# Scotland Deanery
# Quality Management Visit Report

NHS Education for Scotland

| | | | |
|---|---|---|---|
| **Date of visit** | 7th October 2019 | **Level(s)** | Foundation, GP, Specialty Trainee |
| **Type of visit** | Scheduled | **Hospital** | The Princess Royal Maternity Hospital |
| **Specialty(s)** | Neonatal Medicine (Paediatrics) | **Board** | Greater Glasgow & Clyde |

| **Visit panel** | |
|---|---|
| Alastair Campbell | Visit Chair – Associate Postgraduate Dean for Quality |
| Medhat Ezzat | College/Programme representative |
| Euan Harris | Trainee Associate |
| Les Scott | Lay Representative |
| Hazel Stewart | Quality Improvement Manager |
| **In attendance** | |
| Fiona Conville | Quality Improvement Administrator |

| **Specialty Group Information** | | |
|---|---|---|
| Specialty Group | Obstetrics & Gynaecology and Paediatrics | |
| Lead Dean/Director | Alan Denison | |
| Quality Lead(s) | Alastair Campbell & Peter MacDonald | |
| Quality Improvement Manager(s) | Hazel Stewart | |
| **Unit/Site Information** | | |
| Non-medical staff in attendance | 7 | |
| Trainers in attendance | 5 | |
| Trainees in attendance | 7 x ST1 – ST6 | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Feedback session: Managers in attendance | Chief Executive | | DME | | ADME | | Medical Director | | Other | ✓ |

| | |
|---|---|
| Date report approved by Lead Visitor | 4 November 2019 |

## 1. Principal issues arising from pre-visit review:

As part of the 5-yearly visit cycle, it was agreed that a scheduled visit required to take place. As this post is solely neonatal medicine, all trainees in post are paediatric specialty training trainees.
On review of the national training survey (NTS) data 2019, it was noted that there had been a deterioration in the post with the loss of some positive green flags and the emergence of a negative red flag for regional teaching. The other potential area of concern related to the rota and use of zero hours days, which would be explored at the visit. Overall, from the available information, the post appears to provide a positive experience for trainees with an engaged and supportive team that values the education and training of trainees.
A summary of the discussions has been compiled under the headings in section 2 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.

### 2.1 Induction (R1.13):

**Trainers:** Trainers reported there is an effective 3-day induction provided to trainees. This incorporates both the online hospital induction and departmental induction. Trainers felt that the induction works well and seek feedback to review if any improvements or changes require to be made. A personalised induction is provided to trainees that are unable to attend the standard induction and the trainee(s) is buddied up with another trainee who has already worked within the department.

**Trainees:** Trainees reported that there is a good, tailored hospital induction provided to them which allows sufficient time for the departmental induction. At least one trainee had not received their hospital induction at the time of the visit due to IT login issues. All trainees reported they received a very thorough departmental induction. Some trainees thought that the departmental induction could be condensed into 2 days, as some sessions duplicate information. It was also suggested that having the induction tailored to the level of training would be beneficial and reduce the duration for those already familiar with certain procedures. However, all trainees felt that the induction does ensure that all trainees are equipped to work in the department.

**Non-Medical:** Staff felt the induction was quite good at preparing trainees to work in the department. They reported that advanced nurse practitioners (ANPs) cover service work to ensure trainees can attend induction.

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

**Trainers:** Trainers reported there is local teaching every Thursday which is open to all staff. The teaching sessions are presented by a mix of internal and external speakers. Trainees have the opportunity to present complex case management and audit projects at these sessions. There is trainee input into the teaching sessions. In addition, the department provide 2 weekly 'bitesize' teaching sessions following handover which is based on the trainees' curriculum and has received positive feedback. Trainers reported that although the teaching sessions are not completely bleep free, disruption is minimal and only for emergencies, with ANPs normally bleeping the consultants first. Trainers reported that the rota for trainees undertaking their postgraduate diploma, as regional teaching, is structured to enable attendance every second Tuesday. They reported that senior trainees organise their attendance at regional teaching which has 2 – 3 sessions per year for grid trainees.

**Trainees:** Trainees reported they can attend up to 2 hours of local teaching each week. Teaching includes Thursday teaching, which is attended by all staff, plus 10-minute bitesize teaching sessions, twice a week, which is tailored to the curriculum. Trainees reported that they can be called out of teaching to support a delivery but that this was a rare occurrence. One trainee also highlighted that teaching sessions are never cancelled, as any postponed sessions will be picked up during the week by one of the consultants. There is no regional teaching provided to ST1 and ST2 trainees. Most trainees reported that they can attend a good proportion of their regional teaching, however senior grid trainees are more reliant on swapping shifts to enable their attendance at specific grid related teaching sessions. They also felt it was more difficult to attend grid teaching sessions as there is little notice given as to when a session will take place. It was also highlighted that trainees that work less than full time may have difficulty attending regional teaching if this falls on a non-working day.

**Non-Medical:** Staff reported that they are aware of when local teaching is taking place to ensure teaching would normally only be interrupted for an emergency.

## 2.3 Study Leave (R3.12)

**Trainers:** Trainers reported that the rota manager works hard to enable trainees to take study leave. In addition, trainers reported that the advanced neonatal practitioners (ANNPs) can be flexible to swap shifts with trainees to support study leave requests.

**Trainees:** Trainees reported that there was no difficulty in requesting study leave, but it was difficult to take leave. This was due to trainees requiring to swap shifts with another trainee. Trainees reported that it would be helpful if the rota manager could facilitate their shift swaps by highlighting what trainees they can swap a shift with and what shifts can and can't be swapped.

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

**Trainers:** Trainers reported that many had volunteered to undertake their educational role. They reported that supervision of trainees is shared across all educators, with each supervisor taking responsibility for an ST1 or ST2 trainee and a trainee at ST3 or above. Trainers reported that some supervisors will notify them of known concerns of an incoming trainee, but communication is variable. Trainers reported that they formally meet with the trainees up to 4 times whilst in post. All confirmed they had received training for their educational role, had time in their job plans for it and have these roles reviewed every year during appraisal.

**Trainees:** Trainees reported that they formally meet with their educational supervisors 3 times during their post. All had been informed who their supervisor would be prior to starting their post and find it easy to arrange meeting with their supervisor.

**Non-Medical:** Staff reported that there are 2 to 3 consultants available every day that trainees contact for support. They felt senior staff were also easily contactable at night and reported that often the on-call consultant at night will remain resident in the hospital.

## 2.5 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 staff can differentiate between the different levels of ST trainees through the use of colour coded badges. Trainers felt that due to being a small unit and high levels of

supervision, staff quickly get to know the trainees and their level of competency. Trainers reported that supervision of trainees is tailored to the level of each trainee. Trainers reported that trainees know the consultant page to contact for support if needed. In addition, trainers reported that they are resident in the unit until at least 9.30 at night. Trainers reported that as they provide direct supervision, they were not aware of any situation where a trainee felt they'd had to cope with a problem beyond their competence. Trainers reported that they ask a trainee if they have undertaken a procedure and are happy to do so again before seeking consent from a patient. They would not ask a trainee to seek consent for a procedure they were not competent to undertake.

**Trainees:** Trainees reported that they always know who to contact for supervision both during the day and out of hours. None of the trainees felt they had to cope with a situation beyond their competence as they could always contact a senior colleague for support.

**Non-Medical:** Staff reported that they are aware of the different levels of competency between the ST trainees. They were not aware of any instances that a trainee has felt they've had to work beyond their competence due to the accessible support available from the advanced neonatal nurse practitioners (ANNPs) and consultant team.

### 2.6. Adequate Experience (opportunities) (R1.15, 1.19, 5.9)

**Trainers:** Trainers reported that trainees at ST2 and above have clinic time built in to the rota, averaging at about 4 clinics per week. Although ST1 trainees do not have allocated clinics, they are encouraged to attend and observe clinics as and when suits them. Trainers felt that some practical procedures can be more difficult for trainees to achieve due to less patients having procedures. However, they reported that they will offer practice procedures to trainees that require them and can also provide simulation training to meet this requirement. Trainers reported that all the work undertaken by trainees is interlinked with educational value and therefore the balance between educational and non-educational tasks was good.

**Trainees:** Trainees reported that those on the middle grade rota have clinic time built into their rota to ensure they gain the relevant experience. ST1 trainees reported that they can attend clinics on a 'floating' day, although these opportunities are limited due to the use of floating days for other things such as annual and study leave. Trainees reported that there are less procedures carried out on

patients and therefore less opportunities for them to gain these competences. However, none of the trainees felt they'd had any difficulty in achieving their procedural skills. Trainees reported that they sometimes are required to support BCG clinics which was felt to be of little or no educational benefit. However overall there is a good balance between time spent during their post on education and training and time undertaking duties of little or no educational benefit.

**Non-Medical:** Staff reported that they provide training to trainees in the use of IT systems, such as TRAKcare. They also provide pump training, at least one teaching session and supervising practical tasks such as IV fluids and line insertions.

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

**Trainers:** Trainers reported that both themselves and trainees highlight cases that are appropriate for workplace-based assessments (WPBAs) and are sent reminders to compete the assessments. Trainers reported that have reviewed the online guidance available for how to complete WPBAs but had not had the opportunity to benchmark their assessments with other trainers in the department.

**Trainees:** Trainees reported that they find it easy to complete their workplace-based assessments. They felt that their assessments are completed in a fair and consistent manner.

**Non-Medical:** Staff reported that they are happy to complete multisource feedback assessments for trainees when asked.

### 2.8 Adequate Experience (multi-professional learning) (R1.17)

**Trainers:** Trainers described various opportunities for multi-professional learning, including:

- Simulation training,
- Reflective learning sessions and,
- Speech and language therapy.

**Trainees:** Trainees reported that the weekly teaching sessions provide the opportunity to learn with other healthcare professionals.

**Non-Medical:** Staff reported that the SMMDP resuscitation course provides an opportunity for multi-professional learning.

### 2.9 Adequate Experience (quality improvement) (R1.22)

**Trainers:** Trainers reported all trainees are introduced to the quality improvement (QI) opportunities at induction. They reported that trainees can be contacted prior to starting in the department to find out their interests and suggest a relevant QI project to undertake. There are QI cafes that provide informal sessions for staff and promote collaborative learning. Trainers reported that trainees can present their projects, such as an audit, at the Thursday teaching sessions.

**Trainees:** Trainees reported that there a plenty of opportunities to engage in quality improvement projects. They report that they are provided with a list of topics and can be allocated to a project. Trainees did report that they cannot undertake their QI projects at home and can find it challenging to find enough time to work through the data during working hours due to the confines of the rota.

### 2.10 Feedback to trainees (R1.15, 3.13)

**Trainers:** Trainers reported that feedback, both positive and constructive is provided to trainees. They felt they provide a supportive environment to support discussion of what has gone well and what could have been done differently. Trainers reported that where there is a shared learning opportunity, feedback is delivered in a group setting.

**Trainees:** Trainees reported that they receive regular constructive and meaningful feedback on their clinical decisions during their post.

### 2.11. Feedback from trainees (R1.5, 2.3)

**Trainers:** Trainers reported that in addition to the GMC's national training survey, they have their own departmental survey which trainees are asked to complete anonymously every 6 months. In addition, Trainers reported that there is no formal mechanism in place for trainees to feedback concerns as a group on their training or experience in the department, but they seek informal verbal feedback from trainees on matters such as the induction and how it can be improved.

**Trainees:** Trainees reported that they complete feedback surveys at the end of some of their teaching sessions and trainers often ask trainees how they are getting on in the post. They were not aware of any other opportunities to provide feedback on their experience and quality of training within the department.

### 2.12. Culture & undermining (R3.3)

**Trainers:** Trainers reported that there is a good team culture, with the weekly Thursday teaching providing breakfast to staff as well a 'treat' day where staff will bring in food or baking for the team. Trainers reported that they try to create a non-judgemental environment to minimise the risk of undermining or bullying behaviours from staff. They were aware, from recent departmental questionnaires, that some trainees have found the feedback at handover more critical than constructive. This was reviewed by the team and an effective plan put in place to address this concern going forward.

**Trainees:** Trainees reported that they work within a supportive team and none had experienced or witnessed any behaviour that would undermine their confidence or self-esteem. Trainees reported that if they were to have any concerns regarding negative behaviours, they would raise these with their educational supervisor.

**Non-Medical:** Staff reported they work within a positive, collaborative team. They felt the provision of psychology support for all staff to cope with issues such as emotional anxiety and stress was very beneficial to the wellbeing of everyone in the department. They were not aware of any incidents of bullying or undermining behaviour towards a trainee. Staff reported they would be comfortable to challenge any negative behaviours if they were to witness this as well as reporting to the senior charge nurse and, if necessary, follow formal procedures.

### 2.13. Workload/ Rota (1.7, 1.12, 2.19)

**Trainers:** Trainers reported there is currently a 0.2 whole time equivalent gap in the rota, but felt this has been proactively managed to protect patient safety and trainees' learning opportunities. Trainers reported that they are reviewing the rota following feedback that returning to work following nightshift

can be tiring, even though it meets the required rest period. Trainers reported that out patient clinics are built in to the middle grade rota to meet trainee's curriculum requirements.

**Trainees:** Trainees reported there is a 0.2 whole time equivalent gap in the rota. They felt the department were proactive in seeking cover for this gap through staff grade cover and ANNPs taking on additional hours. Trainees reported they had no patient safety concerns in relation to their rota. Those undertaking their postgraduate (PG) diploma reported that they are allocated a rest day on Tuesdays following a weekend of night shifts but require to attend their PG diploma teaching every second Tuesday. Trainees acknowledged they have 2 very busy weeks of long shifts and night shifts followed by 6 weeks of day shifts which was good overall for continuity, but very tiring during that 2-week period. Trainees felt that their rota accommodates their learning needs, such as clinic attendance but at least one trainee reported that the rota prevented them from taking their full entitlement of annual leave. Trainees reported that they had concerns when there were nursing gaps on a shift. Their main concern related to this was in relation to them being required to make up intravenous drug infusions. The standard operating procedure for nursing staff includes that staff must not be disturbed when undertaking this task to prevent errors. Nursing staff are more familiar with the process as they are doing it regularly, whereas trainees reported that they are often disrupted during this task which they are unfamiliar with. Trainees suggested that combining their rota with the ANNPs would enable greater number of staff on each shift as well as increased flexibility within the rota to enable trainees to more easily take study leave to attend teaching sessions at short notice.

**Non-Medical:** Staff were not aware of any concerns, relating to work load or the rota, that may impact on the trainees' wellbeing.

### 2.14. Handover (R1.14)

**Trainers:** Trainers reported that there is an effective, structured handover held twice daily. This follows the SBAR format and is attended by trainees, consultants and the nurse in charge. There is an electronic record for handover which is regularly updated. Handover is used as a learning opportunity through discussion of cases and what went well and what could be done differently.

**Trainees:** Trainees reported that there is a formal handover twice daily at 9am and 9pm. Handover involves the whole team including attendance from the nurse in charge to highlight any concerns

raised at the nursing handover. The nurse in charge also leads the safety brief during handovers. There is an electronic record of kept for the intensive care unit and postnatal ward handover. Trainees felt this handover works well with some informal teaching opportunities occurring as well as formal teaching from the bitesize sessions twice a week.

**Non-Medical:** Staff reported there is a well-structured SBAR handover in place to effectively pass on relevant information regarding sick patients in the department. They reported that teaching is provided following handover.

### 2.15 Educational Resources (R1.19)

**Trainers:** Trainers reported that trainees have access to computers, a library as well as wi-fi within the hospital. However, trainers did acknowledge that the wi-fi speed is poor and access to the university wi-fi would improve the speed at which all staff could access online resources. Trainers reported that there are 2 computers in 2 rooms in the department which trainees can use when working on the QI projects.

**Trainees:** Trainees reported that IT facilities are inadequate. They reported that the slow speed of the computers as well as software systems being outdated prevented them from undertaking educational tasks, such as, access to excel documents for audit projects, and taking up to an hour to issue a ticket to a colleague to complete a workplace-based assessment. Some trainees also suggest that more computers were required but others were content with what was available to them.

### 2.16 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 they would have an informal discussion with a trainee if they felt they were struggling to understand what support they may require. If needed, trainers reported they would raise their concerns with the training programme director and were aware of the formal deanery process to support trainees in difficulty.

**Trainees:** Trainees reported that they are unaware if the department can accommodate reasonable adjustments, but that support is available to them if the were struggling personally or professionally. They reported that there is direct access to psychology services and there is a monthly child

bereavement session that trainees are welcome to attend and discuss anything that has affected them.

**Non-Medical:** Staff reported that they will contact a consultant if they have concerns about a trainee's performance that may impact on patient safety. They also reported that if the consultant team are aware of a concern regarding a trainee, the ANNP will be formally notified to ensure there is appropriate support available for the trainee.

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

**Trainers:** Trainers reported that the quality of education and training is reviewed through the departmental feedback survey which is developed by one of the trainers. They reported that the TPD works within the department which enables communication between the department and deanery.

**Trainees:** Trainees reported they are aware of who the director of medical education is but are unaware of their role in relation to training. Trainees reported there is no local trainee forum but they can raise concerns with a trainee representative for the programme or their training programme director if they had any concerns related to the quality of training in the department.

### 2.18 Raising concerns (R1.1, 2.7)

**Trainers:** Trainers reported that trainees are encouraged and supported to raise concerns about patient safety. They felt that the safety brief delivered during handover allows for open discussion. Trainers felt that staff within the department are approachable if a trainee had any concerns they wished to discuss.

**Trainees:** Trainees reported that they would raise any patient safety concerns with the on-call consultant and their educational supervisor. Trainees reported that any concerns would be effectively addressed.

**Non-Medical:** Staff reported that patient safety concerns can be raised with any consultant.

### 2.19 Patient safety (R1.2)

**Trainers:** Trainers felt the department provided a very safe environment for both patients and trainees. In addition to the safety brief and handover, trainers reported there are hospital wide safety huddles, all of which trainees can or do participate in. In addition, trainers reported that the pharmacist regularly reviews prescriptions to track any potential prescribing issues and highlight if there are any learning needs. Neonatal units are benchmarked nationally in relation to safety and performs well with regard to this regular review.

**Trainees:** Trainees reported that they would have no concerns about the quality or safety of care a relative would receive if admitted to the department.

**Non-Medical:** Staff reported the department provides a safe environment for patients. In addition to handover, staff reported there is a daily huddle for all of Greater Glasgow and Clyde to discuss patient safety and declare if the department is safe to take new patients. There is also a safety brief held during each handover.

### 2.20 Adverse incidents & Duty of Candour (R1.3, R1.4)

**Trainers:** Trainers reported that adverse incidents are recorded through the Datix reporting system. All datix submissions are reviewed by a group which included a consultant, nurse lead and pharmacist. One to one feedback is provided to whomever raises a datix report. There is further discussion and learning at the risk management meetings with shared learning outcomes communicated to all staff. Trainers also reported that 'learning from excellence' is discussed during risk management meetings and these learning points are also shared with all staff. Trainers reported that if something does go wrong, the consultant would normally lead on any discussion to the patient's parents or, would attend to support a trainee meeting the patient's parents.

**Trainees:** Trainees reported that they would receive support from senior colleagues if they were involved in an adverse event. They reported that adverse incidents are raised through the Datix reporting system which shared learning from adverse incidents discussed during the safety brief at handover. If involved in an incident where something went wrong with a patient's care, trainees felt that they would be support by the consultant team.

**Non-Medical:** Staff reported that adverse incidents are recorded through the datix system. Reports are reviewed at clinical incident meetings with any learning points shared as bulletins to all staff.

### 2.21 Other

Trainees were asked to rate their overall satisfaction with their training experience in this post, from 0 (worst experience) to 10 (best experience). The score range and average is listed below:
Overall satisfaction: Score range: 8 – 9, Average score: 8.71

## 3. Summary

| Is a revisit required? | Yes | No | Highly Likely | Highly unlikely |
|---|---|---|---|---|

This was positive visit to a department that prioritises the training and education of trainees. Whilst there are a few areas for improvement, it is evident that the department provides a good experience for trainees from a consultant team that is proactive in making changes and adopting new initiatives.

**Positive aspects of the visit:**

- There is a positive environment and training culture in the department from a cohesive team.
- There is a visible and supportive consultant body resulting in a positive trainee experience.
- There is a strong focus on patient safety with effective use of a safety brief and huddles.
- It is evident that education and training is important and intertwined with all aspects of the job.
- The weekly local teaching and bitesize teaching sessions are to be commended with feedback highlighting that the department use every opportunity is used as a training opportunity and a weekly teaching session always take place.
- Although teaching is not bleep free, it is evident that all staff are aware of when teaching is taking place and will only disrupt this for emergencies, resulting in minimal interruptions.
- There is a robust quality improvement ethos with good support from the QI lead providing QI templates and allocating QI projects to all trainees.
- The consultant body is an innovative team who are receptive to change by incorporating new initiatives such as multi-disciplinary team reflection meetings and learning from excellence.

- The physical presence of psychology services which are available to staff as well as parents to provide support is to be commended.

**Less positive aspects of the visit:**

- There is a very tight rota which is impacting on trainees' access to study leave, regional teaching and ability to work on QI projects.
- Issues with computer and IT access. A lot of the hardware is old and therefore slow to start-up and process. Some trainees feel there is a lack of access to computers, the speed of which may be a contributing factor. Software is out of date resulting in some trainees being unable to access documents necessary for their work, such as the QI projects.
- Some trainees are still without working logins to enable them to undertake the online hospital induction modules.
- There is no trainee forum to enable trainees to discuss and raise concerns as a group.
- Service pressure due to reasons such as occasional shortages of nursing staff at night are resulting in trainees undertaking tasks which they are less familiar with, such as making up infusions, has the potential to give rise to patient safety concerns if trainees are being interrupted during these tasks. In addition, the lack of availability at BCG clinics is resulting in trainees providing these vaccinations for which the preparation time is excessive and of no educational benefit to trainees.

## 4. Areas of Good Practice

| Ref | Item | Action |
|---|---|---|
| 4.1 | The provision of psychology services, with easy direct access within the department ensures that staff as well as patients have support during difficult and challenging events. | |
| 4.2 | Local teaching is never cancelled and is relevant to the trainees' curriculum requirements. | |
| 4.3 | Quality improvement initiatives have a high profile within the unit and trainees are encouraged and actively supported to be involved with these my enthusiastic trainers with an interest in QI. | |

| | | |
|---|---|---|
| 4.4 | Inclusion of learning from excellence and multi-disciplinary reflection based meetings show a willingness of the department to promote best practice and foster a shared learning environment, as well as an willingness to adapt to change. | |

## 5. Areas for Improvement

Areas for Improvement are not explicitly linked to GMC standards but are shared to encourage ongoing improvement and excellence within the training environment. The Deanery do not require any further information in regard to these items.

| Ref | Item | Action |
|---|---|---|
| 5.1 | Rota | Although there is a minimal rota gap, there is very little flexibility. Trainees would benefit from some additional support from the rota co-ordinator to be able to access educational opportunities, such as shift swaps for study leave. |
| 5.2 | Educational Governance | The department may want to consider development of a trainee forum to enable trainees, as a group, to raise any concerns that may arise in relation to training. |

## 6. Requirements - Issues to be Addressed

| Ref | Issue | By when | Trainee cohorts in scope |
|---|---|---|---|
| 6.1 | The Board must provide sufficient IT resources to enable doctors in training to fulfil their duties at work efficiently and to support their learning needs. | 7 July 2020 | ST |
| 6.2 | All trainees must have timely access to IT passwords and system training through their induction programme. | 7 July 2020 | ST |
| 6.3 | There must be access to study leave for all eligible trainees and this must not be dependent on trainees arranging their own service cover or using rest days to attend regional teaching such as the PG Diploma. | 7 July 2020 | ST |