisor with no flexibility to attend other lists.

Specialty Trainees: Trainees receive regular feedback both formal and informal on a regular basis and work closely with Consultants.

Non-Medical Staff: Staff reported trainees can access senior support during the day. There is a Specialty doctor available 24 hours a day 7 days a week and can be contact anytime. There is also a Consultant on-call. The intensive care unit always have a Consultant Anaesthetist available.

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

Trainers: Trainers advised they rely on trainees to inform them of their individual training requirements at the initial Educational Supervisor meeting. Trainers access the NES website and all training aspects are explored such as clinical, academic and educational. Trainers ensure that trainees attend a satisfactory number of clinics and theatre by holding an attendance sheet ensuring numbers are high. Trainers reported there is not much training regarding end of life care. The balance between training and service is 50/50 for Core trainees. Foundation trainees are encouraged to attend theatre.

Foundation & Core Trainees: Trainees reported positive Specialty trainees who are supportive and keen to teach informally. Foundation trainees are encouraged to attend theatre but due to small numbers on the ward it is difficult for year 1s to attend. Trainees feel they would benefit from teaching on the ward round. There are quality indicators required for the post which are not currently being achieved for Core Training as part of the IST programme, such as learning agreement not signed off and problems attending Cardiac Surgery theatre sessions and clinics. Trainees reported junior posts are 75-95% service based due to compiling discharge letters, bloods and cannula's. ICU posts are better training opportunities and trainees feel they would benefit from rotating. Overall trainees reported a negative environment.

Specialty Trainees: Trainees reported very good exposure to both theatre and clinics. The Thoracic Specialty Trainee is the point of contact for the Core Trainee due to the recent retiral of an Associate Specialist. Trainees still have theatre days when on-call and if on nightshift trainees can swap.

Non-Medical Staff: Nursing staff contribute to on the job training and are available for support should the trainees require support.

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

Trainers: Trainers advised that are aware of the assessments required for Trainees through Turas for Foundation and ISCP for Core and Specialty. Trainers stated that there are no issues completing assessments or audits for any of the trainees. There is currently no mechanism to benchmark trainer's assessment completion.

Foundation & Core Trainees: Completing assessments is variable these are normally completed by specialty trainees as it is difficult to access Consultants. To date at least one person has not had any work placed based assessments signed off despite issuing several requests.

Specialty Trainees: Trainees reported excellent surgical exposure and there are no issues completing competencies.

Non-Medical Staff: Nursing staff are regularly asked to contribute to trainees multi source feedback.

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

Trainers: Weekly formalised teaching includes ward and surgical practioners with multi-disciplinary teams. All staff also attend the monthly Governance meeting.

Specialty Trainees: There is a lack of surgical nurse practioners in thoracic surgery therefore foundation trainees can sometimes undertake this role.

3.8. Adequate Experience (other) (R1.22)

Foundation & Core Trainees: Trainees working in ICU have opportunities for audit and quality improvements. Trainees are not offered audit opportunities, and these have been discouraged in the past and trainees encouraged to focus on exams instead of quality improvement.

Specialty Trainees: Audit and quality improvements are part of the Curriculum and there are opportunities to undertake 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: Trainers advised that the department is fortunate and privileged to have excellent support staff and long-standing employees who know the structure of the department. All trainees know who to contact both during the day and out of hours as this is discussed at induction and there is a print out in the doctor's room with ll contact details. Although consent is done by Consultants, trainers are happy for senior trainees who are competent to consent patients.

Foundation & Core Trainees: Foundation trainees reported 90% of time is spent on the ward without support as Consultants are in theatre or clinic. All trainees are clear who is the Specialty Trainee on-call but not the Consultant. Foundation trainees have had previous experience of an unwell patient and were unable to contact senior support in person or by telephone due to theatre commitments. Trainees feel this is a potential patient safety risk and they would not feel happy if a friend or relative were admitted to the ward. The Core trainee is on the ST rota with no on-call or weekends and is always able to contact a Consultant.

Specialty Trainees: Trainees do not feel they have to cope with problems beyond their competence and have their own lists. Consultants agree suitable cases for lists and supervision is always available on site.

Non-Medical Staff: Foundation trainees do both cardio and thoracic surgery and staff get to know trainees well. An Associate Specialist has recently retired and management are in discussion regarding the best way to fill the post. Staff do not feel trainees have to cope with problems beyond their competence as there is always someone available and nursing staff offer support if required.

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

Trainers: Trainers regularly feedback to trainees informally and through Educational Supervisor meetings. Trainers reported frequent engagement with trainees.

Specialty Trainees: Trainees received regular formal and informal feedback which is both constructive and meaningful.

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

Foundation & Core Trainees: Trainees have fed back to Consultants a number of times but to date there has been no action to address this feedback. Specialty Trainees are very supportive but there are no junior forums for trainees.

Specialty Trainees: Trainees can provide feedback to Consultants 3 or 4 times a year at Educational Supervisor meetings.

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

Trainers: Trainers advised learning opportunities for Core trainees is very good with good operative exposure and education. There is an effective Foundation rota broken down by 3 Foundation trainees undertaking thoracic and 4 trainees in cardiac and 2 in ITU. Trainers devise the specialty rota to maximise training opportunities for senior trainees. Thoracic training is optimised by not taking a day off after on call. Core trainees can attend thoracic or cardiac theatres and are encouraged to do so.

Foundation & Core Trainees: Trainees reported a manageable rota in cardiac and thoracic during the day. Out of hours can be a variable workload. Saturday is very busy for Foundation year 1s and Sunday is very busy for Foundation year 2s due to admissions for the following day. The split of Foundation trainees on the ward is adhoc and can range from having none to having 2 or 3 which has an impact on workload.

Specialty Trainees: Trainees reported a manageable rota both during the day and out of hours and would not make any improvements.

Non-Medical Staff: Staff are not aware of any concerns in relation to the rota that impact on a trainee's wellbeing but would speak to a Consultant if they did. Staff previously asked trainees for feedback in relation to the rota and trainee stated they prefer late shifts all together therefore the rota was changed accordingly. Staff would prefer if Foundation Year 2 doctors rotated around the 3 areas.

3.13. Handover (R1.14)

Trainers: There is a formal handover in the morning, afternoon and evening. The Consultant Anaesthetist attends all ward rounds in ICU.

Foundation & Core Trainees: Trainees stated there is no handover process in place. Foundation trainees speak to trainees on nights before they leave but there is no formal handover structure.

Specialty Trainees: Trainees advised there is no formal handover out with ICU. The Foundation trainees are alone on the ward if the Core and Specialty trainees are in theatre due to the retiral of the Associate Specialist.

Non-Medical Staff: There is a structured morning and evening handover in both cardiac and thoracic Surgery. The ANPs finish at 8pm and handover to the cardiac Foundation trainees. A Specialty doctor is available should a trainee have any concerns. After 5pm and weekends cardiac and thoracic share the workload and work together as a team.

3.14. Educational Resources (R1.19)

Specialty Trainees: Trainees have access to adequate facilities such as a library and a doctor's room.

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

Foundation & Core Trainees: Trainees advised support is variable depending on Educational Supervisor.

Specialty Trainees: Trainees would be supported if they had any issues struggling with the job or health.

Non-Medical Staff: If staff were concerned regarding the performance of a trainee they would speak to them directly or contact their Educational Supervisor.

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

N/A

3.17 Raising concerns (R1.1, 2.7)

Trainers: Trainees are encouraged to raise concerns about patient safety which is discussed at induction. Higher trainees raised concerns regarding not enough surgical exposure and this was resolved ensuring they have one list per week.

Specialty Trainees: Trainees have not raised in concerns regarding patient safety.

Non-Medical Staff: Any patient safety concerns are escalated to the Senior Management Team who put procedures in place to eliminate the risk and hold an internal investigation.

3.18 Patient safety (R1.2)

Trainers: Trainers are aware of one situation which was raised by a Foundation trainee who was not happy with a Specialty Trainee's response when called for help. The Programme Lead met with those involved and the situation was mis-communication which was resolved.

Specialty Trainees: If a friend or relative was admitted to the department trainees would have no concerns regarding the quality and safety of their care.

Non-Medical Staff: Datix is used to report any incident which are then discussed at the monthly M&M meetings. The risk register and quality assurance standards would be updated with a triangulation of data around governance.

3.19 Adverse incidents (R1.3)

Foundation & Core Trainees: A previous incident was raised with nursing staff and to date no feedback has been given. Trainees have no patient safety concerns.

Specialty Trainees: Trainees reported a previous incident when a Consultant with less thoracic experience did not recognise an emergency which then had to be dealt with the following morning by a colleague. This was used as a learning opportunity and discussed at the monthly M&M meeting. The monthly M&M meeting is poorly attended.

3.20 Duty of candour (R1.4)

N/A

3.21 Culture & undermining (R3.3)

Trainers: Trainers are unaware of any undermining or bullying. There have been some personal disagreements but no bullying. Trainers reported a close team working department who are supportive of each other. All trainees are made aware of the escalation process at induction.

Foundation & Core Trainees: Trainees reported being undermined by nursing staff. They are frequently asked their opinion which is then ignored, and advice sought elsewhere. Foundation trainees report being asked by nursing staff to prescribe drug combinations they were not comfortable with at weekends but feeling they had little choice but to comply. Trainees would speak to a Consultant if they had any bullying or undermining issues but would not feel comfortable escalating this to a supervisor.

Specialty Trainees: Trainees reported a supportive environment.

Non-Medical Staff: Staff reported the team culture had improved since joining cardiac and thoracic together a couple of years ago. Staff hold regular meetings with trainees and are all approachable and socialise regularly.

3.22 Other

Foundation & Core Trainees: Trainees reported there are missed opportunities for informal teaching and the retirement of an Associate Specialist in the thoracic unit has been detrimental to training. One trainee has decided to change specialty due to the issues occurred in this post.

Specialty Trainees: Trainees reported very good exposure especially in thoracic Surgery. Trainees believe the department is set up for more senior trainees and would like an equal division of resources in both cardiac and thoracic Surgery. The recent retirement of staff has caused a strain on junior trainees.

Non-Medical Staff: Staff stated it would be beneficial to merge the 2 doctors rooms currently 1 for thoracic and 1 for cardiac this will enable all staff to be together.

4. Summary

The panel's findings suggested that this training environment has deteriorated since the previous programme visit in November 2016. The panel would like an update within 6 months on all the requirements, with evidence supporting changes that have been implemented.

What is working well:

- Improvements in formal teaching programme - links to national teaching programme for higher trainees and Wednesday morning multi-disciplinary teaching for Junior trainees but needs to be equity accessible for all
- Excellent Surgical Exposure for Senior Specialty Trainees
- Trainers have adequate time in job plans
- Good feedback regarding training for Foundation Trainees in ICU and within Cardiac Unit
- Good written induction document sent to Junior trainees

What is working less well:

- Mismatch reported regarding induction, some trainees did not receive any form of unit induction
- Outside of ITU handover is reported as being ad-hoc
- Variable Educational Supervision – not all learning agreements have been signed 3 months into post
- Foundation posts reported to be greater than 75% service provision
- Reports of strained relationships between Junior Trainees and some non-medical staff
- Core Trainee not meeting quality indicators

Overall satisfaction scores:

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

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 average scores were recorded:

Foundation & Core trainees ranged from 0/10-6/10 - average score 4/10
Specialty trainees – average score 9/10

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

5. Areas of Good Practice

Ref		**Item**	**Action**
5.1			

6. Areas for Improvement

Ref	Item	Action
6.1	Study Leave sign off process for junior trainees	
6.2	Lack of junior forum	
6.3	Timing of Wednesday teaching to enable all to attend	

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	Departmental induction must be provided which ensures trainees are aware of all of their roles and responsibilities. The induction booklet should be sent to all grades of trainees before commencing in post.	July 2019	All
7.2	Ward handover must be formalised and documented and happen consistently in all ward areas to ensure safe handover and continuity of care.	July 2019	All
7.3	The burden of tasks for all cohorts of junior doctors in training across the 3 areas of ITU, cardiac and thoracic that do not support educational or professional development and that compromise access to formal learning opportunities must be significantly reduced.	July 2019	FY, CT
7.4	All staff must be encouraged to behave with respect toward each other and zero tolerance of undermining behaviours must be promoted.	July 2019	All
7.5	Educational supervisors must understand curriculum and portfolio requirements for their trainee group. Initial meetings and development of learning agreements must occur at the start of post.	July 2019	All
7.6	Trainees must receive feedback on incidents that they raise	July 2019	All
7.7	Trainers must ensure the availability of Specialty Trainees and Consultants for Foundation trainees and provide a clear documented escalation process	July 2019	FY,CT

Action undertaken by NHS Lothian to address requirements can be found by logging in to NHS Lothian's Medical Education Directorate website. See "Action Plan" – located at the bottom of the webpage.