

Scotland Deanery Quality Management Visit Report



Date of visit	27 th February 2019	Level(s)	Core & ST
Type of visit	Scheduled	Hospital	Ninewells Hospital, Dundee & Perth Royal Infirmary
Specialty(s)	Anaesthetics	Board	NHS Tayside

Visit panel	
Dr Ronald MacVicar	Emergency Medicine & Anaesthetics Lead Dean Director & Postgraduate Dean (North Region)
Dr Mo Al-Haddad	Visit Lead, Associate Postgraduate Dean (Quality)
Dr Malcolm Smith	Training Programme Director, Anaesthetics, West Region
Dr Stephen Davidson	Trainee Associate
Mr David Ramsay	Lay Representative
Miss Kelly More	Quality Improvement Manager
In attendance	
Ms Lorna McDermott	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Emergency Medicine, Anaesthetics & Intensive Care Medicine
Lead Dean/Director	Professor Ronald MacVicar
Quality Lead	Dr Mo Al-Haddad
Quality Improvement Manager(s)	Miss Kelly More
Unit/Site Information	
Non-medical staff in attendance	2 operational theatre managers, operating department practitioner, 2 pain nurses, an ICU specialist charge nurse & a senior administrator
Trainers in attendance	Ninewells – 24 including the TPD & college Tutor. PRI – 7 including the college tutor
Trainees in attendance	30 trainees from CT1 to ST7
Feedback session: Managers in attendance	NHS Tayside chief executive, acting medical director, associate director of medical education, clinical services manager & the human resources lead.

Date report approved by Lead Visitor	07/03/19
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1. Principal issues arising from pre-visit review

The Deanery's scheduled visit programme aims to visit each unit/location delivering training once every five years. Accordingly, a scheduled visit is being arranged to the Anaesthetics departments at Ninewells Hospital and Perth Royal Infirmary (PRI). The visit team will take the opportunity to gain a broad picture of how training is carried out within the department and to identify any areas of innovation or good practice for sharing more widely. The visit provides an opportunity for trainees and staff within the unit/department to tell the Deanery what is working well in relation to training; and also to highlight any challenges or issues, the resolution of which could be supported by the Deanery.

At a previous visit in January 2015 the panel enjoyed a very positive visit featuring very useful feedback sessions with both trainees and consultants. The panel emphasised to the consultants that the trainees could not have been more positive about their experiences at both Ninewells and PRI. The outlier flags from the 2014 NTS were not corroborated by the feedback received from the trainees. The trainees listed their training highlights as: excellent induction, very supportive department for trainees at all levels; excellent supervision at both sites, with PRI giving added opportunity to work autonomously; and exceptional informal teaching. The trainees were glad to be part of the "most friendly department in the hospital" and the ACCS trainees also stated that they felt very welcomed into the anaesthetics team during their time there.

The trainees were surprised by the feedback from the 2014 NTS and suggested that things had perhaps improved since then, for example they mentioned that the handover sheet had only been put into practice within the last six months.

The panel commended the supportive environment and arrangements in place to discuss DATIX reports and the M&M newsletter. They also commended the efforts being made to maximise the opportunities for higher trainees at PRI. The panel recognised that ACCS seemed to work in anaesthetics, but not necessarily so well in other placements within Tayside. The panel suggested that the STC and educational supervisors needed to pull together more to bring this forward, e.g. knowledge of who to contact for rotas and the details of their next jobs. The panel recognised that they had not been able to access the views of foundation trainees in anaesthetics at either of the visits. The quality management team will ensure to monitor foundation trainee feedback via the STS and NTS.

At the pre-visit teleconference the panel decided that the areas of focus for the visit were the sustainability of training in PRI especially out of hours.

2. Introduction

Ninewells Hospital is a large teaching hospital based in Dundee.

The visit team met with specialty trainees as well as trainers.

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)

Ninewells Trainers: One person is responsible for induction but there is input from others. The process is not formally evaluated but suggestions for improvement are sought when meetings are held with trainees. The process is the same for PRI.

All trainees: The induction is good, there are clear instructions on what is expected from you and you are given a degree of freedom with your learning. It tells you all need to know. It runs twice a year

Core trainees: The induction is very good, it is clear what you need to do and there is a website you can access from home.

Non-medical staff: The administrative team facilitates induction. The pain nurses provide pump training. The staff feel that induction has given the trainees all they need to know.

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

Ninewells Trainers: Please see outline of what teaching is available in the trainees' section. In addition to what is mentioned there, there is also monthly regional anaesthetic teaching drop in sessions where trainees' can refresh their memory on the 'block of the month'. This is organised by the regional anaesthetic fellow. There is trolley teaching too which demonstrates new pieces of equipment.

In order to facilitate trainees' attendance at teaching the consultants hold their bleeps or do the theatre lists.

PRI Trainers: In addition to what is offered at Ninewells which the trainees link into, there is also a grand round, educational paper review and a multi-disciplinary team (MDT) meeting in intensive care.

All Trainees: Trainees preparing for the primary exam have weekly protected teaching that is bleep free. Those preparing for the final exam have weekly teaching. Post fellowship trainees have sessions that they organise and are supported by a consultant.

Trainees also have weekly intensive care teaching that is open to all. There are monthly clinical effectiveness sessions led by consultants. Theatre stops for these sessions to maximise attendance of the multi-professional team and surgical specialties also attend these sessions. Simulation sessions are sometimes organised during these sessions.

There is a departmental meeting every week where recent audits, changes and the morbidity and mortality meeting takes place. Teaching sessions require use of study leave

Non-medical staff: Staff ensure that trainees get away to their teaching sessions and these are clearly marked on the rota so that trainees cannot be allocated to any other work.

3.3 Study Leave (R3.12)

Ninewells Trainers: If enough notice is given there are no issues in approving study leave. If there is an issue trainees are given a choice of what they are able to attend. There is a pressure on the level of funding available.

All Trainees: Generally, study leave is approved.

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

Ninewells Trainers: They know who the trainees will be before they join the department so are then able to decide who will supervise them. The consultants communicate well as a group. The allocation for supervisory roles in the job plan is generally adequate except if there is an issue with a trainee. These roles are evaluated during appraisal and all those undertaking them have been trained for them.

PRI Trainers: The local college tutor looks after all the trainees and feeds back regularly to the Ninewells consultants. Those undertaking educational roles have time in their job plans.

All Trainees: Some dual trainees had identified issues with their allocation of educational supervisor but these were quickly rectified. All trainees received notification of who their supervisor was before they joined the department. There are no issues when arranging meetings and the quality is generally good.

Non-medical staff: The trainees seem very well supported and those on solo theatre lists are checked on regularly.

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

Ninewells Trainers: Training is delivered in blocks and where possible trainees are allocated to those specialty lists. There is a clinical supervisor for each block. They try to ensure that trainees are able to access everything that they need to and if there are any concerns trainees are encouraged to raise it.

Neurosurgery lists are more difficult to access, steps are being taken to address this. There are weeks when there is less elective theatre work (star weeks). Overall the balance between service and training for trainees is good.

PRI Trainers: Trainees are met early in their rotation to see what experience they need to gain from their placement. As the department is smaller trainees are given a little more responsibility than when working in Ninewells as staff can get to know them quicker so know what they can do. They can also support and nurture trainees that are needing a bit more support.

Concerns about the out of hours work have been raised as there is a low volume of patients in the evenings after 2100. At the weekend there are orthopaedic trauma lists but if these were removed that experience would be lost. Due to ongoing service redesign staff are unsure what is going to happen. Various models have been discussed but no decision has yet been made.

All Trainees: It is quite a small department so you can get to know everyone quickly so are given appropriate levels of supervision. There is lots of experience in regional anaesthesia and airway management. Most specialties are available including complex vascular cases. Trainees need to go to Glasgow for cardiothoracic training and neurosurgery training is hit & miss at the moment.

When working in PRI during the day there is lots of useful experience. However out of hours it is very quiet which is concerning in terms of logbook numbers. There is no emergency surgery and there is a suggestion that emergency orthopaedic cases will also be removed.

When working in intensive care, trainees in CT1 and CT2 are on the same rota as ST3 & ST4 trainees. The more senior trainees carry out the same work and are not given more responsibility and a chance to expand their knowledge. (Note – this was picked up & reported in the visit to Intensive care in May 2018)

Non-medical staff: Staff take part in various training sessions and ward rounds with the trainees.

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

Ninewells Trainers: There are no issues with completing assessments. Curricula information can be found on the tayside anaesthesia website and on the college website.

All Trainees: There are no issues in having assessments signed off.

Non-medical staff: They complete multi source feedback assessments for trainees as well as some on the job assessments when working with the pain team. A learning from excellence ad-hoc feedback system is currently being introduced which will allow further opportunities for assessment.

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

Ninewells Trainers: Airway management training is multi-disciplinary as are the obstetric unplanned drills and the simulation team-based safety drills. Trainees can also attend head and neck clinics to receive training in nasoendoscopy.

PRI Trainers: Trainees can learn non-technical and trauma skills at Heli med 76. There are scenario-based training sessions. Trainees can attend pre-assessment clinics with nursing staff and broncoscopy lists with respiratory physicians to enhance their fibre optic skills.

All Trainees: There are 10 education half days a year and every 2nd one is with a different team. The simulated unplanned obstetric drills are also attended by midwives and theatre staff.

Non-medical staff: M&M meetings are attended by different staff groups. Airway management training is multi-disciplinary and so are the emergency clinical scenarios that are delivered during the clinical effectiveness training afternoons.

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

Ninewells Trainers: There is shared awareness across the region of who is doing what projects to avoid duplication. There is input from the improvement academy to support projects.

PRI Trainers: If trainees come in the first 6 months of the training year, they tend to be working towards their exams. In the second 6 months of the year they are more likely to be involved in a project. Trainees are fully supported in whatever they wish to do.

All Trainees: There are lots of opportunities to take forward projects and to meet the relevant people who can help. Quality Improvement is well supported. It is more difficult to access research opportunities.

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)

Ninewells Trainers: Staff ensure that trainees know who to call at all times through the internal communications procedures. They are not aware of any trainees having to cope with anything beyond their experience level. No anaesthetic is given without a named consultant in charge.

PRI Trainers: Trainees always know who is supervising them and who to ask for help.

All trainees: Trainees always know who is supervising them and they are accessible should you need to contact them. They feel stretched but supported to do so. They have never had to cope with problems beyond their experience.

Non-medical staff: Staff know who the trainees are and what level they work at by the name badges, theatre brief and the NHS Tayside wide coloured lanyards. Discussions are ongoing with clinical governance around how the knowledge of trainee training level could be taken even further to ensure that in an emergency situation it is clear who does what role. They were not aware of a situation where a trainee had to cope with anything beyond their experience.

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

Ninewells Trainers: They try to ensure that there are no barriers to feedback although after a night shift may not be the best time. Conversations take place at the start and the end of a list to ensure there are opportunities to provide feedback.

PRI Trainers: As with the Ninewells consultants they try to ensure that there are no barriers to feedback.

All Trainees: The trainees get feedback both in and out of hours formally and informally. This feedback is constructive.

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

Ninewells Trainers: There is a trainee representative on the specialty training committee (STC) and trainees can also approach staff out with these meetings.

PRI Trainers: Trainees complete an anonymised questionnaire and lately have also been asked about the ongoing service redesign. There is lots of scope to receive informal feedback from trainees.

All Trainees: There are 2 trainee representatives on the STC. These reps meet with the other trainees prior to the meetings. Trainees provided feedback on the structure of their obstetric training, this was taken on board and changes were made. Trainees felt they were 'listened to'.

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

Ninewells Trainers: As well as allocating to trainees to specialty blocks and trying to tailor their experience, if there are any interesting cases coming in these are flagged up to trainees.

PRI Trainers: As with the Ninewells consultants they try to tailor trainees' experience and lists such as paediatric dental are shared equally.

All Trainees: Generally, their rota is good however, the senior registrar with responsibility for intensive care (ICU) also has responsibility for other areas after 1700 so cannot attend the handover for those areas as they also need to be at a ward round in ICU. The role of the senior trainee is seen as a valuable one. The trainee rep has input into the rota.

Non-medical staff: They are not aware of any concerns about the rota that would affect their wellbeing. Trainees can raise concerns with their wellbeing representative.

3.13. Handover (R1.14)

Ninewells Trainers: A sheet with all patients' details can be found outside theatre 4. Discussions take place about what needs to be done with the relevant parties, this can be trainee to trainee or consultant to consultant.

There is an ICU handover at 0800. A consultant does not always attend this meeting.

PRI Trainers: There are handovers in critical care and pain. Trainees are able to present patients and give & receive feedback. Trainees also attend the hospital at night huddle. Handovers are used as learning opportunity.

All Trainees: There are 2 daily handovers in ICU, consultant presence is variable but the trainees feel that consistent consultant attendance at 0800 would enhance their learning. (Note – this was picked up & reported in the visit to Intensive care in May 2018)

A consultant is present at the PRI ICU morning handover.

Non-medical staff: Handovers work well and are used as a learning opportunity.

3.14. Educational Resources (R1.19)

Ninewells Trainers: There is a clinical skills unit. A regional anaesthesia simulation centre is available for trainees at the University Department.

All Trainees: Trainees have access to a trainee room with computers and university Wi-Fi. This WIFI is better but due to a lack of mobile devices in theatre, trainees have to use their own. The NHS Tayside firewall can also be quite restrictive when trying to access online educational resources.

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

Ninewells Trainers: If there were any concerns about a trainee these would be raised with the educational supervisor or the training programme director (TPD). There are many staff in the unit with experience in this area who can point them in the right direction.

There is a wellbeing service that is separate from training that offers trainees someone different to speak to should they need to.

All Trainees: Trainees feel well supported including those who work less than full time. A wellness session is delivered in induction and there is a buddy system in place in the department.

Non-medical staff: If there were any concerns about a trainee these would be raised with a consultant. This has been done in the past and dealt with quickly and effectively.

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

All Trainees: Trainees are aware of the Royal College and locally of the director of medical education structure.

3.17 Raising concerns (R1.1, 2.7)

Ninewells Trainers: Trainees are encouraged to raise any concerns with any member of staff.

PRI Trainers: As with the Ninewells trainees they are encouraged to raise any concerns with any member of staff either formally or informally.

All Trainees: As well as Datix the department has its own simplified Datix system. There is a named lead for every category. Changes do happen as a result of concerns reported. Feedback is provided during M&M meeting as well as by email.

Non-medical staff: Any member of staff can raise a concern and if they do feedback is given.

3.18 Patient safety (R1.2)

Ninewells Trainers: The environment is safe for both trainees and patients.

PRI Trainers: The environment is safe for both trainees and patients.

All Trainees: Trainees would have no concerns if their friend or relative was admitted to the department.

Non-medical staff: The environment is safe for patients

3.19 Adverse incidents (R1.3)

Ninewells Trainers: Incidents are recorded on Datix. Less formal/serious incidents are recorded on an the simplified Datix system used by the department. Feedback on any incidents is shared via email.

Trainers: See Ninewells.

All Trainees: Any trainees involved in an adverse incident have been well supported. Critical incident review take place in a no blame culture where errors are learned from.

Non-medical staff: An incident can be reported using Datix or simplified Datix system used by the department depending on how serious it is. The incidents are discussed at an M&M meeting. Action plans are developed if necessary and the outcomes followed up.

3.20 Duty of candour (R1.4)

Ninewells Trainers: There is a culture of openness. Consultants lead by example, when things go wrong trainees are supported and incidents are discussed after they occur. They are also discussed anonymously at the departmental meeting.

Trainers: Consultants lead by example.

3.21 Culture & undermining (R3.3)

Ninewells Trainers: There is a good team culture in this department. Trainees are encouraged to raise concerns.

PRI Trainers: It is a small department so staff tend to hear if there are any issues.

All Trainees: None of the trainees had witnessed or experienced any bullying or undermining behaviours.

Non-medical staff: The theatre managers have experienced challenging behaviour directed towards them because of theatre capacity but none of this frustration has been directed to trainees. Apart from that, the culture in the team is good.

3.22 Other

Management briefing: Services in NHS Tayside have changed over the past 2 years – all emergency medical and surgical work is located in Ninewells Hospital and PRI deals mainly with elective work and trauma. Due to financial pressures there have also been reductions in elective theatre time.

PRI offers trainees indirectly supervised lists during the day. Out of hours, various models are being considered on what can be done to ensure that trainees gain experience to meet their competencies but still maximise their daytime exposure.

Conversations are ongoing and the placement in PRI is valued. Also, from a service point of view there are ventilated beds in PRI which need to be covered both in and out of hours.

All Trainees: In terms of overall satisfaction trainees ranked Ninewells between 7 & 10 and PRI 4 & 9.

4. Summary

Is a revisit required?	Yes	No x	Highly Likely	Highly unlikely
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Positive aspects of the visit were:

- An excellent bi-annual comprehensive induction programme.
- Trainees are made aware of the educational supervision arrangements before starting in post.
- Teaching is well received at all levels and the time to attend is protected. This includes multi-disciplinary theatre wide simulation in all 3 hospitals including the maternity department, and a monthly clinical effectiveness session.
- Training in regional anaesthesia and airway is particularly well delivered.
- Trainees feel listened to. They also mentioned feeling 'lucky', 'spoilt' and 'privileged'.
- Training is tailored to individual trainees as much as possible both at Ninewells and PRI.
- Trainees at PRI have access to pre-assessment clinics, thus learning from the experienced nursing staff.
- Supportive consultant body and department both at Ninewells and PRI.
- The support available to trainees in terms of wellness initiatives and the buddy system.
- No anaesthetics given without a consultant with overall responsibility.
- Clear clinical escalation procedures in both Ninewells and PRI.
- Senior trainee out of hours experience in Ninewells is highly valued.
- Trainees at PRI value the daytime experience they gain when working there during weekdays and weekends (trauma).
- Good incident reporting system. Incidents are learned from & no blame is attributed. Trainees feel supported in recording events, learning from them and receiving feedback.

Less positive aspects of the visit were:

- The out of hours work after 2100 in Perth Royal Infirmary is very quiet reducing trainees' ability to progress their competencies.

- Trainees in the programme struggle to get enough experience in anaesthesia for neurosurgery.
- The more senior trainees working on the junior rota in ICU could be given more responsibility when on duty in order to facilitate achieving ICU competencies.
- The ICU morning handover would benefit from consistent consultant presence.

5. Areas of Good Practice

Ref	Item	Action
5.1	Teaching is well received at all levels and the time to attend is protected. This includes multi-disciplinary theatre wide simulation in all 3 hospitals including the maternity department, and a monthly clinical effectiveness session.	n/a
5.2	Training in regional anaesthesia and airway is particularly well delivered	n/a
5.3	Trainees at PRI have access to pre-assessment clinics, thus learning from the experienced nursing staff.	n/a
5.4	The support available to trainees in terms of wellness initiatives and the buddy system	
5.5	Good incident reporting system. Incidents are learned from & no blame is attributed. Trainees feel supported in recording events, learning from them and receiving feedback.	

6. Areas for Improvement

Ref	Item	Action
6.1	Trainees in the programme struggle to get enough experience in anaesthesia for neurosurgery.	
6.2	The more senior trainees working on the junior rota in ICU could be given more responsibility when on duty in order to facilitate achieving ICU competencies.	
6.3	The ICU morning handover would benefit from consistent consultant presence	

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	Shifts (out of hours after 2100) that do not support educational and professional development and that compromise access to formal learning opportunities should be reviewed.	9 months after the date of the visit.	Perth Royal Infirmary Trainees