

Scotland Deanery Quality Management Visit Report



Date of visit	23 rd March 2023	Level(s)	FY, CT and GPST
Type of visit	Triggered	Hospital	Stratheden Hospital
Specialty(s)	General Psychiatry	Board	NHS Fife

Visit panel	
Dr Alastair Campbell	Visit Chair - Associate Postgraduate Dean – Quality
Dr Seamus McNulty	Associate Postgraduate Dean
Dr Joanne Mitchell	Foundation Programme Director
Ms Catherine Fallon	Lay Representative
Mrs Natalie Bain	Quality Improvement Manager
In attendance	
Mrs Susan Muir	Quality Improvement Administrator

Specialty Group Information	
Specialty Group	Mental Health
Lead Dean/Director	Professor Clare McKenzie
Quality Lead(s)	Dr Alastair Campbell & Dr Claire Langridge
Quality Improvement Manager(s)	Mrs Natalie Bain
Unit/Site Information	
Non-medical staff in attendance	
Trainers in attendance	6
Trainees in attendance	5 x CT, 1 FY2

Feedback session: Managers in attendance	Chief Executive		DME		ADME	x	Medical Director		Other	
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Date report approved by Lead Visitor	21 st April 2023
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1. Principal issues arising from pre-visit review:

The Mental Health Quality team at Scotland Deanery has triggered a visit in view of survey data relating to General Psychiatry at Stratheden Hospital, NHS Fife. The visit team plan to investigate the red flags at all trainee level in the 2022 National Training Survey for handover, reporting systems, rota design and study leave, as well as pink flags in relation to adequate experience, educational governance, feedback, induction, overall satisfaction and supportive environment. There were also red flags at CT level for handover and workload, and pink flags for adequate experience, overall satisfaction and rota design. The Scottish Training Survey also highlighted red flags in all trainee data for educational governance, handover, induction and teaching and a pink flag for team culture. At CT level there was a red flag for handover and a pink flag for teaching. A negative freetext comment at CT level was submitted in the STS survey. The visit team will also use the opportunity to gain a broader picture of how training is carried out within the department and to identify any points of good practice for sharing more widely.

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: The trainers reported that induction is designed to prepare trainees to begin in post, with an overview of the specialties given with a session on the electronic note system MORSE. There have recently been changes made to the induction programme with both formal and informal feedback given by the trainees. The department is striving to develop a formal feedback process about induction and hope to have this introduced in the near future. The trainers note that those who commence the post out with the standard rotation dates have a suite of presentations and video's available that they can access when they start. The trainers note that informal feedback given highlights that trainees can be overwhelmed with the quantity of information that they receive at induction, therefore they give the trainees the opportunity go over further queries that they may have.

Trainees: The trainees reported that induction to the site was informative and prepared the trainees well to work at Stratheden Hospital. However, the induction to individual departments could be improved, as some trainees reported not having any induction to the department at all. The trainees feel that an introduction to the clinical team when beginning the post would be useful, enabling them to know who is in the team and to obtain a further understanding of their role on the ward.

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

Trainers: The trainers report that trainees are encouraged to attend the local Tuesday morning pan-Fife virtual teaching with topics that cover a broad range of psychiatry issues and journal club. The trainers report that the trainees are proactive in ensuring that those who are not attending teaching would hold the bleep. Trainees are also released to attend their formal regional psychiatry teaching and find that each trainee cohort support one another to ensure that the bleep is covered that day.

Trainees: The trainees reported that they can attend approximately 1 hour of departmental teaching held on a Tuesday morning. Although it was noted that recently the trainees have either found it difficult to attend or the teaching has been cancelled last minute. The core trainees are able to attend their MRCPsych teaching most Wednesdays. The trainees feel that access to teaching can be improved by protecting the time and making it bleep free. The trainees highlight that workload can prevent them from attending the Tuesday morning pan-Fife teaching.

2.3 Study Leave (R3.12)

Trainers: The trainers report that there is a formal process in place for trainees to apply and take study leave. The trainers note that they are not aware of any challenges faced by trainees who are requesting study leave. A consultant has recently taken on the role of rota master and has oversight of study leave applications. The trainers expressed that there is support for trainees, however they do need to be proactive and ensure they are aware of the process in place.

Trainees: The trainees report that taking study leave can be challenging as there are multiple steps to go through in order to get the leave approved. The trainees also note that they are responsible for ensuring that they have cover in place before applying for study leave. The trainees are not aware of

a formalised process for study leave, and also, are not aware of the consultant who has recently taken on responsibility for oversight of the rota.

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

Trainers: The trainers report that there is an established system in place enabling the same individuals to supervise the same cohort of trainees, they are all substantive consultants with recognition of trainer status. Trainers note that they are given SPA time within their job plan to ensure they are supported to fulfil their educational and clinical supervisor roles and their roles are considered during their appraisals. The trainers report that the trainees attend a monthly management meeting, where they are able to discuss any issues about supervision. The trainers are not aware of a formal process that would inform them about any trainees with difficulties, however they would have an expectation that the TPD or previous supervisor would highlight any concerns. It was noted that there have been occasions where there have been trainees with training issues and the site were not made aware prior to them starting. However, it was highlighted to the deanery and changes have been implemented.

Trainees: The trainees report that they meet with their supervisor on a weekly basis for their one-hour session. These meetings are supportive and constructive.

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 trainers are not aware of trainees working beyond their competence and they are informed at induction about who to contact both in and out of hours. The trainers do note that at times the workload can be high in some clinical areas, but they are encouraged to escalate when required so that they do not feel overwhelmed. The trainers report that they would not use the term SHO and believe that there has been a generational change in reference to this term no longer being a part of the language used.

All Trainees: The trainees report that they are aware of who to contact both during the day and OOH. The trainees highlight that they are made aware of whom is providing supervision if other trainers are on leave. Trainees note they are not working beyond their competence and all trainers are accessible and approachable.

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

Trainers: The trainers reported that they have all attended the new core curriculum teaching and feel that they are now more aware of the changes and how they are mapped to the clinical placements. It was highlighted that there can be difficulty in gaining the addictions competency, but the Training Programme Director (TPD) is collaborating with another consultant to ensure trainees get exposure to this. The trainers emphasise that there are challenges with the balance of non-educational tasks, but they note that the management team are aware of this and there are plans in place to recruit a phlebotomist and an ECG technician.

All Trainees: The trainees report that although they are able to obtain WPBA's, they do find them challenging as they must plan them in advance with their senior colleagues. The trainees note that it is difficult for them to complete these during the normal working day. All trainees are able to develop their skills for assessing and caring for acutely unwell patients through ward work or UCAT assessments. The majority of trainees are able to get to outpatient clinics, with the exception of a few that are unable to attend due to consultant workload. The trainees strongly state that they are completing a high percentage of tasks that are of little or no educational benefit.

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

Trainers: The trainers report that the trainees are encouraged to get work-place based assessments (WPBA) both during in hours and OOH. The trainers have not had the opportunity to benchmark against those of other trainers.

All Trainees: The trainees highlight that they do find it difficult to get WPBA's and they require to be proactive and organised in advance. The trainees reported that the consultant body are accommodating to allow the trainees to obtain the assessments. The trainees state that the assessments are fair, but not always consistent. Some trainees reported having to chase the assessments several times to enable completion.

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

Trainers: The trainers report that the Tuesday morning pan-Fife teaching is an opportunity for all those working in psychiatry to attend. The trainers also note that within each specialty in psychiatry the trainees are encouraged to attend team meetings that would be attended by the wider MDT as well as specific learning with the community mental health team.

All Trainees: The trainees report that there is plenty of opportunity for onward learning with the wider team, such as the pharmacists and psychologists, but there are no formal teaching sessions with the wider MDT.

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

Trainers: The trainers note that trainees are made aware of the QI opportunities within the department at induction. The trainers report that trainees are supported by the consultants and they are encouraged to take on projects throughout their placement. It was highlighted that there is a new quality forum (QMAG) that feeds across all the sites across Fife and gives trainees more opportunities to take on and present their QI work. However, it was noted that this programme is in its infancy and therefore perhaps has not fed down to trainees yet.

All Trainees: The trainees report that there are opportunities to complete quality improvement projects, but they have to be proactive in seeking these out.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: The trainers report that trainees are provided with supervision once a week and they are encouraged to discuss cases to receive feedback. The trainers believe the trainees are well supported through this process.

All Trainees: The trainees report that there is plenty of opportunity to ask for feedback if required, but it is not routinely offered within ward or clinic settings. They all value their weekly supervision meetings. The feedback that is given is usually constructive and meaningful. There is usually consultant presence in clinical areas enabling trainees to ask for feedback. However, it was reported

that in some areas this is not the case resulting in there being less opportunity for the trainees to seek feedback and some trainees note that this can feel isolating.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: The trainers report that there are no formal feedback mechanisms in place, however individual trainers would discuss the post with their trainee and ask for any improvements. The trainees also have the opportunity to attend the monthly meeting with medical staff and managers to raise any concerns.

All Trainees: The trainees report that there is a senior staff meeting with management that trainees are able to voice any concerns. The trainees note that they have raised concerns at this meeting, and they felt that their concerns were addressed. There is no formal trainee forum.

2.12 Culture & undermining (R3.3)

Trainers: The trainers report that the nature of multi-professional working in psychiatry fosters an inclusive team culture. The trainers also note that induction is key to ensuring that trainees feel that they are part of the team. The trainers highlight that if a trainee raises any concerns during supervision, it would be dealt with appropriately and escalated if required.

All Trainees: The trainees do not have any issues with bullying or undermining behaviour. If the trainees have concerns, they raise them with their supervisor and they would be able to advise on the escalation steps if required.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: The trainers report that the rota now has a responsible consultant and this person has oversight to be able to accommodate specific learning opportunities. It was highlighted that there are current vacancies but these have been filled with locums.

All Trainees: The trainees highlighted there have been concerns lately around the nursing staff shortages in some clinical areas. There were examples given where trainees are being asked to

cover vacant nursing shifts in the UCAT team, the trainees do not feel this is appropriate and found it a cause for concern. The trainees are not involved in the design of the rota, and they feel that the rota's are not built with clinic time in mind. The trainees feel that they are missing clinic opportunities because of the rota.

2.14 Handover (R1.14)

Trainers: The trainers report that handover is challenging as trainees are covering various sites in NHS Fife. It was noted that there is an OOH handover email inbox that the trainees have access to and can hand over any essential information. It was highlighted that the UCAT team also have access to this mailbox. There is a weekend huddle with all relevant staff, and it is comprehensive for issues that are of imminent clinical concern. It was stated that there has been a significant nursing staff shortage that has led to issues in the quality of handover of details regarding patients' clinical needs and progress in some clinical areas. The trainers note that the department are aware of this, and work has been done to address the issue and an SBAR format is now in place for handover at a ward level. The trainers believe there are learning opportunities from handover at the weekend with plenty of opportunity to ask questions.

All Trainees: The trainees report that there is a handover conducted in the morning during the week, and a Teams meeting handover at the weekend. There is an email inbox to handover any medical issues of the patients to the on-call team. It was stated that handover is mainly via email with some face-to-face interaction. The trainees highlight in some wards that they feel that there are concerns with the quality for the handover as some essential information is not being shared appropriately with the ward based medical team which they feel may impact on the safety of the patients. The trainees feel that in some clinical areas that there should be a more structured handover process enabling effective communication and planning of the overall needs of the patients.

2.15 Educational Resources (R1.19)

Trainers: The trainers report that trainees have access to the well-resourced library and also, they are provided with their own NHS laptops to complete their educational and clinical work. The trainers note that the trainees have their own office with a quiet workspace and computers. The site has also

recently had a new conference room refurbished with audio-visual software to be able to link with other hospitals.

All Trainees: The trainees are satisfied with the educational resources available, and they all have been assigned their own work laptop.

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

Trainers: The trainers report that the majority of support that is given to the trainees is by the clinical supervisor and the clinical supervisor would be able to direct the trainee to what is required. The trainers emphasise that induction also covers the support mechanism and services available to trainees, as there are good structures in place. It was also noted the medical director covers the support structure in their induction video.

All Trainees: All trainees reported that they were not sure of the support available to doctors who perhaps are struggling with the job or health concerns.

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: The trainers report that there is no committee or group that oversees the management and quality of the training, however there are designated people on each site responsible for the management of training. The trainers are involved with this and feel that their contributions are appreciated. All consultants are keen to provide support, education, and training of a high standard.

All Trainees: The trainees report that they would be able to raise any concerns with their supervisors, as well as their training programme director. The trainees also note that there is the monthly management meeting where they are able to raise any issues they would like addressed. The trainees are also aware that a trainee representative would attend deanery meetings and they are asked to give their feedback to them about any training concerns.

2.18 Raising concerns (R1.1, 2.7)

Trainers: The trainers reported that the trainees are encouraged and informed about their responsibility at induction to raise any concerns, this would also be stressed again during their supervision meetings. If the trainees have any concerns about the quality of their training, they would be encouraged to have a conversation with their clinical supervisor to ensure that their training needs are being met. Trainers would also escalate if necessary to the TPD or clinical management team depending on the nature of the concern from the trainee.

All Trainees: The trainees reported that there have been a few concerns with the amount of agency nursing staff being used in specific clinical areas and their concerns that this impacts on the quality of patient care. The trainees are aware that the consultants although aware of the situation are limited in their ability to recruit new nursing staff. The trainees feel that the levels of permanent nursing staff are less than expected and this causes concern to the trainee group.

2.19 Patient safety (R1.2)

Trainers: The trainers report that there are a number of safety measures in place to protect the trainees as well as the patients. As the site is rural and not particularly well lit, trainees are able to call for an escort if they feel vulnerable on the site. The trainees also attend breakaway training soon after beginning in post. The trainers do not believe there are any patient safety issues.

All Trainees: Some trainees reported that they would be concerned if a family member were admitted to certain clinical areas, due to the levels of permanent staff and handover issues. The trainees feel that patient safety can be compromised due to the limited amount of time available to spend with the patients. The trainees report that a consultant would assess any new patients fairly rapidly, with weekly reviews. Trainees are able to report any concerns via the Datix system, however the trainees feel that a regular M&M meeting would be beneficial.

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

Trainers: The trainers report that the trainees are advised about Datix and are supported to submit them. There are debrief meetings following any adverse event to discuss as a team. Local reviews

are held and if any trainees are involved in the adverse event they would be supported through the process. The trainers also note that there is a timetabled slot at the Tuesday morning teaching to learn from any events. The trainers state that the consultants are ultimately responsible for the patients, therefore they would advise the patient with trainee support should anything have gone wrong with the patients care.

All Trainees: The trainees report that they would submit a Datix report if they were involved in any adverse event, however those trainees who have submitted a Datix form have not received much formal feedback from these. The trainees do not receive any formal learning from adverse events. The trainees did highlight that the department teaching did incorporate learning from adverse events, but there was not much utility in the session provided.

2.21 Other

All Trainees: Overall satisfaction given from the trainees was 6/10 with a range from 3-9.

3. Summary

Is a revisit required?	Yes	No	Dependent on outcome of action plan review
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Positive aspects of the visit:

- Overall, the pan NHS Fife psychiatry induction is perceived to be robust and relevant to the post that they are undertaking. The induction program to Stratheden hospital is also very structured and well received. It was highlighted that there has been significant work done to improve induction and there is ongoing work to ensure effective feedback on the induction process.
- Trainees value the regional core teaching provided in Edinburgh and can attend this regularly.
- The panel heard that the trainees value the learning from the wider multi-disciplinary team.
- It was emphasised that the consultant body are approachable and supportive.
- The panel were pleased to hear that the trainees are getting weekly supervision meetings and that these are constructive and supportive.

- Trainees are appreciative of the educational resource on site including the library, doctors' room and the provision of laptops to undertake their educational work.
- The monthly team meetings that are held with the trainees and service are welcomed and valued. Trainees appreciate having a regular forum to be able to address and escalate concerns.

Less positive aspects from the visit:

- Although induction is highly rated, the trainees would find it helpful if there was a more robust welcome to their ward area with a potential meet and greet with the ward team to further understand their role on the ward.
- It was highlighted that the process for approval of study leave and annual leave is challenging. Although we heard of improvements, it was apparent that it has not yet filtered down to the trainees.
- The panel heard that the local Fife teaching held on a Tuesday morning is difficult to access due to clinical workload and is not bleep free. It was noted that quality and the length of the sessions has been variable in recent times.
- It was highlighted that there was a significant proportion of time spent undertaking non-educational tasks in some clinical areas (phlebotomy and ECG's). It was also stated that managing the physical issues of patients has impacted on trainees' ability to access exposure to psychiatric training.
- It was expressed that in some clinical areas the trainees find it challenging to get feedback on the clinical decisions they make and have to actively seek this. The completion of work placed based assessments is challenging and requires significant forward planning and coordination to ensure completion.
- The panel found that medical handover is robust with the email handover. However, the handover of information within the ward areas, particularly from nurses to doctors at the start of the day is inadequate and lacks structure leading to trainees voicing some patient safety concerns.
- There were further patient safety concerns raised in some clinical areas due to a lack of permanent nursing staff which the trainee body has escalated.
- It was also highlighted that there had been nursing shortages in the UCAT team which had led to trainees being asked to cover these shifts and trainees found this to be inappropriate and a cause for concern.

4. Areas of Good Practice

Ref	Item	Action
4.1	The educational resources on site including the library, doctors' room and the provision of laptops to trainees is notable	n/a
4.2	Trainees are attending weekly supervision meetings and these meetings are noted to be constructive and supportive.	n/a
4.3	Access and quality of the regional teaching provided in Edinburgh is of excellent value and trainees can attend these sessions on a regular basis.	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	n/a	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Departmental induction must be provided which ensures trainees are aware of all of their roles and responsibilities. The induction booklet or online equivalent should be sent to all grades of trainees before commencing in post.	23 Dec 2023	All trainees
6.2	There must be access to study leave for all eligible trainees and this must not be dependent on trainees arranging their own service cover.	23 Dec 2023	All trainees
6.3	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.	23 Dec 2023	All trainees
6.4	Tasks that do not support educational and professional development and that compromise access to formal learning opportunities for all cohorts of doctors should be reduced.	23 Dec 2023	All trainees
6.5	Trainers within the department must provide more regular informal 'on the job' feedback, particularly in regard to trainee decisions and care planning.	23 Dec 2023	All trainees
6.6	Ward handover must be formalised and happen consistently in all ward areas to ensure safe handover and continuity of care.	23 Dec 2023	All trainees
6.7	Measures must be implemented to address the patient safety concerns described in this report.	23 Dec 2023	All trainees