Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	25 January 2022	**Level(s)**	FY/GP/Core/Specialty
Type of visit	Scheduled	**Hospital**	Lothian Small Sites - Astley Ainslie Hospital, Ballenden House, Cambridge Street House, Inchkeith House, Chalmers Hospital, Craigroyston Health Clinic, East Lothian Community Hospital, Midlothian Community Hospital, Royal Infirmary of Edinburgh, Western General Hospital
Specialty(s)	Mental Health Services	**Board**	NHS Lothian

Visit panel	
Peter MacDonald	Visit Chair – Associate Postgraduate Dean – Quality
Euan Easton	Training Programme Director
Jill Murray	Senior Quality Improvement Manager
Saurabh Borgaonkar	Trainee Associate
Ian McDonough	Lay Representative
In attendance	
Susan Muir	Quality Improvement Administrator
Natalie Bain	Quality Improvement Manager (Shadowing)

Specialty Group Information		
Specialty Group	Mental Health	
Lead Dean/Director	Clare McKenzie	
Quality Lead(s)	Claire Langridge and Alastair Campbell	
Quality Improvement Manager(s)	Natalie Bain	
Unit/Site Information		
Trainers in attendance	15	
Trainees in attendance	2 FY, 4 GP, 5 Core, 4 Specialty	

Feedback session: Managers in attendance	Chief Executive	DME	ADME Yes	Associate Medical Director Yes	18

Date report approved by Lead Visitor	16 March 2022

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 was arranged to the Psychiatry Department across unvisited sites in NHS Lothian. Due to the limited number of trainees at specific sites the Deanery combined a number of sites for the visit in order to gain a meaningful view of training.

The sites visited were:

Astley Ainslie Hospital, Edinburgh
Ballenden House, Edinburgh
Cambridge Street House, Edinburgh
Inchkeith House, Edinburgh
Chalmers Hospital, Edinburgh
Craigroyston Health Clinic, Edinburgh
East Lothian Community Hospital, Haddington
Midlothian Community Hospital, Bonnyrigg
Royal Infirmary of Edinburgh
Western General Hospital, Edinburgh

The visit provided an opportunity to speak with trainees based at East Lothian Community Hospital, Haddington separately as in 2021 the site featured a number of red flags in the GMC's National Training Survey (NTS).

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.

Unless otherwise stated the East Lothian Community Hospital, Haddington responses will be covered under the GP and Specialty Trainee section.

2.1 Induction (R1.13):

Trainers: All trainers reported some form of induction on each of the sites being visited. This ranged from face-to-face meetings with Educational Supervisors and ward staff to written induction places which are updated by current trainees. All small-site and team inductions are hosted on the Medical Education Department's website if they have been submitted. These inductions flow on from the main 'site' induction at the Royal Edinburgh Hospital which is for all trainees in these areas, even if their day role is off site, as roles such as on-call are managed centrally.

FY Trainees: Trainees stated they had received a satisfactory induction.

GP, Core and ST Trainees: In general, trainees reported receiving an induction that prepared them for their role. They particularly valued the simulation sessions. However, the trainees that we met on the day stated there was no induction for their role on the out of hours rota C and for some trainees there was no induction to the sites on the rota C. The trainees cover multiple sites on rota C and do not always know these sites. There is also a lot of changing of rota responsibilities that are not clear. The lack of rota C induction was a particular issue for trainees who are not usually on that rota but can be expected to cover it at short notice when there are staffing shortages and only two on duty.

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

Trainers: Access to teaching has improved with the move to MS Teams. Core trainees have teaching on a Wednesday morning with a clinical skills session often added at the end of the session, this is then followed by Balint group in the afternoon. All trainees have access to their formal teaching programme timetabled in their rota to ensure they can attend. There is also journal club run by specialty trainees that all trainees are welcome to attend.

FY Trainees: Trainees are able to attend both their formal programme teaching and locally delivered teaching.

GP Trainees: Trainees attend locally delivered teaching which is not protected and reported variable attendance at their regional teaching.

Core & ST Trainees: Trainees receive approximately 2 hours local teaching per week which is not protected but they are able to attend and on-line teaching has improved the accessibility. They have attended the majority of their formal regional teaching. Trainees stated that there is a lot of informal teaching in CAMHS but this is not protected.

East Lothian Community Hospital Trainees: There is no locally delivered teaching available on site. Trainees are able to access wider NHS Lothian teaching sessions but local scheduling of clinical commitments can clash with the teaching timetable

2.3 Study Leave (R3.12)

Trainers: On the majority of sites there are no issues supporting study leave, however at East Lothian Community Hospital, Haddington it was reported that this can be challenging due to wards having to be covered and limited staff available to provide cover.

All Trainees: There are no issues taking study leave.

East Lothian Community Hospital Trainees: It can be challenging to get study leave due to service pressures.

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

Trainers: Trainers often supervise a variety of grade and number of trainees. It is particularly challenging in the CAMHS group as there are currently low consultant numbers. There is time in their job plans to be supervisors and their role is included as part of their appraisal system.

FY Trainees: Trainees all know who their Educational Supervisor is and meet with them at least once a week.

GP Trainees: Trainees regularly meet with their supervisor on site and have all been given time to meet with their GP Educational Supervisor who is based in their supervising GP practice.

Core & Specialty Trainees: Trainees meet with their clinical supervisor once a week and their Educational Supervisor once every 6 months. All trainees stated they have regular informal contact with their supervisor.

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)

FY Trainees: Trainees confirmed they always know who to contact during the day and out of hours.

GP Trainees: Trainees know who to contact during the day and out of hours however highlighted they get no email acknowledgement or confirmation of follow up from CAMHS regarding patients they have seen out of hours.

ST Trainees: Trainees know who to contact during the day and out of hours for support however they advised there are challenges contacting the consultant on call for CAMHS, both during the day and out of hours. All consultants are approachable and provide good support when contacted.

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

Trainers: Trainers are kept up to date of all curriculum changes from a variety of sources and they meet with their trainees at the start of the post to identify their training needs and how best to meet these.

FY Trainees: Trainees have no issues gaining their competencies but felt exposure to psychiatry cases on the ward was limited as they usually perform the tasks related to the medical conditions of patients. However, when working in outpatient clinics and out of hours they gain more knowledge of psychiatry cases. The trainees also raised an issue regarding dictation and the lack of equipment available to do dictation and the lack of administrative support to act on that dictation. This resulted in the trainees spending a considerable amount of time following up letters or doing them themselves.

GP Trainees: Trainees had no concerns regarding meeting their competency requirements. They attend a number of outpatient clinics and are also gaining experience of dealing with acutely unwell patients.

Core & ST Trainees: Trainees have no issues gaining their competencies and those trainees requiring outpatient clinic experience are able to achieve that. A number of trainees reported a lack of administrative support, particularly in CAMHS locations, which results in them spending time booking patients into clinics and typing follow up letters.

East Lothian Community Hospital: It was reported that there are times when a trainee, with very little psychiatry experience, is left in an outpatient clinic with no immediate access to a supervisor.

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

Trainers: Trainers advised that there are no issues with trainees completing their assessments.

All Trainees: Everyone is supportive of trainees completing assessments.

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

All Trainees: All trainees reported multiple opportunities to work and learn from a variety of health professionals in the multi-disciplinary team involved with Mental Health Services.

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

Trainers: There is an active Quality Improvement Lead for Mental Health in NHS Lothian and that regular meetings are held for people to get involved in existing projects or to suggest their own. There is often an online forum which everyone is encouraged to attend as the QI projects are open to the multi-disciplinary team as well.

All Trainees: Trainees reported there are good opportunities for them all to become involved in QI projects and they are encouraged to do so. A few trainees advised that it can be difficult to engage in QI projects when in CAMHS posts due to a lack of medical staff to support this.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainees receive regular feedback with many consultants discussing each patient with trainees following an interaction. All trainers are available to provide feedback to trainees whenever it is requested and are willing to discuss cases and completion of assessment at any time.

FY Trainees: Trainees reported receiving regular feedback throughout the day and are able to ask team members for more specific feedback if they want to. They agreed that the feedback they receive is always useful and constructive.

GP Trainees: Trainees receive regular, constructive and useful feedback during the day but it is more variable out of hours. However, if the trainees contact a specialty trainee overnight they are more likely to receive feedback.

Core & ST Trainees: Trainees reported receiving useful and constructive feedback during the day and out of hours but sometimes they would have to seek out the feedback rather than it being offered. Trainees stated the on call CAMHS team are very good at wanting to give feedback.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Feedback is sought after each of the teaching sessions attended by trainees. Trainees are also asked for feedback at their weekly meetings with their Educational Supervisor. Core trainees are sent a questionnaire at the end of each of their posts asking for their feedback. The senior managers within the Mental Health Services team have an open-door policy and welcome feedback from trainees.

FY Trainees: Trainees are able to raise any issues or provide feedback to their Educational Supervisor or consultant as there is very much an open-door policy in their posts.

GP Trainees: Trainees stated that they had not yet had the opportunity to provide feedback.

Core & ST Trainees: Core trainees reported receiving a questionnaire at the end of each of their posts asking about their experience. There is also a trainee group where feedback can be given and a trainee rep will take this forward.

2.12 Culture & undermining (R3.3)

Trainers: Trainers across all sites try to create a supportive team environment for the trainees. It was noted that, due to the pandemic, some trainees have felt isolated from their peer group with a move to teaching on MS Teams and the local teams have tried to support trainees in that situation. The trainers felt that they empowered the trainees to speak up and advised their trainees of the escalation processes in place on site.

All Trainees: All trainees reported having a supportive clinical team and senior colleagues with no issues with undermining behaviours. All trainees stated that they would feel comfortable raising any issues that arise.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainers advised that rota gaps on the out of hours rota can be challenging and every effort is made to fill the gaps. The priority of the rota out of hours is to have 2 trainees on site in Royal Edinburgh Hospital. During the day trainees' workload is based on their training needs.

FY Trainees: Trainees reported that workload can be challenging, due to the number of gaps that are often unfilled on the out of hours rota. Communication about the gaps on the rota is not good and if someone is missing from Rota A, B or C it may not be communicated to those working out of hours and they start getting calls about areas they are not expecting to cover. Trainees can easily contact consultants via the switchboard but it can be difficult to get a senior trainee overnight.

GP Trainees: Gaps on the rota intensifies the workload out of hours with some trainees reporting feeling overwhelmed and stressed at times. The trainees feel that the rota can be unsafe due to the number of sites that are covered when on Rota C and if someone from A and B is off they then have to cover inpatients at Royal Edinburgh Hospital as well. There is a lack of clarity and guidance for the out of hours rota. There is no clear escalation process for trainees if they are feeling overwhelmed and in need of support particularly when covering multiple rota responsibilities due to gaps.

Core & ST Trainees: For Core trainees on rota A or B the workload is very heavy with delays to clerking patients detailed. There are frequent gaps on the rota which results in a heavier workload. Communication is poor when there are gaps and often trainees do not know if all rota A, B and C trainees are working or there is a gap. There have been occasions when a single trainee has been left covering all 3 rotas. Gaps on the specialty trainee rota are infrequent and are usually filled easily but the out of hours rota is still stretched. The out of hours rota is complex requiring everyone to have a clear understanding of their role and responsibilities which is not always the case. There are also issues of CAMHS referrals being delayed and made to the out-of-hours team due to referrers being unable to get through to the CAMHS team during the day.

2.14 Handover (R1.14)

Trainers: Trainers acknowledged there are issues with handover as there is not one consistent approach across the service. At the weekend there is a handover meeting attended by all trainees and the on-call specialty trainee or, in their absence, a consultant on call. During the week handover relies on the email system in some cases, TRAK handover in others and trainees having to find others to handover to.

FY Trainees: Handover is informal with trainees waiting for a call or a person-to-person handover in the morning however there is a lack of structure. Handover for CAMHS is not good for those handing over from nights to the morning person as it is not clear who they need to contact and how to contact them. Handover is not a learning experience as there is no senior involvement or feedback given.

GP Trainees: Trainees reported an informal handover process that involves a Whatsapp group organised by a Core trainee which works well for day-to-day handover. The trainees also make use of email to handover over to colleagues and feel this works well.

Core and ST Trainees: Trainees reported that handover is not good during the week as there is no formal procedure for handover. Often trainees have to go to wards to look for someone to handover to. At weekends handover is much better as there is a system on TRAK that is used. There is a formal handover for Rota A and B but not for Rota C and trainees believe they make the Rota C handover safe for patients because they go out of their way to do so rather than there being a system in place to make it safe. Handover is not a learning opportunity.

2.15 Educational Resources (R1.19)

Trainers: All specialty trainees and the majority of core trainees have been issued with their own laptop. In all the sites it was reported that there is adequate space and equipment for trainees to perform their duties. Funding has been received to create a new simulation centre in the Royal Edinburgh Hospital.

FY and GP Trainees: Trainees confirmed they have good IT facilities and adequate space to do their job.

Core & ST Trainees: Trainees are happy with educational resources provided.

East Lothian Community Hospital Trainees: Trainees stated it can be challenging to find an empty room with a computer. Specialty trainees all have had a laptop provided by NHS Lothian and this has been a huge benefit both during the day and on call as on many other sites computer access can be difficult. East Lothian Community Hospital works on a hot desk system however in reality people use the same desk all the time and do not appreciate others using “their” desks this has made it challenging for some trainees to find space to work.

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 receiving support from the Deanery, the GP Unit and Occupational Health practitioners when needed.

FY Trainees: Trainees believe they would be supported if it was required but have not experienced any issues to make this necessary.

GP, Core and Specialty Trainees: Trainees are well supported and one trainee gave an example of excellent support and adjustments being made for them returning from maternity leave.

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 advised that there is a ADME for Mental Health.

All Trainees: Trainees would speak to their Educational Supervisor if they had any issues about their training. Some trainees would also approach their Training Programme Director.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainees can raise any concern with consultants directly or through the Datix system if there is a patient safety issue. All trainers agreed that support would be provided to any trainee raising a concern, particularly by their Educational Supervisor.

All Trainees: Trainees reported that they would be comfortable raising any concerns with their clinical supervisor, any consultant or senior staff member.

2.19 Patient safety (R1.2)

All Trainees: No patient safety issues were raised.

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

Trainers: Trainees are very supported if they are involved any incidents and encouraged to use the DATIX system to report any concerns.

FY Trainees: Trainees are aware of the DATIX system but none had been involved in any adverse incidents.

GP Trainees: Trainees are aware of how to report adverse incidents. One trainee provided details of the support they had received following one such incident.

ST Trainees: Trainees are aware of how to report incidents and the support available but none had been involved in an incident.

3. Summary

Is a revisit required?	Yes	No	Highly Likely	Highly unlikely

Positive aspects of the visit:

- There is a positive culture within all units.
- The overall educational experience is very positive.
- In general, trainees felt very well supported whilst undertaking clinical work.
- Most trainees reported good access to both local and regional teaching.
- Trainees were very positive about their clinical and educational supervision.
- Positive outpatient experience reported by all trainee groups.
- Good support available when adverse incidents occur.
- Workplace based assessments are completed fairly and consistently.
- The provision of laptops to specialty trainees has benefitted their work, education and learning.

Less positive aspects from the visit:

- Induction:
  - Rota C trainees are given an induction to sites that they cover however if a trainee has to move from rota A or B to cover rota C they have not had induction to these sites.
  - There was a lack of induction to site specifically mentioned for East Lothian Community Hospital.
- Handover:
  - Good handover at weekend for rota A & B when it is consistent and trainees are confident of the system but at other times it is inconsistent and fragmented with different approaches to passing on information. Handover to out-of-hours staff is generally clear, but Handback to day teams / wards is an issue.
  - There is no formal handover process for those on Rota C, due to several sites being covered. Thus it is down to individual practice and therefore ad hoc.
  - It seemed that some handover used a relatively informal WhatsApp group. It was not clear how this was managed or if it is an NHS Lothian approved mode of communication involving patient data.
- Rota:

- There is a lack of communication and clarity of responsibility relating to rota A, B and C. No trainee was clear on what the role of the person on rota C was if someone was missing on rota A and B.

- Trainees highlighted a significant number of occasions when the default of 3 people on the rota was not met and with 2 people only on the rota it added pressure resulting in potential patient safety and trainee welfare issues.
- There is a lack of clarity as to when and how trainees on rota A, B or C should escalate for additional support especially when short-staffed and running without the usual three-person cover.
- Administrative support could be improved as trainees are undertaking many administrative tasks – booking patients and typing their own letters due to delays in having dictation typed or lack of availability of effective dictating systems.
- A consultant must be easily accessible to provide immediate clinical support and advice to trainees in a clinic. For trainees at CT1 level or less experienced this should be in person or by a videoconference facility that includes the possibility of consultant engagement with the patient - whilst this was usually the case it was not universally so.
- Some trainees found that a number of teaching opportunities clashed with clinical commitments. Teaching sessions should be more actively and consistently timetabled into the trainees' daytime schedules across the different sites.

4. Areas of Good Practice

Ref	Item	Action
4.1	The provision of laptops to core and specialty trainees has benefitted their work, education and learning.	

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	Administrative support could be improved as trainees are undertaking many administrative tasks – booking patients and typing their own letters due to delays in having dictation typed or lack of availability of effective dictating systems.	
5.2	Rota admin could be improved as trainees report lack of clarity about when there are gaps, if they have been filled and thus who is covering what.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Trainees must receive adequate induction to all sites they cover out-of-hours to allow them to begin out-of-hours working safely and confidently.	6 months	All Trainees
6.2	Handover processes must be improved to ensure there is a safe, robust, straightforward and confidential handover of patient care with adequate documentation of patient issues with senior leadership and involvement of all trainee groups who would be managing each case. This process should be the same across all sites if the trainee rota operates across a number of sites. Both handover and handback should be addressed.	6 months	All Trainees
6.3	Trainees must receive adequate induction to their role and responsibilities on the out of hours rota.	6 months	All Trainees
6.4	There must be a clear escalation process for trainees to request support on the out of hours rota.	6 months	All Trainees
6.5	There must be active planning of attendance of doctors in training at teaching events to ensure that workload does not prevent attendance. This includes bleep-free teaching attendance.	6 months	All Trainees
6.6	**East Lothian Community Hospital** Site and departmental induction for East Lothian Community Hospital must be provided which ensures trainees are aware of all of their roles and responsibilities and feel able to provide safe patient care.	6 months	GP & ST
6.7	**East Lothian Community Hospital** Trainees must not undertake clinics without an appropriately named Clinical Supervisor being available in person or immediately by videoconference facility.	Immediate	GP

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.