Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	23rd June 2022	**Level(s)**	FY/ST
Type of visit	Triggered Visit	**Hospital**	Queen Elizabeth University Hospital
Specialty(s)	Neonatal Medicine	**Board**	NHS Greater Glasgow & Clyde

Visit panel	
Dr Alastair Campbell	Visit Chair - Associate Postgraduate Dean – Quality
Dr Shyla Kishore	Training Programme Director
Dr Sophie Johnstone	Trainee Associate
Ms Gayle Kennedy	Lay Representative
Ms Fiona Paterson	Quality Improvement Manager
In attendance	
Mrs Susan Muir	Quality Improvement Administrator
Specialty Group Information	
Specialty Group	Obstetrics & Gynaecology and Paediatrics
Lead Dean/Director	Professor Alan Denison
Quality Lead(s)	Dr Peter MacDonald & Dr Alastair Campbell
Quality Improvement Manager(s)	Ms Fiona Paterson

Unit/Site Information										
Trainers in attendance										
Trainees in attendance	2x FY2, 5 x ST1-2, 6 x ST3-7									
Feedback session: Managers in attendance	Chief Executive		DME	x	ADME	x	Medical Director		Other	x

Date report approved by Lead Visitor	12/07/2022

1. Principal issues arising from pre-visit review:

The neonatal department was last visited in January 2016 as part of a new site scheduled visit. The visit identified areas of good practice which related to induction, approachable and supportive consultant body, robust handover, and culture of safety within the unit. Only 1 requirement was set regarding the neonatal unit.

- Trainees in Neonatology must be able to access scheduled, formal learning sessions.

The site provided their updated action plan in Dec 2016, which suggested progress against the requirements.

A scheduled visit to the department was planned for 2020, this was cancelled due to the Covid-19 pandemic. At the 2021 OGP QRP the panel recommended a triggered visit to the unit due to the deterioration in flags in the NTS survey.

Programme Group	Indicator	2018	2019	2021
ST - Paediatrics	Adequate Experience	85	77.5	82.81
	Clinical Supervision	97.5	95.25	97.5
	Clinical Supervision out of hours	97.77	95.56	96.09
	Curriculum Coverage	80.36	76.67	79.17
	Educational Governance	78.57	62.22	67.71
	Educational Supervision	88.84	89.58	83.59
	Facilities			40
	Feedback	80.56	64.17	73.81
	Handover	73.66	73.56	61.72
	Induction	79.46	70.33	66.25
	Local Teaching	70.12	66.78	61.25
	Overall Satisfaction	90	84.4	85
	Regional Teaching	44.39	20.6	40.11
	Reporting Systems	80	80.67	78.75
	Rota Design	63.84	52.5	31.25
	Study Leave	75	65.28	71.09
	Supportive environment	78.93	71	71.25
	Teamwork	76.79	72.78	72.92
	Work Load	43.3	42.92	29.69
	Number of responses	14	15	8

The visit aims to further investigate issues highlighted and to advise on steps towards addressing and resolving them where required. The visit team will also take the opportunity to gain 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.

2.1 Induction (R1.13):

Trainers: Trainers told us that all trainees receive induction to the site. We were told that trainees who could not attend the main induction were met separately and taken on a tour of the department. Following feedback induction was reviewed and revised by a group of consultants. The 2 day induction now focuses on practical sessions and skills most relevant to clinical work and included a trainee wellbeing section. FY2 trainees now benefit from a 3rd day of induction, working supervised on the postnatal wards. Further induction topics and themes are covered within the departmental teaching programme over the subsequent weeks.

All trainees: All trainees present received induction. They told us the department induction was comprehensive and prepared them well for working in the unit. FY2 trainees described the supervised postnatal ward day as supportive and helped ensure they were comfortable performing their roles. ST1-2 trainees appreciated the acknowledgment that neonates was substantially different to other paediatric roles but help and support would be provided. Senior trainees confirmed they received the induction material in advance and the day was well structured, providing appropriate sessions by grade. Trainees were advised at induction that the unit is the largest in Scotland and workload is high however all were reassured by the positive wellbeing emphasis within the team.

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

Trainers: Trainers reported that a variety of local teaching sessions are delivered weekly. Trainees are encouraged to attend teaching sessions by the consultants. Although trainees do not carry pagers, Thursday afternoon teaching sessions are protected with attendance supported by advanced nurse practitioners (ANP's). Regional teaching sessions are accommodated for all cohorts.

FY2: Trainees confirmed access to regional teaching was facilitated. They told us on average they can attend 4 hours per week of teaching with no barriers to attending. As well as departmental teaching the trainees also receive sporadic FY specific talks which were greatly appreciated.

ST1-7: Trainees described a variety of local teaching sessions that are accessible to them such as:

- Ventilation Teaching,
- Fetal Medicine,
- Grand Rounds,
- Perinatal Morbidity & Mortality,
- Radiology,
- Simulation,
- 10 minute talks and,
- NICU protected teaching.

All trainees acknowledged that teaching is embedded within the culture of the unit and confirmed consultants remind them when teaching is happening and actively encourage attendance. On occasions service pressures have caused some sessions to be cancelled.

2.3 Study Leave (R3.12)

Trainers: Trainers advised that there have been no issues in supporting study leave.

All trainees: Trainees confirmed they have good access to study leave.

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

Trainers: We were told that trainees are allocated to educational supervisors based on their stage of training and interests. To help ensure continuity and familiarity with the curricular requirements trainers work with the same level of trainees each rotation. Some consultants are involved with the Annual Review of Competence Progression (ARCPs) panels and find this helpful to further guide trainees to achieve their requirements. All trainers have time recognised within job plans and roles are considered during appraisal. Job plans are currently under review to ensure the increasing workload is recognised and provides appropriate support for trainees.

All trainees: All trainees had been allocated educational supervisors, met with them and agreed learning plans. Trainees confirmed having good quality educational supervision.

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

Trainers: Trainers reported staff can differentiate between the different levels of trainees through the use of colour coded badges. There are posters outside the unit which detail colour and grade information. In addition, there is a 'Meet the team' section on the neonatal webpage which is updated regularly. Trainers told us that neonates is a consultant led service and there is 24 hour consultant presence in the unit every day. There are clear escalation policies in place and a flattened hierarchy within the team. Trainers were not aware of any situation where a trainee felt they'd had to cope with a problem beyond their competence. They acknowledged some cases can be challenging but told us trainees are fully supported throughout and when required debriefs are held. Trainees also have access to child bereavement counselling.

All trainees: Trainees advised that they know who to contact during the day and out of hours and do not feel they have to cope with problems beyond their competence. Trainers are accessible and approachable, and trainees reported feeling well supported having regular positive interactions with supervisors. It was felt having a resident consultant overnight in the unit was extremely supportive.

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

Trainers: Trainers told us that it can be challenging to provide level 1 trainees with some practical procedures such as intubation, this has been recognised by the RCPCH and is now no longer a mandatory competency. The competency has now changed to 'Safe maintenance of airway'. Trainers reported that they provide a good balance between service delivery and training opportunities for trainees ensuring no shift on the rota is purely service or administrative. ANPs and nurses undertake phlebotomy and other routine tasks in the unit.

FY2: Trainees reported no issues in achieving their learning outcomes. They felt able to develop their skills in patient management whilst being adequately supported. Some trainees felt the tasks on the post-natal wards could be repetitive.

ST1-2: Trainees advised there are lots of learning opportunities on shift however this is dictated by patient presentations in the unit. Due to the acuity of some patient's, it is not always appropriate for trainees to perform practical procedures however, trainees told us that these events are still learning events. It was suggested to help ensure educational opportunities are equally distributed, a formal process could be created, such as a procedures book. ST2 specific clinics are scheduled into the

rota. Some trainees enjoyed the opportunity to work autonomously however, some felt isolated and although senior support was available via phone, told us they would prefer closer support. Due to the high workload in the unit the majority, of trainees were unable to shadow consultants in specialised clinics and felt the rota would not accommodate this. 1 trainee managed to attend a consultant led clinic on their CPD day. Trainees regularly conduct ward rounds and told us they receive frequent bed side teaching. The ethos within the unit is to always involve junior doctors in decision making and help build them up as clinicians and professionals.

ST3-7: These trainees were positive about their learning opportunities. Clinics are not built into their rota but the majority felt they were able to access the right amount.

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

Trainers: Trainers reported that there are plenty of educational opportunities for trainees to achieve their assessments and that they actively encourage submissions.

All trainees: All trainees reported no issues in completing their workplace based assessments (WPBAs) and appreciated the proactive nature of the senior team.

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

Trainers: Trainers advised there are several opportunities for multi professional learning and trainees regularly work with ANPs, pharmacists, community liaison, and psychologists.

FY2: Trainees reported informal opportunities for multi-professional learning with specialist nursing staff.

ST1-7: Trainees told us they have several opportunities for multi-professional learning with speech and language therapists, physiotherapists and other allied healthcare professionals.

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

Trainers: Dr Colin Peters leads the multiple quality improvement and audit projects that are ongoing within the department. Trainers acknowledged service pressures dictates trainee availability to participate.

All trainees: Trainees advised they are encouraged and supported to complete an audit or quality improvement project.

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Consultant presence in all clinical areas facilitates feedback to trainees. Real time feedback and teaching is regularly provided to trainees during ward rounds and delivered in a constructive manner. Any areas requiring further discussion with a trainee would be delivered on a one-to-one basis.

FY2 & ST1-2: Trainees reported they receive good levels of feedback from both senior trainees and consultants. Feedback received is always supportive and encouraging.

ST3-7: Trainees receive constructive and meaningful feedback. They told us handover is a safe place for discussions.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Within the department there are nominated trainees at each level on the rota who routinely gather feedback from their colleagues. The senior trainee then collates and feeds into the consultant meeting. During the presentation it was highlighted how responsive the unit has been to feedback from trainees, adjusting their induction to incorporate feedback and creating a doctor's room in response to trainees concerns over lack of space.

FY2: Trainees advised they can provide feedback to their educational supervisor as they are supportive and open to discuss any issues on the quality of their training. They were unaware of the trainee representative.

ST1-7: Trainees reported that feedback on their experience in the site had been sought by the trainee rep. They provided specific examples of change through feedback provided. Although aware they could raise concerns through the trainee rep all advised due to the flattened hierarchy, they would happily approach any of the consultants. They described the consultant body as unified and engaged to feedback.

2.12 Culture & undermining (R3.3)

Trainers: Trainers reported they promote an approachable, open and honest culture within the department which they felt has helped foster good team culture. The team take breaks and socialise together when possible. Trainers were unaware of any instances of undermining or bullying within the unit.

All trainees: Trainees reported that they work within a very supportive team. None of the trainees had experienced any bullying or undermining behaviours. If they were to, trainees stated that they would speak to their supervisor, but would also be comfortable to approach any senior colleague.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: Not asked due to time constraints. During the presentation the team acknowledged several challenges over the past 12 months and identified areas for improvement.

FY2: Trainees advised there was 1 FY2 gap on the rota at the start of the block. This was filled 2 months into the post. A large proportion of their time is spent on the postnatal ward, and some felt they may be missing out on educational opportunities in other clinical areas.

ST1-2: Trainees reported that the workload in the unit is extremely high and although there are no current gaps on the rota, sickness absence can make providing cover to all areas challenging.

ST3-7: Trainees told us that due to covid absences there are gaps on all rotas. The department try to actively manage these with locums and trainees are not pressured to cover shifts. Consultants have covered middle grade shifts in addition to their own full-time commitments. Trainees commended the rota coordinator.

2.14 Handover (R1.14)

Trainers: Not asked due to time constraints however during the department presentation it was confirmed there is a robust handover which occurs 3 times per day to accommodate all shifts. During the pandemic, social distancing demands meant that handover was broken down into discrete groups, this impacted on continuity and other issues. Now that constraints have eased, the department have reinstated the previous handover format. Handover is shared amongst the team and the group adhere to minimising interruptions and maintain etiquette. At the end, ‘go to’ colleagues are identified for that shift and any practical procedures are matched to trainee learning needs.

All trainees: Trainees reported that handover is very good, structured, and worked well. The trainees comment that handover is 3 times daily, however, the junior tier of trainees did not feel this was used as a learning opportunity.

2.15 Educational Resources (R1.19)

Trainers: Trainees described a variety of educational resources available to trainees including:

- Medical staff hub
- Recorded teaching sessions
- Library
- Classroom within the neonatal unit, and
- Simulation training.

All trainees: Trainees reported adequate facilities and resources to support their learning. All trainees commended the implementation of the medical staff hub and the wellbeing box which provides drinks, snacks, magazines and other items for trainees.

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 told us that there is a consultant lead for doctors in difficulty. They also have access to support from HR, Occupational Health, and the professional support unit at the deanery.

All trainees: All trainees reported that support is available to them if they were struggling with the job or personally. They provided an example of tailored support for a trainee. Trainees once again highlighted the overall sense of trainee wellbeing within the department and supportiveness of the consultants.

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

Trainers: Trainers reported good links with the local deanery committee.

FY2: Trainees would raise concerns through deanery and department surveys or with their educational supervisors.

ST1-7: Trainees told us that any concerns would be raised via the trainee rep and then escalated to the consultants.

2.18 Raising concerns (R1.1, 2.7)

Trainers: Trainers encourage trainees to raise any concerns through the open culture of the department and clear escalation policies.

FY2: Trainees advised they would raise any patient safety concerns with the consultant on call.

ST1-7: Trainees told us they are encouraged to raise patient safety concerns through Datix and or via the consultant in charge. Monthly datix ‘learning together’ bulletins are issued to the department and used as supportive learning for all. There is a no blame culture within the team.

2.19 Patient safety (R1.2)

Trainers: Trainers felt the department provides a safe environment for both trainees and patients. Rota gaps due to sickness can be challenging however, through effective teamworking the service

ensures the unit is safe for all. There are 2 safety huddles each day where staffing or other concerns can be raised and addressed.

All trainees: Trainees reported that they would have no concerns about the quality and safety of care a relative or friend would receive if admitted to the department. They noted twice daily safety briefs which take place after handover.

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

Trainers: Adverse incidents are reported via the Datix system and discussed both locally and at the Greater Glasgow and Clyde Neonatal Governance group. An immediate debrief and full review would follow any significant event. Trainees are fully supported and involved in incident analysis and report writing. Learning points from adverse incidents are shared with trainees via the monthly bulletin.

All trainees: The trainees report that they would feel supported if they were involved in any incident. All would report via Datix or consultant on call.

3. Summary

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

Positive aspects of the visit:

- The culture within the department is very positive and provides a very supportive training environment with a wide range of training opportunities.
- Education is a core value in the unit and the consultants not only provide neonatal training but also help develop trainee's general professional skills
- Each cohort of trainees spoke of a flattened hierarchy and an enthusiastic, approachable and supportive team
- The revised 2 day induction programme was highly rated by all and the FY2's particularly appreciated the supplementary supervised day working on the postnatal wards.

- There is a robust high quality teaching program in place which trainees are able to attend and are actively encouraged to attend by consultants.
- Consultants proactively turn clinical activity into learning experiences and encourage submissions for WPBA's
- Trainees highly rate feedback received
- Trainee forums and other mechanisms are in place to seek feedback on the training experience. There was evidence of listening and responding to concerns promptly, most notably the creation of the Medical Staff hub which is valued by trainees for both rest periods and clinical work.
- The overall commitment to ensuring trainee wellbeing
- There is a culture of recording and learning from adverse events.

Areas for continued improvement:

- The visit team were made aware of the high clinical activity and intensity of the work within the unit and the impact on all staff. We encourage the leaders to carry on investing in staffing to benefit the whole team. Continue to use ANP's and locums to help support the rotas.
- Whilst trainees do have access to clinics it would be beneficial to see if this could be developed to allow more junior trainees to sit in with consultants at more complex developmental clinics, however we acknowledge the current constraints of the workforce
- CPD time was highly valued by trainees and we would encourage to try and protect this during times of service pressure
- Continue to further develop simulation to supplement the more difficult to achieve competencies

4. Areas of Good Practice

Ref	Item
4.1	The 'learning together' bulletin
4.2	The department regularly seek and respond to trainee feedback
4.3	Clinics are built into the rota for ST2 trainees

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		Review the % of time FY2 trainees spend within the postnatal wards
5.2		Consider creating a more formal process for procedural opportunities
5.3		Continue to explore alternatives to doctors in training to help with increasing workload
5.4		Ensure CPD time is available to all trainees and where possible protected time.