Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	19th April 2018	**Level(s)**	Core & Specialty
Type of visit	Revisit	**Hospital**	University Hospital Hairmyres, East Kilbride
Specialty(s)	Anaesthetics	**Board**	NHS Lanarkshire

Visit panel	
Dr Ronald MacVicar	Visit Lead, EMA Lead Dean Director & Postgraduate Dean (North Region)
Dr Alastair McDiarmid	Training Programme Director, Anaesthetics, North Region
Mr Hugh Paton	Lay Representative
Dr Euan Harris	Trainee Associate
Miss Kelly More	Quality Improvement Manager
In attendance	
Mrs Maggie Read	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Emergency Medicine, Anaesthetics & Intensive Care Medicine	
Lead Dean/Director	Professor Ronald MacVicar	
Quality Lead(s)	Dr Kim Walker & Dr Claire Vincent	
Quality Improvement Manager(s)	Miss Kelly More	
Unit/Site Information		
Non-medical staff in attendance	3 physician's assistants, a charge nurse, a senior charge nurse and an advanced nurse practitioner	
Trainers in attendance	13 consultants including the college tutor	
Trainees in attendance	1 CT1, 2 CT2s, 2 LATs, 1 ST3, 1 ST4 & 3 ST5s	
Feedback session: Managers in attendance	NHS Lanarkshire director of medical education, the director for Hairmyres, the acute division medical director and the clinical lead for the emergency department.	

Date report approved by Lead Visitor	24/04/18

1. Principal issues arising from pre-visit review

Following the previous visit, the Deanery would like to re-visit the Anaesthetics department at Hairmyres. The visit team would like to further investigate the issues previously highlighted and be informed of progress made towards their resolution. The visit team will also use the opportunity to regain a broader picture of how training is carried out within the department visited and to identify any points of good practice for sharing more widely.

The issues raised after the April 2016 visit were enhancing trainee's knowledge of their rota structure to reassure and demonstrate to them that they will receive equal exposure to Intensive Care Medicine and to emergency theatre; a review of the 13.00-21.00 backshift to ensure that trainees know the patients they are looking after and can pass this information on effectively to the night team at 2030. Also, ensure that the consultants have dedicated time per week in their job plans for educational supervision before Recognition of Trainers comes into force.

At the pre-visit teleconference the panel decided that the areas of focus for the visit were to ascertain whether or not the requirements from the visit in April 2016 have been addressed.

2. Introduction

University Hospital Hairmyres is a district general hospital based in East Kilbride. It has 492 inpatient beds.

The visit team met with specialty trainees as well as trainers and non-medical staff.

A summary of the discussions has been compiled under the headings in section 3 below. This report is compiled with direct reference to the General Medical Council's (GMC) Promoting Excellence - Standards for Medical Education and Training. Each section heading includes numeric reference to specific requirements listed within the standards.

3.1 Induction (R1.13)

Trainers: Hospital induction includes formal lectures, a hospital tour as well as provision of ID badges and IT passwords. The departmental induction includes a pack of information, a tour and a presentation. There is now a checklist to follow and there is a particular emphasis on trainee welfare. Any trainees that miss the induction will receive an individual session when they join the department.

All trainees: The hospital and departmental induction were comprehensive although the hospital induction did have some content that was not relevant to anaesthetics trainees. One of the trainees who started on night shift had a personalised induction when they started in the department and was also able to attend a mop up hospital induction the week after.

Non-Medical Team: The staff have no formal role in induction except running through the layout of the department and its equipment with newer trainees. If a trainee misses the induction then one of the physician's assistants runs though some of the induction items with them.

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

Trainers: Anaesthetics teaching takes place on a Wednesday morning and trainees are freed up to attend. Trainees are given articles to present however it is recognised that it can be tricky to cover all trainee needs and levels. Recent discussions with trainees have shown that the quality of this teaching is not always good and they would like more exam based teaching in addition to the regional teaching. These sessions may be led by senior trainees.

Intensive care teaching varies what day it takes place and attempts are made to fit it into the rota. There are monthly CPD meetings, failed RSI simulation training involving all staff levels and team days which are listed on the rota. Attendance at simulation sessions is applied for by trainees but all courses are highlighted to them.

All Trainees: Anaesthetics teaching runs every 2 weeks, is trainee led but facilitated by a consultant and is based on a journal paper. Trainees have mixed views around this as topics chosen are not always curriculum based and the more junior trainees sometimes struggle with the level of discussion. Trainees have met with the college tutor to feed this back. The consultant responsible is currently on maternity leave and the new consultant appointed to organise the teaching has agreed to choose more curriculum based topics and that the teaching should have some more consultant led sessions.

The intensive care teaching is supposed to run every 2 weeks too but doesn't happen as frequently.

Regional exam based teaching runs twice a year for a day every 7 weeks for final exam students and twice a year for 3 consecutive days for primary exam students. There is also post FRCA regional teaching as well as Faculty of Intensive Care Medicine teaching in the evenings.

Core Trainees: They attended specific training when they first started in post which was said to be useful.

Non-Medical Team: Staff particularly the physician's assistants' free up trainees to attend teaching and also let trainees know if there are cases that might be of interest to them in the theatre.

3.3 Study Leave (R3.12)

Trainers: All requests are usually accommodated even those that are more last minute.

All Trainees: There are no issues with study leave.

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

Trainers: Job plan reviews are undertaken regularly and if a trainer feels that they do not have enough time in their job plan then they can undertake a diary exercise.

All Trainees: All the trainees' supervisors are in the department and they meet with them regularly.

Non-Medical Team: Trainees are well supervised at all times. A consultant is always available or at the end of a phone. Each theatre list has a named supervising consultant on it.

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

Trainers: Senior trainees are given lists when they are ready to take these on. The department has a good relationship with other Lanarkshire hospitals where trainees are sent for more experience in other specialties such as ENT and Obstetrics not available in Hairmyres. Trainees are asked for their wish list of competencies that they wish to achieve or cases in which they are lacking experience. These are added to a white board in the college tutor's office. Efforts are made to accommodate these requests on the rota.

All Trainees: there is lots of orthopaedic and vascular experience available and as trainee numbers are relatively small there is no competition for cases. If trainees need experience in particular area they can ask to do more and the department is very responsive to this. The requests are incorporated into the rota and these training needs are followed up to ensure delivery. The college tutor is very proactive and highly engaged, and described as the most engaged tutor that trainees have ever come across.

Specialty trainees: Trainees go to other hospitals in Lanarkshire for experience in ENT and Obstetrics. There are arrangements in place for doing this. Senior trainees are allocated solo lists if they are competent to run these.

Core trainees: Core trainees are heavily supported when they start training to ensure that they meet their initial assessment of competence.

Non-Medical Team: Staff help new trainees with line insertion.

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

Trainers: Consultants are aware of what assessments need to be completed.

All Trainees: assessments can be signed off with no issues. The department have recently introduced the LOAFnBREAD tool which encourages discussion before and after each theatre list to see where assessments can be completed and two-way feedback can be given.

Non-Medical Team: Staff complete multi source feedback assessments for trainees.

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

Trainers: Continuing Professional Development (CPD) teaching is for all staff levels. Trainees can link in with other specialties should they wish to do so.

Non-Medical Team: Simulation training takes place every 3 months; some sessions are team sessions when theatre teams work together in the simulator. Trainee anesthetists' are included in these sessions. A mannequin has recently been acquired by the department so will be used for educational scenarios.

All Trainees: Trainees can attend a hospital wide grand round and continuing professional development meetings are multi-disciplinary.

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

Trainers: There are many different strengths in the department and trainees can access this experience. Consultants try to involve trainees in national projects as much as possible. They also have access to the west of Scotland quality improvement group. The Hairmyres chief resident ensures that all projects are handed over when a trainee leaves the department to make sure they are completed. There has recently been a post box to record incidents that have taken place which may not be recorded in Datix. This has allowed quality improvement projects to take place rapidly after incidents are reported.

All Trainees: There are a great deal of audit and quality improvement opportunities in the department.

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

Trainers: Trainers know what is required at the different trainee levels and good dialogue ensures that trainees are working on the appropriate lists. As well as the coloured badges that trainees wear there is a brief at the start of a theatre list where everyone introduces themselves and states their grade/training level.

The board up in theatres says who the supervising consultant is for each list. No patient goes to theatre without discussion with a consultant. Trainees are encouraged to call a consultant should they feel they need to and there is a low threshold for contact. None of the team were aware of trainees having to cope with anything beyond their level of experience.

All trainees: All trainees felt well supervised and had never had to cope with anything beyond their level of competence. There is always someone around either in the hospital or on call from home out of hours. All the consultants are approachable and easily contactable as they all carry phones.

Non-Medical Team: Staff know which level trainees are by their coloured badges. There is also a pre-theatre brief where everyone introduces themselves and states their training level. None of the staff were aware of trainees having to cope with anything beyond their level of experience.

3.10. Feedback to trainees (R1.15, 3.13)

Trainers: the LOAFnBREAD checklist is becoming embedded in the department which encourages both trainee and consultant to provide feedback to each other on how a list has gone. Feedback is also provided at the intensive care morning handover and everyone is asked if they feel they need a debrief about anything.

All Trainees: Trainees receive regular fair and constructive feedback, often at the end of a theatre list.

3.11. Feedback from trainees (R1.5, 2.3)

Trainers: as well as the trainee surveys the department recently undertook the Professional Compliance Analysis Tool (PCAT). The trainees were asked to complete a questionnaire in November 2017. Changes made as a direct result of trainee feedback was the trainee room with IT facilities and a trainee post on call room which they can use to freshen up and/or rest.

All Trainees: The consultants are very open to feedback, any issues are discussed as a trainee group and fed up to the consultants. The LOAFnBREAD checklist breaks down many barriers to providing feedback. If a trainee was not comfortable in raising something with a particular consultant then they would raise it with the college tutor.

3.12. Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Trainees requirements are taken from the white board in the college tutor's office and added to the rota. Changes have been made to the rota template based on feedback from the previous Deanery visit and include the removal of the 1300-2100 backshift in the Intensive Care Unit.

All Trainees: The rota is busy but manageable and trainees had no suggested changes for the rota.

Non-Medical Team: There are no issues with the new rota which has recently been revised.

3.13. Handover (R1.14)

Trainers: The handovers are safe and effective. They follow a checklist, are uninterrupted and are multi-disciplinary.

All Trainees: The intensive care handovers follow a checklist and include a fatigue check where trainees are reminded of the on-call room available to them for rest. The morning handover at 0830 is multi-disciplinary and includes a consultant. The evening handover at 2030 is often trainee to trainee but many consultants will check in before they leave the hospital.

Non-Medical Team: Lots of work has been done around the intensive care unit handover which is now more robust. Many things are discussed including any suggestions from the department box which can be used to suggest changes.

3.14. Educational Resources (R1.19)

Trainers: Trainees have their own room with IT facilities and access to a wide variety of technology based learning from the mobile skills unit and simulation training.

All Trainees: Trainees have a room with IT facilities that is not far from the department.

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

Trainers: Trainees are encouraged to use the on-call room should they need to after a shift. A nurse co-ordinator filters non-educational tasks from trainees and ensures that other staff do them. A nationwide initiative has just started in Anaesthetics around mentoring, the department has adopted this with a view to becoming part of a west of Scotland network of mentors. The programme has been set up to address stress and improve resilience. Consultants will attend more formal training in mentoring.

Trainees are made aware of external support such as occupational health and counselling. They do not currently have any less than full time trainees but if they did they would adjust the rota accordingly.

All Trainees: There is support available for trainees should they require it. None of the current cohort is less than full time or has just come back from a career break.

Non-Medical Team: Any concerns about a trainee would be raised with them initially so that they could be given a chance to improve. If there were still concerns then these would be raised with the lead Consultant.

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

Trainers: The department has a good relationship with the NHS Lanarkshire medical education department. Trainers attend educational supervision meetings run by NHS Education for Scotland.

All Trainees: Communication is good across the hospital in terms of quality of educational being delivered.

3.17 Raising concerns (R1.1, 2.7)

Trainers: Trainees can raise concerns anytime via the suggestion boxes, trainee surveys or DATIX (incident reporting system) forms. Trainees know that feedback is welcome and any concerns raised will be discussed. Staff feel that there are strong systems in place throughout Hairmyres hospital.

All Trainees: Any patient safety concerns would be raised via DATIX and a no blame culture exists in the department so the trainees have no concerns about raising anything. If their concerns were around their own training then they would speak to the college tutor.

Non-Medical Team: Staff are comfortable to raise concerns and the contents of the theatres suggestion box are discussed at CPD meetings.

3.18 Patient safety (R1.2)

Trainers: The environment is safe. There is a pre- surgery theatre brief which takes place before every list.

All Trainees: The trainees would have no concerns about a family member being treated in their department.

Non-Medical Team: The environment is very safe. There is a pre- surgery theatre brief which takes place before every list.

3.19 Adverse incidents (R1.3)

All Trainees: These are reported on DATIX but a suggestion box has also been introduced to record concerns at all levels which works well. The intensive care handover includes a hot debrief to review any incidents that have taken place.

Non-Medical Team: DATIX is used to record adverse incidents. If an incident is formally reviewed then feedback is provided. There is now a suggestion box available for all staff to use so that any issues can be addressed more immediately.

3.20 Duty of candour (R1.4)

Trainers: The specialty of anaesthetics has always been open and transparent. The DATIX system has now been modified to ask about duty of candour.

All Trainees: Trainees think that they would be supported if something went wrong and that duty of candour has always been present in anaesthetics anyway.

3.21 Culture & undermining (R3.3)

Trainers: They have no issues with bullying or undermining within the department. There have been occasional issues with other departments but these have been dealt with. The consultants always try to be very supportive of trainees in these situations.

All Trainees: They have no issues with bullying or undermining within the department. There have been occasional issues with other departments but these have been raised and dealt with quickly by the department.

Non-Medical Team: All staff feel open to raising any bullying or undermining issues with any member of the team and are confident that anything would be dealt with.

3.22 Other

Trainers: They feel as if they have good dialogue with trainees and have made improvements since the previous visit in 2016 including the creation of a trainee room, an amended rota, more quality

improvement opportunities, formalised handover, drop in sessions for trainees, the introduction of the suggestion box in intensive care and there are ongoing changes to the teaching programme.

All Trainees: Trainees feel that they have a good case mix and very personalised training. If they have any issues they will feed them back and are confident that they will be dealt with. They feel like their training is a high priority for the department. They are treated as individuals.

Non-Medical Team: Staff look after each other. They are also proactive about task management, in intensive care a clinical nurse co-ordinator and a trainee go around the ward around 2300 and ensure that all routine tasks are complete which ensures that trainees working overnight are only called about appropriate tasks.

4. Summary

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

This was an entirely positive visit that was a follow-up to a visit two years ago. We were particularly impressed by the attention to the actions that had arisen from the previous visit.

The quality of the learning environment, and the training experience in this department can be understood from the struggle that the trainees that we interviewed had in identifying any ways that their training could be improved. On pressing them and asking whether there were positive areas of good educational practice that could be imported from other departments where they had worked, the response was that other departments should learn from this one.

Positive aspects of the visit were:

- We would wish to foreground and commend the impact of Jane Duffty, the College Tutor, who was described to us by a trainee as ‘the most engaged college tutor I have ever come across’.
- More generally we would wish to record and commend what we experienced as an extremely positive team culture that supports learning and is based on open communication and mutual respect. Training is ‘individualised’ for the learner as a matter of course
- Consultant support of, and supervision for trainees
- The contribution to training of the physician associates, advanced nurse practitioners in critical care, and the nursing team in providing support for novice trainees, protecting teaching time and identifying learning opportunities for trainees
- The departmental focus on Quality Improvement including the implementation of incident reporting through an anonymous post-box that provides the opportunity to identify and rapidly progress QI projects
- Induction was cited as being of high quality, including the personal and bespoke approach to those that have missed the formal induction sessions

- The approach to identifying the level of competence of trainees which has moved beyond colour coding badges to inclusion in theatre briefs and simulation. This is welcome and is in accord with a requirement that was placed on the Deanery by NHS Education for Scotland (NES) at the recent national visit
- Simulation is a clear strength within the department to the benefit of trainees and the wider team
- Handover arrangements work well, and we were particularly encouraged to hear that the final element of each handover relates to the wellbeing of the trainee, with rest facilities being available if required
- A departmental drive for improvement in training and education that seeks out, and uses feedback from trainees, examples include:
    - Use of the PCAT tool
    - The LOAFnBREAD tool
    - The added value of the Chief Resident role
    - Dynamic dialogue with trainees individually and as a group

Less positive aspects of the visit were:

- This relates to the local teaching programme. The trainees that we interviewed felt that there was room for improvement in increasing consultant input, in ensuring that there was some focus on the exam preparation needs of junior trainees, and in embedding the ICM training sessions more clearly.

5. Areas of Good Practice

Ref	Item	Action
5.1	A departmental drive for improvement in training and education that seeks out, and uses feedback from trainees, examples include: o Use of the PCAT tool o The LOAFnBREAD tool o The added value of the Chief Resident role o Dynamic dialogue with trainees individually and as a group	n/a
5.2	The approach to identifying the level of competence of trainees which has moved beyond colour coding badges to inclusion in theatre briefs and simulation. This is welcome and is in accord with a requirement that was placed on the Deanery by NES at the recent national visit	n/a
5.3	The departmental focus on Quality Improvement including the implementation of incident reporting through an	n/a

	anonymous post-box that provides the opportunity to identify and rapidly progress QI projects	
5.4		n/a
5.5		n/a

6. Areas for Improvement

Ref	Item	Action
6.1	none	

7. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
7.1	This relates to the local teaching programme. The trainees that we interviewed felt that there was room for improvement in increasing consultant input, in ensuring that there was some focus on the exam preparation needs of junior trainees, and in embedding the ICM training sessions more clearly.	12 November 2018	all