Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	19th June 2019	**Level(s)**	Core/Higher
Type of visit	Scheduled	**Hospital**	The State Hospital
Specialty(s)	Mental Health	**Board**	The National Facility

Visit panel	
Amjad Khan	Visit Chair – Lead Dean Director Mental health
Claire Langridge	Associate Postgraduate Dean – Quality
Daniel Bennett	Regional Associate Postgraduate Dean
Les Scott	Lay Representative
Dawn Mann	Quality Improvement Manager
In attendance	
Patriche McGuire	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Mental Health	
Lead Dean/Director	Amjad Khan	
Quality Lead(s)	Claire Langridge and Alastair Campbell	
Quality Improvement Manager(s)	Dawn Mann	
Unit/Site Information		
Non-medical staff in attendance	9	
Trainers in attendance	4	Inc Medical Director and Educational Supervisor
Trainees in attendance	6 (All trainees)	Core/Higher
Feedback session: Managers in attendance	Medical Director, Chief Executive and Educational Supervisor	

Date report approved by Lead Visitor	10th July 2019

1. Principal issues arising from pre-visit review

This is a scheduled visit as part of the Deanery's five-year plan to visit each unit delivering training within the quality cycle. 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.

The 2018 NTS data was positive for the State Hospital with the site receiving a letter of good practice from the Mental Health Specialty Quality Management Groups (SQMGs).

2.1 Induction (R1.13)

Trainers: The panel were advised that due to the high security nature of the environment they provide a thorough induction programme for trainees which runs over the first 5 days of their placement. A variety of topics are covered including sessions on security, breakaway training, on call duties, systems training and PANNSS training. There are also sessions run by multi professional colleagues including introductory sessions from pharmacy, learning and development, research and clinical effectiveness. The trainees also get a tour of the site and health centre and an opportunity to attend the hub they will be based at and meet staff based there. We were advised trainees are also provided with a comprehensive induction manual at the start of placement. Trainees are asked for feedback following the induction and improvements are made accordingly.

Trainees: Trainees advised they had received a thorough induction to the site which included a tour and time on the ward. We were told they had faced delays in receiving their IT log ins, they have raised these concerns with the educational supervisor who advised this will be corrected for the next intake of trainees. It was also felt that due to the nature of the site there are a lot of forms to complete but there is some repetition of these and the same form is requested several times.

Non-Medical Staff: It was felt the induction was comprehensive and different areas were involved in delivering sessions at induction including staff from pharmacy, the clinical effectiveness team, nursing and the library.

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

Trainers: The panel were advised there is a 6-lecture local teaching programme in place which runs at the start of placement covering a range of topics relating to the functioning of a high security unit and different psychiatric conditions. We were advised attendance at local teaching is good and there is a lot of planning in place to ensure it is run at a time that is suitable for maximum attendance including for the next session a doodle poll. There is also a weekly journal club and case discussion meetings on a Monday which are multi-disciplinary and have internal and external speakers. Trainees have access to additional courses and learning for example the New to Forensic programme. All trainees are supported to attend regional training relevant to their training programme which is bleep free.

Trainees: Trainees confirmed they all had the ability to attend the local six-part lecture programme, weekly journal club and case discussions which they found useful. Trainees advised they have protected time to attend the appropriate regional training.

Non-Medical Staff: The panel were advised all staff attend journal club and it has a good level of attendance from trainees.

2.3 Study Leave (R3.12)

Trainers: The panel were informed there are no issues with trainees accessing study leave.

Trainees: Trainees advised they had no problems gaining study leave.

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

Trainers: We were advised Dr MacCall is the educational supervisor for all higher trainees and core trainees will have an educational supervisor in their home area. We were informed trainees will be allocated an appropriate clinical supervisor depending on their hub location and placement, normally trainees work with the same two or three consultants and one of these will be their clinical supervisor. Normally the site would be informed by the trainee's home area if there are trainees coming where there are known concerns. All trainers at the site have had RoT training and have time in their job

plans for their educational role. There are known issues with systems showing incorrect RoT information for trainers at the site and they would appreciate guidance on how to correct this.

Trainees: Trainees advised they had all met with their local supervisor approximately 3 times a year.

Non-Medical Staff: It was felt trainees always have access to support both during the day and out of hours. We were informed there are various policies and procedures in place to maintain safety and this could lead to trainees being over protected at times.

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

Trainers: Trainers advised they are aware of the curricula requirements for trainees and Dr MacCall is currently involved with the changes to the Forensic curriculum. The panel were advised that trainees work with two consultants and are able to attend clinics with these consultants for example prison clinics and community based forensic clinics. Due to the nature of the work trainees would not be running their own clinics and are there for experience only. The trainers felt the trainees get a good range of educational experience and have access to research opportunities and Balint group and as there is a health centre on site trainees are not expected to carry out routine tasks such as bloods and ECGs. We were told there are no known issues with trainees achieving their competencies. Trainees attend psychotherapy long and short cases in their home location and timetables are arranged to facilitate these, it would be beneficial if these were at the start or end of the day due to travel but accommodations are made.

Trainees: Trainees felt they would have no trouble achieving their competencies. Trainees appreciated the opportunity to attend prison-based clinics with consultants. It was raised that there were no opportunities to see emergency cases, but this was not viewed as a problem as these could be met whilst at other placements. It was felt there is a good balance between time spent developing as a doctor and activity with little educational benefit especially as there is a health centre on site.

Non-Medical Staff: Senior nursing staff advised nursing staff were involved in the trainee's induction program and they delivered a session in the teaching program.

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

Trainers: It was felt it is easy for trainees to achieve their assessments within the placement. We were advised that trainers had not formally benchmarked assessments against other trainers however due to the size of the site consultants have discussions regarding assessments and trainees normally get assessed by two different consultants.

Trainees: Trainees felt it was easy to complete their assessments and felt these were fair and consistent.

Non-Medical Staff: The panel were informed nursing staff were asked by trainees to contribute 360-degree feedback and are involved in patient/trainee simulation.

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

Trainers: The panel were told the trainees have access to modules run by the School of Forensic Mental Health which are open to multi-professional learners. The weekly journal club is open to all staff and there are internal and external multi professional speakers.

Trainees: Trainees felt there were ample opportunities for multi professional learning including Balint group, Journal club and a hub based reflection group.

Non-Medical Staff: It was felt there are numerous opportunities for joint learning among trainees and non-medical staff including journal club, case base discussions, discharge planning, monthly hub based reflective practice sessions and quality initiatives like TSH 3030.

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

Trainers: We were informed the site has a very engaged clinical effectiveness department who run a session during induction and encourage trainees to take part in projects and audits. We were given details of the recent TSH 3030 programme that encouraged teams to spend 30 minutes a day for 30 days thinking about quality improvement, this was all staff across the site and trainees were involved. There are also monthly quality improvement clinics.

Trainees: Trainees felt there were lots of opportunities to get involved in quality improvement projects and audit. We were told there is a very engaged and approachable clinical effectiveness team on site who run regular events to encourage staff engagement including quality improvement cafes and a monthly event webinar. We were told the clinical effectiveness team run a session at induction.

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

Trainers: The panel were advised there is no formal way for staff to differentiate between the different doctors, but details of the trainees will be given to staff at the start of placements. We were told there is a duty rota in place, so trainees are aware of who to contact for support both during the day and out of hours. Most consultants work at other sites as well as The State Hospital, but admin staff have access to their electronic diaries and they are contactable by phone. Trainers were not aware of any instances where trainees had to cope with problems out with their competence. Trainers felt that due to the nature of the site it was a very paternalistic organisation and there could be a risk of the trainees being overly protected. Trainers try to encourage staff to go to trainees and not straight to the consultants. It was also mentioned that the trainers value the trainees 'fresh eyes' and are open to them making change suggestions as it prevents institutionalisation.

Trainees: Trainees advised they always have access to clinical supervision and know who to contact both during the day and out of hours. Trainees advised they have never felt they had to cope with problems out with their experience. It was felt that due to the nature of the site there is a potential for them to not getting enough exposure or responsibility but felt the consultants were conscious of this and ensured they still had access to experience. Trainees felt senior colleagues and non-medical staff at the site were approachable and supportive.

Non-Medical Staff: Non-medical staff advised they are introduced to staff at the beginning of placement and told if they are core or higher trainees. They were not aware of any instances where a trainee had to cope with problems out with their competence level apart from an occasion a trainee was called whilst on call for a medical issue, but this was raised and addresses.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: The panel were informed that due to the small size of the site trainees work closely with the consultants which it was felt allows for regular informal feedback and trainees receive structured feedback at weekly supervision sessions.

Trainees: Trainees advised they receive formal feedback at weekly supervision sessions and due to the small team receive informal feedback on a daily basis. They find the feedback constructive and meaningful.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: We were advised that **t**rainees are encouraged to provide feedback to their clinical supervisor or educational supervisor. The panel were informed there are 3 - monthly training committee meetings which all trainees attend which has a standard agenda item for trainees to provide feedback. We were given a recent example where a trainee had raised whether it would be possible to work from home due to the travel commitments of attending regional training.

Trainees: Trainees felt they have opportunities to provide feedback to trainers on the experience of their training through their clinical and educational supervisors and at 3 - monthly training committee meetings.

2.12 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers advised core trainees work on the State Hospital rota currently on a 1 in 6 rotation. There have been several occasions recently where there have been rota gaps, but a locum is employed to fill these. The trainers advised it is a relatively quiet rota and trainees are not required to be on site as travel time is worked into calls. Higher trainees are not part of the site rota but occasionally ask to be added for experience and this is accommodated. The panel were told there are no known issues with the rota which impact training or patient safety, rota monitoring has recently taken place and the rota was compliant.

Trainees: Trainees felt the rota was manageable and had no implication on patient safety or their education. It was confirmed the rota is 1 in 6 and its rare to get called on site after midnight.

Non- Medical Staff: Non-medical staff were not aware of any concerns relating to the rota and thought it was easy to interpret who was on call.

2.13 Handover (R1.14)

Trainers: Trainers advised there is a 24-hour security report in place at the site allowing everyone access to information regarding patients. On a Friday there is a weekend safety report meeting which all levels of staff attend and includes handover information for the weekend. A written report is generated from this meeting which all can access. We were advised there is a Monday morning pathway meeting where the weekend is discussed. It was felt by trainers that there are informal opportunities for learning from handovers.

Trainees: The panel were advised there is no formal day to day handover due to the nature of the work but as there is a small cohort they are confident anything important would be handed over. Trainees confirmed there is a pre-weekend safety meeting which all levels of staff attend to convey information. It was felt there are no formal opportunities for learning from the handovers.

Non-Medical Staff: The panel were informed there is a pre-weekend safety meeting that all staff levels would attend and has an element of handover involved. We were told there are morning MDT meetings on each ward Monday to Friday and nursing staff have an evening handover where the nurse in charge would provide a personal handover to the duty trainee if appropriate. It was not felt that handovers were used as learning opportunities.

2.14 Educational Resources (R1.19)

Trainers: Trainers advised there are ample computers for the trainees to access and a library in the learning centre with an experienced librarian.

Trainees: Trainees advised they have limited internet access at the site due to a combination of security and capability issues, this can prevent them from accessing Royal College information or booking onto courses.

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

Trainers: We were advised there is a 3 - monthly training committee meeting which all trainees attend and are able to feedback any concerns about their experience at The State Hospital. Trainers informed us there are regular consultant and specialty doctor's meetings where patient safety is a standard agenda point, medical advisory meetings with trainee representatives and patient related care would be discussed at Monday morning meetings which are attended by all levels of staff. The educational supervisor advised he would be made aware of any cases where a student is struggling and would link in with local educational supervisors, clinical supervisors and the specialty training committee (STC). We were told that if a trainee were struggling senior staff would link in with the occupational health team if appropriate or the PSU team within the Deanery.

Trainees: The panel were advised some trainees worked less than fulltime and the site had been accommodating regarding this. It was felt support would be available for those struggling with the job in any way and they would have no hesitation in seeking support.

Non-Medical Staff: The panel were advised staff would raise any concerns regarding a trainee with the appropriate consultant or supervisor.

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

Trainers: We were informed the State Hospital as a specialty NHS board have a requirement to produce an annual report which is reviewed by the Board to ensure the quality of training within the site. The report includes information on GMC results from the National Trainee Survey and local feedback garnered from trainees on local teaching etc.

Trainees: Trainees advised they would raise quality concerns through Dr MacCall who would feed into the Board. The panel were advised there are trainee representatives at various meetings where the quality of education at the site was discussed.

2.17 Raising concerns (R1.1, 2.7)

Trainers: The panel were informed trainees are encouraged to raise concerns regarding patient safety either immediately to the nurse in charge or through their clinical supervisor at weekly sessions. If trainees had concerns regarding their education, it was felt these would be raised to the educational supervisor or at the training committee meeting.

Trainees: Trainees advised they would raise concerns regarding patient safety with their supervisor or through Datix. We were informed there is a policy in place where any staff member can call a clinical pause if they have patient safety concerns and the concern will be discussed by all staff in the hub.

Non-Medical Staff: It was felt there are a number of ways for staff to raise patient safety concerns including handovers, staff business meetings, patient safety meetings, whistle blower policy, debriefs and clinical pauses.

2.18 Patient safety (R1.2)

Trainers: Trainers advised that the safety of patients, staff and the public was integral to the function of the State Hospital. We were told there are routine systems in place to ensure the safety of patients including a morning safety briefing which includes clinical and security updates. Trainees are not involved in this briefing however there is a hub meeting attended by trainees following the huddle each morning and relevant info would be shared. Trainees receive a session on health and safety as part of their induction.

Trainees: Trainees advised they would have no concerns if a friend or family member were admitted.

Non-Medical Staff: Staff provided details of the sites safety report which holds details of the last 5 years' worth of adverse incidents including details of the category assigned, review outcomes and learning points. Staff can access this report online.

2.19 Adverse incidents (R1.3)

Trainers: The panel were advised that due to the nature of the site there are numerous systems in place to report adverse incidents including Datix. We were told there is a formal process in place were every Datix is reviewed in a timely manner by a member of the risk team who will identify any immediate learning outcomes and decide if a full review is required. The results of the review will be shared with the team however due to timescales of the review this can sometimes be after trainees have moved on. There would be a briefing immediately after an incident though and trainees would receive feedback on reported issues. All learning outcomes are also reviewed by management and published on the site's website, so all staff can learn from adverse incidents.

Trainees: Trainees advised they would raise adverse incidents through Daitx or a clinical pause. Trainees advised there would be a debrief following the event and depending on the incident a significant event review providing feedback.

Non-Medical Staff: It was confirmed there is a review following every Datix and a quarterly report is discussed at the clinical governance meeting. There will be a debrief following an event which will include relevant trainees and learning points are published for all to view once resolved.

2.20 Duty of candour (R1.4)

Trainers: The panel were informed there has recently been a site wide review of the duty of candour policy and this is published on their website, these will be updated in the induction pack for future trainees. We were told there is a weekly acute candour group which is multidisciplinary and a monthly review meeting to encourage an open and honest culture when things go wrong and the importance of apologising.

Trainees: The panel were advised there had been an occasion where a trainee was involved in a possible duty of candour concern, we were told it was thoroughly discussed among the team and an agreed response circulated when it was decided the issue fell out with the formal scope of the Duty of Candour process.

Non-Medical Staff: It was felt that as all clinical decisions about patients are made at a multi professional level this fosters close working relationships and a team culture. We were told there are site wide surveys carried out including questions on culture and behaviours and it was felt a significant amount of work is undertaken by senior staff to encourage a good environment and culture.

2.21 Culture & undermining (R3.3)

Trainers: It was felt that the small size of the site encourages a positive team culture as all staff were known by name and trainees work closely with consultants and multi-professional staff. We were informed there are policies in place to prevent bullying and undermining including feedback from i-matter surveys, training modules and a non-executive member of the board who can be confidentially contacted by any level of staff to report inappropriate behaviour. Trainers were unaware of any cases of trainees having received comments that were felt to be less than supportive.

Trainees: Trainees reported they had not witnessed undermining or bullying behaviour at any level during their placement. The panel were advised there are bullying and undermining processes in place and felt the senior staff at the site were very supportive.

Non-Medical Staff: Staff were unaware of any incidences of undermining or bullying behaviour and felt there is a positive team culture at the site.

2.22 Other

Trainees raised concerns regarding the cessation of prison clinics by the State Hospital following changes in the service provision back to certain health boards. It was felt that attending prison clinics with consultants was a valuable learning experience and trainees highlighted concerns regarding the implication on experience and workload for future trainees.

Trainees were asked to score their training experience from 0-10, the average score was 8 with a range from 7 to 9.

3. Summary

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely

We would like to thank the site for their assistance in organising the visit and good attendance on the day. The panel were left with the impression of a supportive and approachable senior team with a focus on safety and training.

Please find below a list of positive and less positive aspects from the visit:

- Comprehensive induction including the extensive written manual
- Supportive and approachable consultants and senior team
- Strong focus on training for trainees including access to additional forensic courses
- Day to day opportunities for multi professional working and learning and trainee involvement in the MDT reflective hub group meetings
- Shared learning from adverse incidents including access to all incidents over 5 years with learning outcomes
- Emphasis on quality improvement and the visibility of the clinical effectiveness team including trainee involvement in initiatives such as the QI café and TSH 3030
- Focus on patient safety including the ability for any staff member within a hub to request a clinical pause where all staff will discuss the concern.

Less than positive:

- Trainees advised there were delays in accessing IT systems at the start of placement due to no system access.
- The panel recognised the high security nature of the site but there were limitations on internet leading to problems accessing educational sites i.e. Royal college sites and booking onto courses.
- The GMC have suggested the implementation of a colour coded badge system and posters to ensure all staff can identify the level of trainee and are aware of their competencies and supervision requirements.

- Handover could be used as a learning opportunity.
- Due to the nature of the work there could be a risk of trainees being overly protected and not having enough exposure or responsibility. The site seems aware of this concern and we would encourage them to continue this awareness.
- There is a period of change approaching where the prison clinics will cease. This could lead to uncertainty for trainees regarding experience and workload and we would encourage an open dialogue with trainees regarding this change.

4. Areas of Good Practice

Ref	Item	Action
5.1	Day to day opportunities for multi professional working and learning including trainee involvement in the MDT reflective hub group meetings and 9am MDT hub meetings.	
5.2	Focus on patient safety including the ability for any staff member within a hub to request a clinical pause where all staff will discuss the concern.	
5.3	Emphasis on quality improvement and the visibility of the clinical effectiveness team including trainee involvement in initiatives such as the QI café and TSH 3030.	

5. Areas for Improvement

Ref	Item	Action
6.1	Trainees advised there were delays in accessing IT systems at the start of placement due to no system access. We were advised this had been raised and taken on board.	
6.2	Handover could be used as a learning opportunity.	
6.3	Limitations on internet access leading to problems accessing educational sites i.e. Royal college sites and booking onto courses.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	The level of competence of trainees must be evident to those that they come in contact with. The use and promotion of colour coded badges as part of this must be introduced.	9 Months	All