Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	Friday 30 November 2018	**Level(s)**	Foundation
Type of visit	Revisit	**Hospital**	Royal Infirmary of Edinburgh
Specialty(s)	Trauma and Orthopaedics	**Board**	NHS Lothian

Visit panel	
Dr Fiona Drimmie	Visit Lead and Associate Postgraduate Dean (Quality)
Dr Peter Armstrong	Foundation Programme Director
Dr Gillian Scott	Trainee Associate
Ms Jill Murray	Quality Improvement Manager
Mr Alex MacDonald	Lay Representative
In attendance	
Mrs Gaynor Macfarlane	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Foundation	
Lead Dean/Director	Professor Clare McKenzie	
Quality Lead(s)	Dr Geraldine Brennan and Dr Fiona Drimmie	
Quality Improvement Manager(s)	Ms Jill Murray	
Unit/Site Information		
Non-medical staff in attendance	5	
Trainers in attendance	3	
Trainees in attendance	10	5 x FY1, 5 x FY2
Feedback session: Managers in attendance	5	

Date report approved by Lead Visitor	21/12/18

1. Principal issues arising from pre-visit review

The Deanery last visited Trauma and Orthopaedics at Royal Infirmary of Edinburgh 30 January 2018. At that visit a number of concerns were raised relating to Foundation training. Following discussion at the Foundation Quality Review Panel in August 2018 it was agreed that the Foundation Quality team should revisit the department to review progress.

The requirements given to the department in January 2018 are as detailed below:

- Concerns regarding FY1 workload and rota patterns to improve FY1 presence and support at weekends must be addressed.
- A formal recorded handover procedure must be introduced for Foundation trainees in a protected area with senior input.
- Foundation trainees must have protected time to attend regional Foundation teaching in order to achieve their curriculum requirement as per Foundation Education Guidance.
- Steps must be taken to increase availability of staff to complete work placed based assessments for Foundation trainees to allow them to achieve their curriculum requirement.
- Improvements must be made for induction to include focused information for the first week for FY doctors and a formal process for ensuring all doctors new to the department receive induction and passwords.
- The department must cease the use of SHO terminology.

In addition to the previous visit requirements, the team will also take the opportunity to gain 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.

Concerns were also highlighted in the Scottish Training Survey (STS):

STS Data – Foundation
Red Flags – Clinical Supervision, Educational Environment, Handover, Induction, Teaching, Team Culture and Workload

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 groups:

Trainers
Foundation Trainees
Non-Medical Staff

The Clinical Director for Trauma gave a presentation to the visit team which included an introduction to a new system called "Base Jump" which has involved a restructure of the teams within the department. This started 4 weeks before we visited. The new system has allocated Foundation trainees to wards allowing them to be part of a small team which has improved communication and their workload. There are ward rounds each day on the trainees' base ward which they are able to attend. FY2 trainees have time in their rota to attend clinics and theatre on a weekly basis and all Foundation trainees now only attend one handover. The department has appointed 4 trainee Advanced Nurse Practitioners and allocated them to wards to support the Foundation trainees. Foundation trainees no longer work on the

Elective ward as this is now covered by an ANP with support from a Specialty trainee. Focus groups have been held with the Foundation trainees to get their feedback on the new system and the plan is to continue these with the new cohort of trainees. The panel was also given an overview of how the department had actioned the requirements from the previous visit.

3.1 Induction (R1.13)

Trainers: Trainers stated that the trainees receive both a hospital and departmental induction. All Foundation trainees are sent their rota and a departmental handbook before they start in post. The handbook includes practical information such as requesting procedures and which Specialty trainee should be contacted on the Foundation trainees first day. The trainees receive their induction the Friday following their start in post although this is being reviewed for the induction in December. Trainees who are unable to attend the induction are met separately on their arrival.

Foundation Trainees: Trainees stated that they had all received a hospital induction which included the issuing of IT passwords. Trainees advised that they had received a brief departmental induction however it did not provide any details that helped the trainees start work in the department. If a trainee had missed the first day, there was no confidence that they would have been met and given an introduction. The FY1 trainees had been shadowing in the department but stated if they had not been they would not have known what their role was. The FY2 trainees agreed they did not know their role or what was expected of them following induction. All trainees reported there is an induction handbook which is useful but that it only refers to the trauma side of the service and there is no information for the elective side.

Non-Medical Staff: The team reported that they do have input to induction but with the recent appointment of ANPs (Advanced Nurse Practitioners) it would be of additional benefit if they attended.

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

Trainers: Trainers reported that there is a monthly M&M meeting the first Wednesday of the month which trainees attend. There is regional teaching that they are able to attend and although it is not bleep free with the introduction of the new system they are called less by the ward team. There is departmental teaching that is organised by the Specialty trainees and they allocate topics for each session and a Foundation trainee gives a 10-minute presentation at the session.

Foundation Trainees: Trainees stated that they have difficulty in attending their regional teaching and are concerned they will be unable to achieve their 70% attendance requirement. If the trainees are on the ward and at work they are able to attend their teaching, the problem is the number of teaching days they are scheduled to be off.

Non-Medical Staff: The team advised that with the new Base Jump system which makes the trainees ward based it is much easier for them to attend teaching. The trainees are bleeped less because they are on the ward all the time and know the jobs they have to. Being ward based has improved the communication between the team with trainees advising them when their teaching sessions are.

3.3 Study Leave (R3.12)

Trainers: Trainers stated that there are currently no issues supporting study leave requests. It can be more challenging when there are gaps on the rota.

Foundation Trainees: Trainees stated that the previous rota had allocated float days to all Foundation trainees that they could use to attend clinics or theatres or, in the case of FY2 trainees, take study leave on. These floats days have now been removed from the rota with the introduction of fixed clinic and

theatre sessions for the FY2 trainees only. FY2 trainees stated that study leave had been requested and granted but it had been challenging.

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

Trainers: Trainers advised that the Foundation trainees are allocated Educational Supervisors based on their ward allocation. There is a departmental list of trained Educational Supervisors and these are allocated to the Foundation trainees by 2 of the Specialty trainees. All trainers have time allocated in their job plans and have the role reviewed as part of their annual appraisal.

Foundation Trainees: Trainees stated that they all had named Educational Supervisors. Trainees reported mixed experiences with their Supervisors. Some Supervisors meet their trainees regularly whilst others had only met their trainees once and had had little interaction with them during the post. A number of trainees stated that they had not met their Educational Supervisor at the beginning of the post with some stating they had not met until November. The trainees stated that, in their opinion, there are only 2-3 Consultants who are engaged with Educational Supervision and training.

Non-Medical Staff: The group stated that there is always someone available to provide support and supervision. Now the trainees are ward based there is a clear structure for supervision.

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

Trainers: Trainers stated that the new system has improved the amount of non-educational tasks that trainees are required to undertake. There is now more time and focus on training in the department and on the wards. FY2 trainees have time in their rota to attend clinics and theatre which provides them with an insight into the specialty rather than dealing with the medical issues of the patients as was done previously. There is also a lot of support provided by the Ortho-Geriatric team, this is particularly useful for FY1 trainees.

Foundation Trainees: Trainees reported that they are able to gain their competencies. FY2 trainees now have clinic and theatre sessions timetabled into their rota. FY2 trainees, with the support of a senior specialty trainee, have started departmental teaching sessions for medical students and this programme will be handed over to the next group of FY2 trainees so that it continues. FY1 doctors do not attend clinic or theatre but receive good support for management of the medical care of patients within the new system. This experience is suitable for FY competency.

Non-Medical Staff: The group advised with the recent appointment of ANPs and their role to work alongside the Foundation trainees there is more input into their training. They discuss patients and procedures and provide support and advice if trainees are undertaking a new procedure.

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

Trainers: Trainers stated there are no issues having assessments completed

Foundation Trainees: Trainees reported they are able to complete their assessments as there is a supportive group of Specialty trainees who complete the majority of them.

Non-Medical Staff: The group advised that they contribute to the trainees' assessment completion by completing their TABs and core procedure forms.

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

Trainers: Trainers stated there are MDT (multi-disciplinary team) meetings that the ward team attend as well as Trauma meetings that are attended by members of the nursing team. Ward rounds are attended by all members of the ward team which includes physiotherapists and occupational therapists.

Foundation Trainees: Trainees advised that there are regular MDT meetings on the ward which they attend. This is an improvement on the previous system where trainees were not ward based and missed out on this interaction. There are also ward rounds that trainees attend with representatives from other specialties and disciplines.

Non-Medical Staff: The group stated that there are a number of MDT meetings that all members of the ward team attend.

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

Trainers: Trainers advised that there are opportunities to undertake audit and these are highlighted to the trainees.

Foundation Trainees: Trainees stated that there are opportunities to undertake audit which is supported by the Specialty trainees.

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 reported that there is a colour badged scheme that has been rolled out and each grade of trainee is identified by the colour of their name badge. There are also photographs of all team members of the wall on each of the wards. Now that the trainees are ward based it is easier to know who everyone is. There is a clear escalation process for support on each of the wards.

Foundation Trainees: Trainees stated that there has been an improvement with the introduction of the new system. Previously the trainees were not ward based and it was unclear who to call for support. The new system has the trainees and Consultants assigned to wards and this helps clarify who is to be contacted each day. There is also a Specialty trainee assigned to each of the wards which is also a benefit of the new system.

Non-Medical Staff: The team advised that NHS Lothian have introduced a colour-coded badge system that identifies the grade of trainee. The department also have a board in the department with photographs of all ward team members.

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

Trainers: Trainers advised trainees are regularly given feedback from the Consultant group and the Specialty trainees.

Foundation Trainees: Trainees reported that they get feedback if they call the medical team for support or if a Specialty trainee leads the ward round but usually they receive no feedback. The FY2 trainees also get feedback when they are in clinic or theatre on their allocated days. The majority of work for the FY1 trainees is the medical conditions of the patients and therefore the Specialty trainees and Consultants always refer them to the medical team.

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

Trainers: Trainers reported that the trainees had been asked to provide feedback on the new Base Jump system and this will continue into the next post and new group of trainees. The Specialty trainees are running focus groups to gather feedback.

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

Foundation Trainees: Trainees stated that the new system has improved their rota and workload. There has also been improvement out of hours as they now have the support of an ANP and Phlebotomist. There are no patient safety issues as the new system ensures unwell patients are now seen earlier by the ward trainee and management plans put in place earlier.

Non-Medical Staff: The team reported that they believe the rota is now much better for the trainees.

3.13. Handover (R1.14)

Foundation Trainees: Trainees reported that there is a handover at 4.30pm that some trainees have to stay past their finish time to attend. This handover covers all 5 wards and involves ANPs. The trainees stated that the handover is not structured, involves only Foundation trainees and ANPs and has no senior input. The weekend handover is more structured, there is a written handover for the meeting at 4.30pm on a Friday and it is sometimes attended by the Specialty trainee who is working the weekend. The written handover sheet was created by the previous group of Foundation trainees and the current group have added to this with a handback sheet for Monday morning. This will be shared with the incoming Foundation trainees.

Non-Medical Staff: The team advised that there is a handover meeting at the end of the day that the trainees and ANP attend. There is also a WhatsApp group that includes the trainees and the nurses and they prompt each other to attend handover meetings. There is a written handover sheet for each of the ward teams. The FY2 trainee attends the handover at night to the H@N team but it is the ANP who attends the morning H@N handover meeting.

3.14. Educational Resources (R1.19)

Trainers: Trainers advised that there is an Orthopaedic library that trainees have access to and there is access to good to IT facilities.

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

Trainers: Trainers reported that if they had any concerns regarding a trainee they would contact the Foundation Programme Director, but they would try to help the trainee in the first instance.

Foundation Trainees: Trainees stated they received support from their peers and junior Specialty trainees. The group reported they would only be able to name and recognise 2-3 of the Trauma Consultants and none of the Elective Consultants.

Non-Medical Staff: The team advised that any concerns regarding a trainee would be raised with the Foundation lead in the department.

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

Trainers: Trainers advised that there is a Director of Medical Education and that the Associate Director of Medical Education for the site has been supportive of the changes made in the department. Good

support has also been provided by the site Associate Medical Director. There has been good support with the appointment of ANPs and a phlebotomist to support the Foundation trainees.

3.17 Raising concerns (R1.1, 2.7)

Not discussed.

3.18 Patient safety (R1.2)

Foundation Trainees: Trainees stated that the new system is safer for patients as being ward based allows the trainees to get to know their patients and their treatment and patients do not get missed out due to any one doctor having too many patients to care for. Patients boarded to the wards do not receive the same standard of care as they are not included in the ward round. The trainees are not included in the ward round of the parent specialty of the patient when they come to see them. Trainees raised concerns that some members of the Consultant group are refusing to see Trauma and Orthopaedic post-op patients that are not their patients but are based on the ward they are responsible for. These Consultants continue to see their own post-op patients on other wards. Trainees have to find other Consultants who are willing to see the patients who have been missed.

Non-Medical Staff: The team reported that the department is safe for patients and this has improved with the introduction of the new system. The new system has ensured the workload of the Foundation trainees is more manageable with each team having the same number of patients and support available on each of the wards. The new system has also improved the care of boarded patients as there is a constant doctor on the ward if issues arise with these patients. It is more challenging on the Elective ward as there are no Foundation trainees based on the ward.

3.19 Adverse incidents (R1.3)

Trainers: Trainers reported that incidents are reported and discussed in the department. There had been an incident that had resulted in a critical incident review and the learning from that incident had been shared across the department. The introduction of the new system allocating trainees to wards will also reduce the chance of recurrence of the incident.

Foundation Trainees: Trainees stated that they raise any incidents with Consultants or nurses but do not use the Datix system. They recognise the nurses would raise a DATIX. Some trainees had received feedback directly from nursing colleagues around a DATIX but did not know how this information was shared.

Non-Medical Staff: The team advised that the Datix system is used to report incidents. There are M&M meetings in the department, but these are usually only attended by Elective Consultants with no input from the Trauma Consultants. Re-introduction of the Quality Improvement Group with representatives from both the Elective and Trauma groups of Consultants and a Nurse Manager will help learning to be disseminated round the department. A trainee representative will also be invited to that group.

3.20 Duty of candour (R1.4)

Not discussed.

3.21 Culture & undermining (R3.3)

Trainers: Trainers reported that communication and team working has improved with the introduction of the new system.

Foundation Trainees: Trainees stated that they feel a number of the Consultants in the department are deliberating undermining the new Base Jump system because they do not like it as it makes it harder for the consultant to keep track of patients they have themselves operated on.

3.22 Other

Trainers: Trainers reported that there were challenges on the elective wards due to no trainees being based there. There are a number of post-operative patients on the ward and when the on-call trainees attend the ward they have no patient knowledge. There is an ANP based on the ward and they are supported by the Specialty trainees. The foundation doctor is a backup and the plan over time is to have this ward purely managed by ANP's. This cannot happen yet as they are not fully trained including prescribing.

Foundation Trainees: Trainees stated the new system is much better for their training and for patient safety, but it may have had an impact on Specialty trainees training opportunities in theatre/clinic as the ST trainees feed into the team structures which support Foundation.

Overall satisfaction scores:

FY1 trainees Pre-Base Jump – a range between 2-7 with an average of 5.4
FY1 trainees Post Base Jump – a range between 5-8 with an average of 7

FY2 trainees Pre-Base Jump – a range between 3-6 with an average of 3.75
FY2 trainees Post Base Jump – a range between 6-8 with an average of 7.25

Summary

The visit panel found a department that had worked hard to improve the trainee experience since the previous visit. The introduction of Base Jump and the appointment of Advanced Nurse Practitioners and phlebotomists to support the Foundation trainees are an undoubted success for Foundation training. However, the panel were unsure about the sustainability of the changes being made due to a lack of universal engagement with Base Jump. The panel recommended a revisit towards the end of the training year to gauge the impact of Base Jump on future trainees. This allows the department to roll the system out to a group of trainees for a full 4-month placement and to evaluate it themselves before a revisit.

What is working well:

- Base jump has had a very positive effect on the Foundation trainees. Over the last 4 weeks it has led to increased support for the trainees, improved communication and team-working, improved patients safety and a more efficient spread of workload. There has also been a large reduction in the number of bleeps to trainees and an increase in opportunities for FY2 trainees to attend clinic and theatre.
- The induction handbook is good with practical advice.
- Improvements in handover – trainees have a written record for handover but have also introduced a hand back record. There is ANP attendance at the H@N handover which enables to the trainees to attend the Trauma meeting.

What is working less well:

- Lack of engagement by a number of Educational Supervisors. There are 2-3 Educational Supervisors who provide excellent Educational Supervision and are very much appreciated.
- There is active non-engagement in the new Base Jump system by a number of Consultants which impacts on patient safety and training.
- The impact of Base Jump on Specialty training is unclear.
- There is over-reliance on STs to provide teaching and assessment completion to Foundation trainees.
- Datix is not being actively used in the department by medical teams and the quality governance procedures for oversight have only recently been reinstated.
- There is a lack of Consultant and ST input in handovers, particularly at the Friday evening handover for the weekend.
- Rotas restrict the ability of trainees to achieve 70% attendance at their regional teaching. Discussion with the regional Foundation team would be appropriate.

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

5. Areas of Good Practice

Ref	**Item**
5.1	Timetabled clinic and theatre sessions for FY2 trainees.
5.2	Base jump has reduced the number of pages the Foundation trainees receive daily and provided them with a team structure for support.

6. Areas for Improvement

Ref	Item	Action
6.1	Base jump requires to be sustainable with completion of ANP training and positive support from all grades. This requires active engagement from the wide Consultant team.	
6.2	The reliance on Specialty trainees to provide teaching and assessment completion to Foundation trainees must be acknowledged and mitigated.	

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	Ensure those undertaking the role of Educational Supervision understand their responsibility and engage with the process. Initial meetings and development of learning agreements must occur within a month in post.	30 August 2019	Foundation
7.2	There must be induction of doctors in training to all roles and responsibilities with face to face meeting on the first day of the job including the multi-disciplinary team.	30 August 2019	Foundation
7.3	The department must foster a culture of learning that includes doctors in training both in reporting critical incidents using channels such as the Datix reporting system but also in the consequent learning that comes from an effective system.	30 August 2019	Foundation
7.4	Barriers preventing trainees attending their dedicated teaching days must be addressed.	30 August 2019	Foundation
7.5	Handovers involving Foundation trainees must include senior input to ensure patient safety and learning opportunities.	30 August 2019	Foundation
7.6	The recent improvements made to Foundation training must be embedded and sustainable.	30 August 2019	Foundation

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.