Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	24th March 2021	**Level(s)**	FY/GP/Core and Higher
Type of visit	Triggered	**Hospital**	St John's Hospital
Specialty(s)	Mental Health	**Board**	NHS Lothian

Visit panel	
Claire Langridge	Visit Chair – Quality Lead
Rhiannon Pugh	Regional Postgraduate Dean
Annette Lumsden	Lay Representative
Nick Dunn	GP Assistant Director
Dawn Mann	Quality Improvement Manager
Eric Livingston	Foundation Programme Director
Manjit Cartlidge	Trainee Associate
In attendance	
Susan Muir	Quality Improvement Administrator
Helen Adamson	Shadowing Lay Representative

Specialty Group Information		
Specialty Group	Mental Health	
Lead Dean/Director	Clare McKenzie	
Quality Lead(s)	Claire Langridge and Alastair Campbell	
Quality Improvement Manager(s)	Dawn Mann	
Unit/Site Information		
Trainers in attendance	12 including Educational Supervisor and Clinical Tutor	
Trainees in attendance	2 FY, 2 GP,4 CT, 1 ST	

Feedback session: Managers in attendance	Chief Executive		DME x		ADME x		Medical Director		Other 16	

Date report approved by Lead Visitor	15th April 2021

1. Principal issues arising from pre-visit review:

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.

There were ongoing concerns raised at GP level for psychiatry at the 2019 QRP and a visit was scheduled for April 2020 which was cancelled due to COVID-19. At QRP 2020 concerns were still present at GP level and there was a deterioration of data across all levels. Site was also in bottom 2% list due to STS Level Triage list (GPST-aggregated low scores for specialty and aggregated red flags) and STS Post High Performers list (significant change in scores). The outcome from both the GP and mental health QRP 2020 was to recommend a triggered visit.

Information was recently provided from the South East regional Foundation Lead raising concerns regarding patient safety concerns stemming from the high workload of weekend shifts.

We would like to thank the site and DME office with their help in setting up the virtual visit. On the day the site delivered a very helpful presentation and provided their slides for information.

2.1 Induction (R1.13):

Trainers: Trainers reported that following feedback from trainees' changes had been made to the induction including spreading it out over a couple of days to avoid information overload. Feedback is requested after every trainee induction session and the department will look at making appropriate changes to the programme following this. Trainees received site and departmental inductions. We were advised that the clinical tutor would catch up with trainees on a one to basis if they missed induction. The department advised they have recently secured funding for administrative support for the inductions which should benefit trainees.

Foundation and GP Trainees: Trainees advised they had received induction and highlighted it would be beneficial to have certain training earlier in their placement for example they received rapid tranquilisation training approximately 6 weeks after starting. Trainees advised the panel that they often have to complete Mental Health Act forms before they have received the training or had any previous experience.

Core and Higher Trainees: Trainees who were based at St John's Hospital for all off their placement had received both site and departmental induction. Trainees who only cover the out of hours (OOH) rota at St John's Hospital were not included in induction so felt under prepared for starting their shifts. Not all trainees had received IT passwords prior to starting their placements which impeded their work. It was felt it would be beneficial at induction to include more information regarding who to contact during the day for support.

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

Trainers: Trainers advised one trainee will hold the duty bleep during weekly departmental training and this will be on a rotational basis, but regional teaching is bleep free and fully protected. Trainers were aware there was a time period when regional GP training was not occurring, but trainees are enabled to attend. It was felt the trainees are encouraged to provide an idea of topics they would like covered at departmental teaching, so it is tailored to their needs.

Foundation and GP Trainees: Trainees advised they attended local teaching sessions unless they were holding the duty bleep or occasionally had clinical commitments, it was felt these were beneficial although could be too specific for their grade. The panel were told they also attended regional teaching but there had been a break in the regional GP training.

Core and Higher Trainees: Trainees felt the local teaching sessions were useful for their education and apart from the person covering the duty bleep they could attend, and that regional core teaching was protected and bleep free. It was raised that as the new to psychiatry teaching is on a Wednesday Core trainees are unable to attend as clashes with regional teaching also, this can cause difficulties for FY/GP to attend as they cover the duty doctor roles on that day. It was felt it would be useful for trainees to have access to the slides for local teaching, this had been raised with the department, but trainees were advised was difficult to arrange.

2.3 Study Leave (R3.12)

Trainers: The trainers advised they had not refused any trainees study leave requests.

Foundation and GP Trainees: Trainees did not raise any concerns accessing study leave.

Core and Higher Trainees: Trainees did not raise any concerns accessing study leave.

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

Trainers: The Educational Supervisor advised that trainers used to be allocated trainees from any cohort but now trainers received the same level of trainee each rotation as it is felt this allows them to build a better knowledge of the trainee's requirements. The panel were advised that trainers with GP trainees are given a copy of the curriculum for information. Trainers stated they had time in their job plans for supervision and their role as trainers is discussed at appraisal. It was however felt that due to staff absences and gaps in substantive consultant posts there can be competing demands on trainer's time.

Foundation and GP Trainees: All trainees had met with their educational supervisor and had a PDP in place.

Core and Higher Trainees: Core Trainees advised they have the same educational supervisor for their 3-year placement, this is advised at role allocation and all trainees have met with them regularly. Their clinical supervisor is allocated dependant on role location.

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: The panel were informed that some trainees and consultants have coloured badges to identify their grade and competency level, but these are mainly from other posts and the use is not formally in place or promoted within the department. The panel were advised there is a consultant OOH rota, so trainees are aware of who to contact for support. It was felt trainees are aware of who to contact for support as this is covered at induction and that consultants were approachable for trainees. Trainers felt that OOH workload and CAMHs assessments were an ongoing concern which could make trainees feel they have to deal with problems out with their competency level and can be stressful for trainees. We were told just the previous evening while on call the duty doctor spent approximately 5 hours with CAMHs patients. The panel were advised trainees have access to telephone support during out of hours work but there are no seniors on site to assist. We were told that for a time during the first wave of COVID-19 there was additional CAMHs nursing input made available for unscheduled care support, this has now been withdrawn but it was felt it was beneficial

to trainees. It was relayed that the current CAMHs specific rota was recently found to be non-compliant through monitoring so it would not be an option for them to cover these assessments. We were informed that during the day trainees can approach CAMHs consultants for advice however it is a small department so consultants may not be immediately available due to clinical commitments. It was raised that CAMHs is a Pan Lothian service, so it is harder for St John's to implement changes.

Foundation and GP Trainees: Most trainees received weekly supervision sessions although it was raised the regularity was consultant dependant. Trainees were aware of who to contact for support OOH but advised it was not always easy to access consultant support during the day and this could prove time consuming.

Core and Higher Trainees: Trainees advised they receive weekly supervision sessions with their clinical supervisor although occasionally miss these due to annual leave or on call duties, it was felt these sessions are useful. Trainees felt out of hours work was busy and they can feel pulled in different directions with many high-risk patients to cover. It was felt this is especially difficult if you have little psychiatry experience or only cover OOH at St John's Hospital as are under informed for the role however can be overwhelming for all trainees. The panel were advised trainees are aware of who to contact during OOH but on several occasions' duty consultants have not answered and trainees feel they are given a varied level of help and support. The panel were told that ACAS should be available between 8-12pm to assist with assessments but due to staff shortages trainees advised they are rarely available for support after 9pm and they do not have onsite access for CAMHs support. Trainees also felt HAW/HAN can be reluctant to offer support to psychiatry trainees on call.

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

Trainers: Trainers advised trainees have access to weekly supervised clinics, these are now remote, but trainees have been supported with time to adjust and have access to a near me suite on site. It was felt trainees have access to a broad range of experiences including experience of common psychiatric conditions, Quality Improvement projects and managerial experiences. It was not felt there were any particular competencies that trainees struggled to gain although we were advised that simulation training had been halted during COVID-19. The Educational supervisor advised that in the last year they have secured finding to allow a phlebotomist and pharmacist to be based on site allowing trainees more time to focus on educational tasks.

Foundation and GP Trainees: Trainees reported it was difficult to access ECT experience due to a lack of patients and COVID-19.

Core and Higher Trainees: Trainees did not feel there were any competencies that they would struggle to obtain. Trainees have access to clinics, but the frequency varies depending on their post with CAMHs having regular clinics. It was felt that the workload was heavy but over all the balance between educational and non-educational tasks was good. It was commented that a substantial period of time on OOH shifts can be taken up with tasks such as discharge letters and medical care tasks.

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

Trainers: Trainers did not feel trainees had problems accessing work-place based assessments.

Foundation and GP Trainees: Trainees informed us they have been supported in completing work-place based assessments however it is sometimes challenging to find a consultant for these. It was felt the assessments are constructive and fair.

Core and Higher Trainees: Trainees felt it was easy to complete work-place based assessments and these are fair.

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

Trainers: N/A

Foundation and GP Trainees: N/A

Core and Higher Trainees: The panel were advised there are no formal opportunities for shared learning with multi professional colleagues.

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

Trainers: N/A

Foundation and GP Trainees: Trainees advised they have not been involved in quality improvement projects due to the strain of other work commitments.

Core and Higher Trainees: Some trainees have been involved in Quality Improvement and audit projects.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers felt weekly supervision sessions were a good opportunity for trainees to receive feedback and advised trainees receive feedback from OOH work from the on-call consultant. The panel were told that adult assessments are carried out with ACAS team members providing an opportunity for feedback.

Foundation and GP Trainees: Apart from at weekly supervision it was felt there are limited opportunities for trainees to received feedback especially on OOH work. It was also mentioned that sometimes feedback is provided in open settings which can feel inappropriate.

Core and Higher Trainees: It was felt there is little opportunity for trainees to receive feedback from out of hours work.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: The panel were advised that feedback from trainees is requested following induction and teaching sessions which has resulted in the department implementing changes to these processes. Since September 2020 a teaching fellow is in place who runs weekly drop in sessions to allow trainees to raise concerns or ideas regarding placements at St John's Hospital. Trainers also advised the department have run a What Matters Survey for trainees.

Foundation and GP Trainees: It was felt that Dr Blair and Dr Mowatt were very receptive to feedback and were trying to implement positive change within the department. Trainees had recently been invited to a meeting with management to provide feedback on their placements. We were

advised trainees have a junior doctor representative that feeds into the forum and also met with trainees at the end of placement to collect feedback which was relayed to senior staff.

Core and Higher Trainees: The panel were advised there is a core trainee forum representative who they can provide feedback through and there had been a meeting the previous week to enable trainees to provide feedback to management.

2.12 Culture & undermining (R3.3)

Trainers: We were told that trainees are provided with avenues for support at induction and told they can approach clinical supervisors and/or educational supervisors at any time. There were known concerns regarding trainees having experienced undermining behaviour, particularly on ward 17. Concerns were escalated and discussions took place with management. A morning huddle has been introduced on ward 17 which is was felt is improving the culture and the interface between trainees and ACAS. We were advised there has recently been a Joy of Work group set up with involvement from the educational supervisor, clinical tutor, junior doctor representatives, chief registrar, clinical leadership fellow and the DME which aims to improve trainee satisfaction in the department, identify key areas for development and engage trainees in improvement ideas. It was felt the weekly Balint group provided an opportunity for trainees to raise concerns in a supportive environment.

Foundation and GP Trainees: The panel were advised trainees had experienced and witnessed behaviour that has undermined their confidence, performance or self-esteem, especially on ward 17. It was discussed that some consultants can be reluctant to review patients allocated to other consultants which can lead to patients waiting longer than necessary for review and be challenging for trainees. It was felt that some senior staff are reluctant to change, and this could cause barriers to improvements being implemented.

Core and Higher Trainees: Trainees advised some staff were very supportive however trainees had experienced and/or witnessed undermining behaviour. It was also raised that trainees can experience push back from staff when trying to admit patients.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: It was acknowledged that the Out of Hours role is busy and stressful for trainees. We were advised there is a CAMHS proposal in place to provide permanent CAMHs unscheduled care resource between 7am and 10pm however the department recognise the existing issues until they can recruit. It was felt the lack of a middle grade within the department impacts the workload/rota and that additional core trainees would allow for more peer support and access to learning.

Foundation and GP Trainees: Trainees advised current rota gaps are filled by locums. The panel were told that FY/GP trainees provide cover on Wednesdays to allow core trainees to attend regional teaching, it was felt it would be helpful not to have clinics on Wednesdays as they are often missing them due to duty doctor duties or clinical demands. Trainees advised this had been fedback to the department but were told clinic days could not be changed. The New to Psychiatry teaching is also on a Wednesday which this can impact. It was relayed that a trainee has responsibility for allocating the duty bleep amongst trainees, they try and avoid clinics and training but due to limited numbers on the rota this is not always possible. Trainees felt they had flexibility within the rota to arrange swaps or get annual leave however trainees are also responsible for ensuring there is still enough cover on the wards. It was felt the rota is very tight and we were given an example of a recent occasion where a trainee called in sick and there was no cover available. The panel were told that OOH work is very busy and draining with a high workload of demanding and emotional cases.

Core and Higher Trainees: The panel were advised there are 2 current rota gaps which are filled by locums. We were told the higher CAMHs rota has been highlighted as non-compliant at recent monitoring and this is leading to tensions between trainees and management. Trainees have drafted an improvement plan however management have so far been unsupportive on the matter. It was felt that the rota on a Wednesday could compromise the wellbeing of Foundation and GP trainees as core trainees attend regional teaching that day so it can be very busy.

2.14 Handover (R1.14)

Trainers: The panel were informed that consultants are not routinely present at handover Monday – Friday but do attend weekend morning handovers. Trainers advised there has recently been a process put in place to electronically record handover information but were aware it was not being

fully utilised by trainees and the reasons were being investigated, currently handover mainly takes place via trainee email.

Foundation and GP Trainees: Trainees advised there were no formal handover processes and trainees would discuss relevant information between themselves, it was however felt to be safe. We were told there is not consultant involvement during the week, but they are present at weekend handovers, although it was raised that some consultants do not come on site for the weekend handover and call in prior to it. Handover time is not included in the rota for trainees, so they often stay longer to complete. We were advised that recently handover emails were taking place which it was felt were useful and that implementing the use of a shared drive had been discussed but it was thought there were some access issues delaying this.

Core and Higher Trainees: Trainees advised there was no formal handover process in place although they were aware of a new electronic process about to be introduced but had not been given adequate information on how it works. We were told consultants are present at weekend handovers only and handovers are not used as a learning opportunity.

2.15 Educational Resources (R1.19)

Trainers: It was felt there are ongoing IT issues regarding access to computers, some additional laptops have been purchased but more are required. We were told the education department has been utilised to allow trainees access remote video teaching following COVID-19 changes.

Foundation and GP Trainees: N/A

Core and Higher Trainees: It was felt there was a lack of computers with cameras for trainee use which now has more of an impact due to virtual teaching, clinics etc

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 advised a new session has been introduced to trainee induction providing information on wellbeing and support and signposting emotional wellbeing facilities. Supervisors told

the panel there are formal processes in place for doctors in difficulties, information would be shared with the relevant supervisors and trainees have access to occupational health and HR support.

Foundation and GP Trainees: Trainees felt there was a disparity of support amongst consultants with some being very supportive and others not very approachable. We were told there was good peer support within the department. Trainees appreciated the one-hour weekly supervision they received in this post and felt that the Balint group was a supportive environment to raise concerns, however it did not always run regularly.

Core and Higher Trainees: Trainees felt there was support available if a trainee was struggling and would feel comfortable talking to their clinical and educational supervisors.

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: N/A

Foundation and GP Trainees: Trainees advised they have raised concerns regarding the quality of their education to clinical and educational supervisors and the Training Programme Director (TPD), they felt comfortable raising concerns and that these were being looked at. Trainees can feedback concerns to the core trainee representative who feeds this back.

Core and Higher Trainees: Trainees would raise concerns regarding the quality of their education with their educational supervisor. We were informed there are psychiatry representatives that feed into a Lothian wide trainee forum.

2.18 Raising concerns (R1.1, 2.7)

Trainers: It was felt that trainees are encouraged and supported to raise concerns regarding either patient safety or their education. We were given examples of concerns that have been raised through educational and clinical supervisors, it was felt trainees were comfortable approaching them.

Foundation and GP Trainees: Trainees advised they have raised patient safety concerns regarding the current CAMHS assessment process, but these have not been adequately addressed. It was felt

trainees have to learn about CAMHs assessments on the job and do not feel prepared before hand and have no or little previous experience. The panel were told trainees do have access to CAMHS senior support during OOH which is supportive, but they have no onsite support and have a high degree of responsibility. Trainees advised there is no specific consultant to contact for CAMHs support during the day and due to the departments high workload it can be tricky to find someone available. Trainees are left concerned for patients after shifts and receive little feedback on their decisions which is affecting their wellbeing.

Core and Higher Trainees: It was commented that the clinical tutor and educational supervisor were very supportive, and trainees were confident their concerns would be heard and addressed where possible.

2.19 Patient safety (R1.2)

Trainers: Trainers advised following feedback regarding staff safety concerns two designated mental health interview rooms were created within the A&E department, however one was lost due to COVID-19 adjustments. The panel were told of an incident regarding an attack on a trainee, it was felt the trainee was offered immediate support and a subsequent incident review prompted more trainees being issued with personal alarms.

Foundation and GP Trainees: Trainees highlighted that the August changeover period can be a pressure point and could be viewed as a patient safety concern, as there is no middle grade there can be few trainees with any experience of the site or of psychiatry meaning little continuity. It was felt a more comprehensive induction and more structured consultant support during the changeover period would be beneficial. Trainees did not have concerns regarding boarding and advised us there are safety huddles on some wards and patient boards in nurse's stations for information. It was felt the more formalised huddle on ward 17 was beneficial.

Core and Higher Trainees: Trainees would not have concerns regarding the care of a friend or relative during the day but would during out of hours as things can get delayed due to workload or pushback from other areas. It was felt having greater support from other areas for medical tasks such as patient IVs and CAMHs assessments would improve things. Trainees advised there are no medical boarders and when patients are occasionally boarded from other psychiatry areas this is

managed well. Trainees advised there is a daily huddle on ward 17 and a physical board with all patient information on IPCU as safety measures.

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

Trainers: N/A

Foundation and GP Trainees: One trainee had experienced an adverse incidence and felt supported by medical staff. The incident was discussed with the supervisor and alarm processes reviewed. The panel were informed there were no formal processes for shared learning from adverse incidents.

Core and Higher Trainees: Trainees were aware how to raise adverse incidents. We were given examples where trainees had been involved in incidents and felt supported by staff. One had been involved in a review and felt this was handled in a blameless manner. Trainees were not aware of any opportunities or meetings for shared learning from adverse incidents and had not always received feedback from incidents reported.

3. Summary

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

On the day the panel were left with a sense of a department with a supportive educational and clinical supervisor who are approachable and keen to listen to trainee concerns. However, we have serious concerns regarding the workload of the out of hours role and the CAMHS assessments which are both high responsibility, high risk and can impact on patient safety and trainee wellbeing. The panel were also made aware of a lack of staff across all levels including substantive consultants and nursing staff and a culture of tension and undermining within certain areas of the department. We look forward to reviewing the action plan with a view to returning for a revisit in approximately 9 months.

What's working well

- Diligent, approachable and enthusiastic Educational Supervisor and Clinical Tutor
- Involvement of trainees in departmental projects trying to implement positive change for example Joy at Work
- Proactive group of trainees
- Consistent access to weekly supervision for all levels

What's working less well

- The CAMHs assessment system is demanding for trainees and felt to be a patient safety concern as well as impacting on trainee's wellbeing.
- Out of hours workload is demanding with trainees including some trainees who are new to psychiatry making high risk, high responsibility decisions without access to onsite support. Trainees are also pulled in many directions during on call leading to patient safety concerns. It was felt there is a lack of onsite support during OOH and that other departments and staff members lack an understand of the conflicting demands on duty doctors time.
- There were concerns raised regarding a culture of undermining and belittling behaviour towards trainees and witnessed by them between other staff members.
- Induction should be improved to better prepare trainees for all aspects of the role and should include trainees covering OOH at St Johns from REH.
- Handover should be more frequent and more formalised.
- Lack of feedback opportunities especially for OOH work.
- Lack of formal system for feedback and shared learning from adverse incidents.
- We were told it can be difficult locating consultants for support during the day especially as there is no on call consultant or access to rotas. There have also been occasions where the on-call consultant was non contactable during OOH.
- No use of GMC recommended colour coded badge system to identify level and competence of trainees.

4. Areas of Good Practice

N/A

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	Trainees from other sites covering OOH work at St John's Hospital should have access to appropriate induction for the site.	
5.2	The scheduling of FY/GP clinics should be considered to allow them to attend, on Wednesdays especially.	
5.3	There should be a daytime consultant point of contact.	
5.4	An awareness of trainee duty doctor roles and responsibilities for other teams including ACAS, HAN, HAW would be beneficial.	
5.5	We were advised the higher CAMHS rota is non-compliant which should be addressed.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Doctors in training must not be expected to work beyond their competence by managing CAMHS assessments without access to appropriate clinical supervision at all times.	11th June 2021	All
6.2	The scope of the cover and the associated workload for junior doctors at weekends and overnight must be reduced as currently they are not manageable and safe.	11th June 2021	FY/GP/Core
6.3	The department must have a zero-tolerance policy towards undermining behaviour.	14th November 2021	All

6.4	Clinical supervision must be available at all times.	14th November 2021	All
6.5	Trainees must receive adequate induction to all sites/roles they cover out-of-hours to allow them to begin out-of-hours working safely and confidently.	14th November 2021	All
6.6	Provide routine team-based opportunities for trainee learning from clinical incidents/DATIX.	14th November 2021	All
6.7	Handover processes must be improved to ensure there is a safe, robust handover of patient care with adequate documentation and an awareness of how to use it.	14th November 2021	All
6.8	The Board must provide sufficient IT resources and timely passwords to enable doctors in training to fulfil their duties at work efficiently and to support their learning needs.	14th November 2021	All
6.9	A process for providing feedback to doctors in training on their input to the management of cases must be established and feedback provided from incidents recorded on the Datix system.	14th November 2021	All
6.10	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 the must be introduced.	14th November 2021	All

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.