Scotland Deanery
Quality Management Visit Report

NHS Education for Scotland

Date of visit	8th & 9th November 2022	**Level(s)**	FY, CT, GPST and Higher
Type of visit	Enhanced Monitoring	**Hospital**	Pan Tayside sites
Specialty(s)	General Adult Psychiatry	**Board**	NHS Tayside

Visit panel	
Clare McKenzie	Visit Chair - Postgraduate Dean
Kate Bowden	Education QA Programme Manager (Scotland)
Claire Langridge	Associate Postgraduate Dean – Quality
Wai Lan Imrie	Training Programme Director
Rosie Lusznat	GMC Enhanced Monitoring Associate
Karine Newlands	GP Training Programme Director
Natalie Bain	Quality Improvement Manager
Katherine Quiohilag	Trainee Associate
Sarah Summers	Lay Representative
In attendance	
Susan Muir	Quality Improvement Administrator

Specialty Group Information		
Specialty Group	Mental Health	
Lead Dean/Director	Professor Clare McKenzie	
Quality Lead(s)	Dr Claire Langridge, Dr Alastair Campbell	
Quality Improvement Manager(s)	Mrs Natalie Bain	
Unit/Site Information		
Non-medical staff in attendance		
Trainers in attendance	13	
Trainees in attendance	5 FY, 6 GPST, 12 CT, 2 LAT & 6 ST	

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

Date report approved by Lead Visitor	18/11/2022

1. Principal issues arising from pre-visit review:

The first Pan Tayside visits took place in November 2017. Following a subsequent visit in May 2018 General Adult Services across Tayside was placed on enhanced monitoring. Enhanced monitoring revisits took place on 23rd January 2019, 9th October 2019 and 14th and 17th December 2020 and 8th and 9th November 2021. Please see below the summaries from the November 2021 visit:

Positive aspects of the visit:

- Trainees value the Thursday teaching sessions.
- There is continuing improvement of the culture with trainees reporting that they are able raise concerns to the departmental senior team relating to either their education or patient safety.
- The panel noted the implementation of an adverse incident review system and whilst not fully embedded in all subspecialty areas, is recognised by all trainee groups as a learning opportunity. Further roll out of the team-based review is to be encouraged.
- The development of a regular capacity and flow meetings which trainees are aware of and can attend.

Less positive aspects from the visit:

- The training provided for GP trainees requires to be reviewed across the sites to ensure consistency and compliance with the GP curricular requirements.
- The known issue of difficulties ensuring readily accessible daytime senior support within Murray Royal Hospital needs to be reviewed to ensure the implemented changes are effective
- The trainee buddy system to provide cross cover (where GP STs buddy GP STs) does not support attendance at formal departmental and specialty teaching and requires to be reviewed
- GP STs in Carseview Centre are not able to attend clinics
- Core trainees and GP STs in Carseview Centre continue to undertake significant amounts of non-educational tasks resulting in little psychiatry training
- The panel was pleased to note that there is consultant oversight of the trainee rotas however there are ongoing issues which require to be addressed
- There is a need to review and respond to the issues raised by senior trainees regarding their rota including concerns about wellbeing and safety.
- There is a need to roster educational sessions so that core trainees and GP STs do not need to arrange cover to attend educational sessions.
- Senior trainees do not receive feedback about their OOH patient management.
- Difficult for some senior trainees to access psychotherapy cases.

- While hospital/department induction is good, there is no guidance for the delivery of local induction with both very good and very poor experiences reported.

Following the November 2021 visit a meeting was held between the GMC and the Deanery. The GMC reviewed progress against the two conditions and four enhanced monitoring requirements.

- R1.1 – We heard evidence that learners and educators are aware of the processes for raising concerns and feel supported when raising concerns. As a result of the satisfactory progress made in **this area this requirement no longer meets the threshold for enhanced monitoring.**
- R1.3/Condition 1 – Although there has been some progress in this area, concerns remain about the culture of learning through effective reporting mechanisms, feedback, and local clinical governance processes. Specifically concern remains in relation to ensuring engagement as part of a long-lasting learning culture in all mental health training environments. Therefore, **this requirement remains part of the enhanced monitoring case and the related condition remains attached to the approval of training**.
- R1.8/Condition 2– Although trainees are clear on who to contact for clinical supervision, concerns remain about consistent access to this supervision, particularly during daytime hours. **Therefore, this requirement remains part of the enhanced monitoring case and the related condition remains attached to the approval of training.**
- R3.3–We heard no evidence of a culture of bullying and undermining. This is reflected in the 2021 NTS where there were no bullying and undermining comments raised by trainees in adult mental health services within NHS Tayside. **As a result of the satisfactory progress made in this area this requirement no longer meets the threshold for enhanced monitoring.**

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: Trainers reported that induction is working well. Induction is managed by the administration staff, and the trainers provide oversight. The trainees are given a tour of the site when they begin in post and a handbook is provided, that contains specific site/unit information and contact details to refer back to when required. The trainers state that the trainees have input to what information is included in the handbook to ensure it is useful. The trainers highlighted that induction is recorded, therefore those who begin in post out with the standard change over dates will have access to the induction material, and although they miss out on the tour at the beginning with their peers, the trainers ensure that a tour of the unit is provided to the trainees. Specifically, when trainees are attending induction at the Kingsway Care Centre, they are also provided with a session with the pharmacist and ANPs.

FY and GPST Trainees: All trainees received an induction at the sites across Tayside. The trainees reported that they were satisfied that induction prepared them for their role, and they were pleased with the tours of the units when they began in post. The trainees expressed that induction could be improved specifically around induction for the sites they attend on call. The trainees would like to take part in tours of all units to know what to expect when they arrive during an OOH shift. They would also value more information/training on managing emergency psychiatry situations.

Core Trainees: The trainees all reported receiving an induction to their respective sites across NHS Tayside. All trainees felt that the induction was useful and prepared them for their day-to-day job. The trainees were pleased that CT1 face to face welcome had returned following the disruption of COVID. The trainees felt that induction could be improved by providing more information around the OOH sites that trainees would attend. It was noted by the trainees that it was explained in theory via a PowerPoint presentation, but there was no opportunity to visit the sites prior to attending the OOH shifts.

ST Trainees: All trainees received induction and found it useful for beginning in post. The Higher trainees attended a Q&A session that was held by more senior trainees, which they found to be useful and constructive. The trainees highlight that induction may be improved by have a written guide of frequently asked questions to refer back to when required. It would also be useful if there was more concise guide for how to use the local referral pathways and systems.

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

Trainers: Trainers reported that the Core trainees attend teaching on a Wednesday morning with Psychotherapy teaching in the afternoon. There is also a Thursday morning Tayside wide teaching, that all trainees attend. The trainers note that GP teaching is not on a set day but the trainers ensure that GP STs can attend. They are unaware of issues with trainees being unable to attend teaching. It was noted that at the Kingsway Care Centre, there is a system of cross cover to allow attendance at teaching and if there is the occasion when the trainees are all attending teaching, then the ANP will ensure the ward is covered. The trainers highlighted that at the Thursday teaching, the trainees have the opportunity to present and there are also training sessions specifically for QI work. The trainers referred to the buddy system, but comment that it should be used more specifically for annual and study leave and that trainees can go to other colleagues for cover if needed. The Old Age and General Adult higher trainees work together in setting up teaching sessions as a lot of the teaching overlaps. The local programme lead for Old Age and TPD for General Adult Psychiatry oversee the programme which is trainee led.

FY and GPST Trainees: The trainees report that they are able to attend their formal teaching along with the Thursday morning department teaching. The Thursday am sessions are not bleep free, but it is unusual to be interrupted during this time. The GPST trainees generally manage to attend teaching. There are no issues for GPSTs attending their formal teaching at Kingsway Care Centre, but occasionally GPSTs at Carseview can have issues with finding cover to attend teaching.

Core Trainees: The majority of trainees report being able to attend teaching regularly. CT1/CT2 teaching is usually MS Teams from home and remains bleep free, the exception is for the duty doctor who should be on site and may miss some teaching. The Thursday departmental teaching is on site, but this is not bleep free. All trainees are able to attend sufficient teaching for their curriculum competencies. The trainees report that they try to stick to the buddy system for cover but will use common sense and ask others if necessary.

ST Trainees: The trainees report that they attend departmental Thursday teaching. The higher trainee teaching is trainee led with consultant oversight. The trainees note that they would organise the teaching and would approach speakers to present. It is perceived by all trainees as well received.

2.3 Study Leave (R3.12)

Trainers: Not formally asked

All Trainees: Not formally asked

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

Trainers: All trainers reported that they meet with the trainees on a regular basis. The trainers will meet with their trainees for psychiatry supervision sessions each week, except during annual leave or sickness. If the trainers are not able to meet face to face, then they would ensure that they meet via Teams. The majority of trainers reported that they would meet the trainees formally three times a year alongside their weekly supervision. All trainers agree that they have time allocated in their job plan to complete their educational role.

FY and GPST Trainees: All trainees report that they are attending weekly supervision sessions with their supervisor. The trainees highlight that the meetings have been useful and meaningful. The trainees also reported that there are regular formal meetings with their educational supervisor.

Core Trainees: All trainees meet with their supervisor for weekly supervision, some are via teams and would prefer a face-to-face meeting. The trainees emphasised that these sessions are useful and contribute to their training. Trainees are having their formal meetings with their educational supervisors.

ST Trainees: All trainees receive weekly clinical supervision and find it useful and meaningful.

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 that trainees are communicated weekly via email detailing who is available that week to contact. The trainees are also made aware of who is on leave, either planned or unplanned leave. The trainers also highlight that, as part of induction, the trainees are made aware of who the consultants are and how to contact them. At the inpatient unit at Carseview Hospital, the consultants are present on site, and there is also the consultant office nearby the junior doctor's office

and trainees can approach any consultant when required. The trainers specify that there is a clear escalation policy for trainees to get support both in hours and out of hours (OOH). The trainers highlight a positive audit that was completed recently by ST trainees that audited how easy it was to contact a senior colleague during OOH. The trainers reported that there are no known issues with trainees coping with issues beyond their competence.

FY and GPST Trainees: The trainees reported that in all units across Tayside they are aware of who is available to contact for clinical supervision and they know how to contact them. They all stated that clinical supervision on site allows for safe patient care. It was noted that there was one occasion where they were unable to contact the named senior on-call, however another consultant was contacted and responded. The majority of trainees felt that they have not had to cope with problems beyond their experience or competence, however it was noted that a trainee did not feel comfortable completing a psychiatric assessment at the beginning of the post. All trainees across the sites confirm that their senior colleagues are approachable and supportive.

Core Trainees: The trainees reported that they were all aware of who to contact for supervision both during the day and OOH. All trainees agree that clinical supervision ensures safe care for patients across the region. There were no incidents reported of trainees working beyond their competence or experience. It was stated that the trainees felt that all their senior colleagues were approachable and supportive when contacted, however it was noted by several trainees that there can be difficulties when contacting the liaison psychiatry seniors at Perth Royal Infirmary (PRI).

ST Trainees: The trainees reported that they were all aware of who to contact for supervision both during the day and OOH. All trainees agrees that clinical supervision ensures safe care for patients across the region. There were no incidents reported of trainees working beyond their competence or experience. It was emphasised that the trainees felt that all their senior colleagues were approachable and supportive when contacted.

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

Trainers: Trainers reported that there have been various updates to the Foundation, Core and Higher Psychiatry curriculums. Due to this, the trainers have attended training sessions to become familiar with the changes. The trainers report that GP STs are timetabled to attend clinics with consultant

supervision. The trainers also highlight that the trainees spend time with the intensive home treatment team, seeing patients out in the community. Although the trainees do spend some time completing tasks that are deemed non educational, the trainers believe that there is educational value in completing these tasks. It was noted that in Carseview IPCU, they have a number of nurses who are trained in ECGs and venepuncture, therefore the trainees based here would likely do less non-educational tasks compared to some other units.

FY and GPST Trainees: The trainees confirmed that they are able to achieve their learning outcomes across the sites. Most trainees are given access to supervised clinics and regularly attend with a consultant. Although the trainees in Carseview are given the opportunity to set up clinics, they have been unable to do so due to the ward workload. Trainees in Kingsway Care Centre and Murray Royal Hospital state that they spend 25% or less doing tasks that are of little benefit to education, compared to trainees on the Carseview site that state they are doing 80% of tasks that are of little benefit to their education.

Core Trainees: The trainees reported that they can achieve curriculum competencies, although in specific posts the variety of psychiatry cases can be limited, for example, largely dementia patients, however this is understandable. The majority of trainees have attended clinics; however, some trainees attend weekly clinic and others are less frequent. Trainees who are based in Ninewells have not been able to attend clinic. There are trainees who are performing telephone clinics and would prefer to do this face to face to interact with the patients. There were varying views regarding the time spent completing tasks that were of little educational benefit. Trainees based in Murray Royal Hospital noted that they spent around 60% of their time performing non educational tasks, similarly in Kingsway Care Centre the number is 70-80%. However, the trainees are aware of patients have co-morbidities and are aware that these tasks would be a requirement for the post.

ST Trainees: Trainees report that opportunity varies across the sites to be able to complete research work, some noted they have achieved this competence, others are waiting on another opportunity arising. The trainees are finding the new psychiatry curriculum and eportfolio challenging to navigate. The trainees spend little time doing tasks that are not of educational benefit.

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

Trainers: Trainers reported that they believe that the trainees are able to achieve assessments to meet their portfolio requirements. The trainers highlight that they regularly speak with the trainees before the weekly supervision session to target specific areas that they require to complete assessments in. It is highlighted that the psychotherapy teaching/cases are all overseen by the psychotherapy tutor and seem to be progressing well. The trainers have not had the opportunity to benchmark their assessments against other trainers, although it was noted that it has been discussed as part of the training the trainer days.

FY, GPST & Core Trainees: Not formally asked

ST Trainees: The majority of trainees reported that they have some concerns with getting workplace-based assessments completed however they are able to get the recommended amount.

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

Trainers: Not formally asked

All Trainees: Not formally asked

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

Trainers: Not formally asked

All Trainees: Not formally asked

2.10 Feedback to trainees (R1.15, 3.13)

Trainers: Trainers reported that feedback is given continuously on an informal basis. It was highlighted that ward rounds consist of a small team therefore it can be used as an opportunity for an open discussion and feedback. The trainers also noted that if more sensitive feedback was to be given then this would be done in a private safe space. The trainers report that at the weekly

supervision session the trainers would use this opportunity to review and discuss soft skills. Trainers would also seek specific feedback on performance from staff to feedback to trainees.

FY and GPST Trainees: The trainees report that the feedback is given during the day for all sites including feedback on EMIS entries, but there is limited feedback given during OOH shifts. All trainees agree that feedback is generally useful and constructive.

Core Trainees: All trainees across the sites report that they are receiving feedback regularly. It is both formal and informal and all trainees feel that feedback is constructive and meaningful. There is less feedback on OOH cases although these are discussed at the supervision sessions.

ST Trainees: Some trainees report that they feel they are not receiving enough feedback to while others feel they are. However, all trainees are able to access the educational supervisor and clinical supervisor to ask for feedback.

2.11 Feedback from trainees (R1.5, 2.3)

Trainers: Trainers reported that the trainees have set up peer groups, collate feedback, both suggestions for improvements and any concerns. The trainees would then feed this back through their Teaching and Training Management Group. The trainers believe that all concerns and listened to and action appropriately.

FY and GPST Trainees: The trainees report that there is an end of block survey to feedback. However, the trainees can speak with the consultants if they want to raise any issues with the quality of training. The trainees state that there are no trainee forums that they are aware of and they have no awareness about TTMG.

Core Trainees: Trainees report that they receive an end of post survey via email to give feedback. It was noted that consultants have also asked informally about the posts. The trainees highlights that there is a peer group representative, prior there were two representatives but now there is only one and they would attend TTMG. The trainees note that there has been no updates on this meeting to date in this post.

ST Trainees: The majority of trainees report that they would complete an end of post survey to feedback from TPD, however not all trainees are aware of this survey. The trainees are able to provide individual feedback through their respective training programme Specialty Training Committees as well as TTMG. The peer group would also meet to feedback through TTMG but are aware that not all issues are suitable for TTMG as they can specifically be related to post or training programme issues.

2.12 Culture & undermining (R3.3)

Trainers: Trainers reported that they believe there are no issues with poor culture and undermining behaviour. The trainers report that on the Carseview site, the all-staff members are encouraged to interact with one another and to try and openly address any issues or concerns they have. It was also noted that trainees have felt secure enough to suggest improvements on this site. The trainers believe that the postgraduate teaching timetable that has been set up and running successfully, fosters a good team culture within the region.

FY and GPST Trainees: The trainees all agree that the clinical team and senior colleagues are supportive and approachable, but due to service pressure and teaching, there can be times where there are less people around to go to for support and this was noted to be more challenging on the Mulberry unit. The trainees report that they have noted incidents where clinical decision making is questioned by nursing staff, mainly in relation to admissions to the units. An example was given where this was raised and the trainee was supported by their supervisor, used it as a learning experience and felt happy with the outcome.

Core Trainees: The trainees all note that the clinical teams and senior colleagues are all supportive and welcoming. The majority have no issues with bullying or undermining behaviours. However, it was reported that there are some concerns about the working relationship between nurses and doctors in Moredun, Murray Royal Hospital. The trainees raised the issues with the unit, and it is now believed that the issues has been addressed. Trainees would feel comfortable raising concerns with their clinical supervisors. Trainees have been subjected to racist behaviour from patients and the units have protective strategies in place to support the trainee. The trainees note that consultants would support the trainees and address the issues with the patients too.

ST Trainees: All trainees agree that the clinical team are friendly and approachable. There are no culture or undermining issues. If trainees were aware of any undermining issues, they would support their colleague and escalate appropriately through the DATIX and supervisors.

2.13 Workload/ Rota (1.7, 1.12, 2.19)

Trainers: The trainers reported that there were not any vacancies in the rota, but there are times when gaps occur and usually these are managed internally in the first instance but failing that, there is locum support. The trainees are involved in developing the rota template and creating solutions. There is consultant oversight of the rota, the consultant works alongside the junior and higher trainees to formulate the rota to include preferred dates for annual leave. At a recent SAER, it was recommended that a daily huddle would be beneficial for the trainees, the consultant has met with the trainees to see how best to implement a daily huddle.

FY and GPST Trainees: There are no vacancies in the current rota, but if any short-term gaps appear then they are usually filled. The trainees note that the rota co-ordinators are very proactive with filling the gaps. The trainees did raise an issue regarding the duty doctor and attendance at teaching. Trainees feel that it would be useful if this is clearly marked to allow them to know who is on site that day. The trainees report that the rota co-ordinators are very approachable. GP trainees reported that they had to get their own cover for annual leave and study leave and this can prove difficult on occasions.

Core Trainees: There are no vacancies. If any gaps arise the trainees are emailed and asked to fill gaps that occur at short term. The rota is designed by one of the trainees and the medical staffing manages the swaps. Trainees are asked for annual leave dates in advance to be able to be accommodated on the rota. Mulberry ward has only three doctors staffing the unit therefore there can be times when it is short staffed due to staff covering other areas. The trainees note that there is a buddy system in place, that works when it works, but not always ideal.

ST Trainees: The trainees report that there are no vacancies, however if short term gaps appear, they are usually filled. The trainees express that they do have the opportunity to engage with the rota organiser. The trainees design the rota with consultant oversight. There is a rota- coordinator who manages swaps.

2.14 Handover (R1.14)

Trainers: The trainers report that the trainees have access to generic email inbox to record handover information. The trainers described how the duty doctors would use the inbox to pick up tasks and complete a written handover via email. The rota duty doctor would hand off to nightshift usually face to face or via telephone if covering multiple sites. The trainers explain that there is a multidisciplinary handover at the weekend that the nursing staff lead. The junior and higher trainees would handover separately, specific tasks that are not included in the multidisciplinary handover. Handover is not used as a learning opportunity, but cases can be reviewed at supervision. There has been discussion about the potential to use a template for handover, but trainees are not sure it would be useful. The trainers comment that they would encourage trainees to follow up on patients from handover for their own learning and to complete assessments. The trainers note that although handover itself is not used as a learning opportunity, the follow up from handover can be used as a learning opportunity.

FY and GPST Trainees: The trainees report they would use a generic email inbox to handover. The trainees also verbally handover to the incoming duty doctor, however an email will be sent with all the important information. It was stated that there is a team meeting at the weekend with all staff, but the focus of this meeting is usually around bed management. All trainees agree that handover is not used as a learning opportunity.

Core Trainees: The trainees explain that handover is via email. Handover is completed verbally and a more detailed written handover is emailed. Some handover is face to face. At the weekends there is a Team's meeting handover across Tayside. The Higher trainees and Consultants now have access to the on-call handover mailbox but they don't participate in it but is useful for them to have oversight of it. Handover is not used as a learning opportunity.

ST Trainees: The trainees report that although there is an email system for the junior doctors, there is no set system higher trainees, but it is usually done verbally to one another. During the verbal handover the trainees would discuss the cases and make the doctor coming onto shift aware of any complex cases. The handover would also consist of flagging paperwork that needs reviewed, as well as patients that require review. The trainees emphasise that a verbal handover allows for more of a

nuance to the specific cases in psychiatry. The trainees report that at the weekend there is an all-staff Teams meeting, however if there are any specific issues the consultant would call to flag it to the trainees. All trainees agree that handover is not used as a learning opportunity.

2.15 Educational Resources (R1.19)

Trainers: The trainers reported that there is a good library at Murray Royal resources across the sites and the trainees are encouraged to use these facilities.

FY and GPST Trainees: The trainees reported that across the sites they would have access to computers, desks, cameras and headsets, and library facilities.

Core Trainees: The trainees reported that they do not always have access to a laptop and headset in Kingsway Care Centre, therefore they bring their own. There used to be a library facility on site at Carseview, but this was taken over by the crisis team and there has been no replacement. Facilities for post-partum mothers could be improved.

ST Trainees: The trainees all have access to adequate facilities across the region sites. However, the trainees would appreciate the Carseview library being replaced. It was noted that in the Angus sites, computer space can be booked up, which means trainees are reverting to using their own equipment.

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

Trainers: Not formally asked

FY and GPST Trainees: The majority of trainees report that support is available for trainees when required and particularly in Carseview, the consultant would regularly check in on the trainees to make sure they are coping mentally with the job. It was noted that some trainees felt that although support was available, they are not always aware of when to find information about further support. The trainees did emphasise that the consultant and nursing staff were supportive when asked for help.

Core Trainees: The trainees report that they believe that support is available but not always aware what is available. There is no reference to the types of support available during induction. All trainees feel that the units across the region would accommodate requests for support.

ST Trainees: The trainees reported that support is available. The trainees are also aware that the sites would accommodate requests for reasonable adjustments.

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 highlight the TTMG groups in Tayside which bring together trainers, trainees, and service improvement and development leads. The trainers report that the DME structure in general is being reviewed and the role of the DME is being brought to the forefront promoting improvements.

All Trainees: Not formally asked

2.18 Raising concerns (R1.1, 2.7)

Trainers: How to raise a concern is highlighted at induction and the supervision sessions. The trainers report aiming to develop a relationship of trust such that trainees can raise issues. Trainers reported that there has been specific work done to address working relationship issues raised at the Moredun site. There has been multidisciplinary input around building trusting relationships between the nursing staff and the trainees to ensure that the trainees feel respected and heard. It is highlighted that the trainees can approach their supervisor either at their weekly supervision or when required. The trainers emphasised that the trainees have been involved more extensively in management meetings and access to senior management and this enable trainees to be able to raise concerns at a management level.

FY and GPST Trainees: All trainees reported that they are aware of how to raise concerns, through DATIX, with their supervisor or the nurses. The trainees felt comfortable to raise any concerns and feel that feedback would be given in any event.

Core Trainees: Trainees report that they would raise any concerns with the consultants, and they would be addressed and acted upon. Trainees would also use DATIX to raise a concern.

ST Trainees: The trainees reported that they would raise any local issues with the clinical supervisor, but when they raised their concern about the frequent use of surge beds with management, they feel that concerns are not fully addressed.

2.19 Patient safety (R1.2)

Trainers: Trainers reported that they try to support the trainees as much as possible. The trainers note that there are a number of locums in the out-patient setting and a high turnover of staff at this level. The trainers feel that specific knowledge is lost when there are several locums. It was noted that the Carseview site has had consistent staffing numbers over the last few years which may reflect the overall satisfaction for this site.

FY and GPST Trainees: Trainees have no concern about the quality of care provided by the teams in sites but would question the length of stay of some patients in Murray Royal Hospital and whether they could be discharged if sufficient community support. Trainees did comment that that the use of surge beds on the Carseview site was not a great environment for patients as these beds were not part of the 22 bedded ward and not equipped with proper facilities/bathroom/window.

Core Trainees: The trainees would not be concerned if a family member was admitted to a unit, however there are concerns around the use of surge beds in General Adult wards in Carseview that have no private bathrooms for patients. The trainees recognise that general adult units have staffing issues, and this can be a concern.

ST Trainees: The trainee would have no concern with the quality of care given by the staff on all sites. However, they would have significant concerns around the use of surge beds in the General Adult unit, as well as being understaffed.

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

Trainers: Trainers reported that trainees would report any adverse incidents through the DATIX's system and the trainees are encouraged to use this to raise any concerns. The trainees also can contact their supervisors if they want to raise any concerns. The trainers explain that there are various systems in place to address and share the learning from any adverse event. Across the specialties there are management groups to review and decide locally if they are going to be a Local Adverse Event Review (LAER) or a Serious Adverse Event Review (SAER). The trainers also refer to Team Based Quality Review (TBQR) meetings that take place as well as a number of learning events to review processes at all levels. It was highlighted that there has been substantial input locally and across Tayside health board to increase their skill and understanding overall around SAER's. The trainers reported that trainees would receive feedback from any review process of an adverse event as they would be invited along to the review, however the trainers are looking at how the learning from the event can be shared more widely.

FY and GPST Trainees: No trainees have been involved in any adverse incidents. It was noted that outcomes from trainee DATIX's would be emailed to any doctors involved as well as the nursing staff in Murray Royal Hospital. In Kingsway Care Centre the trainees explain that there are multidisciplinary meetings following any adverse event and learning from these are shared. Trainees have not heard of the quality review panels or received invites to attend.

Core Trainees: A trainee reported that they were involved in an adverse event and were not aware of the immediate support available. A senior nurse did raise a DATIX about the incident. Later, support was offered. A further example was given of seeking support from consultant however it was not resolved to the trainee's satisfaction. The trainees did report receiving feedback following the incidents in the form of a report and email. The trainees highlight that there is a learning from adverse meeting timetabled into the Thursday teaching and this takes place once every 6 months, the trainee found these sessions useful.

ST Trainees: The trainees report that those who were involved in an adverse event found the support to be very good. Feedback was given and time was given to discuss the event. The trainees highlight that there are pan Tayside learning from adverse event meetings. Some trainees have attended this

session although not all trainees were aware of them. The addictions service have specific M&M meetings regularly and trainees attend this.

2.21 Other

Trainers: Recruitment of consultants ultimately remains a challenge in Tayside, but the trainers feel that the services have adapted and are moving in the right direction.

FY and GPST Trainees: The trainees' weekly supervision sessions are extremely valuable and the trainees feel that the supervisors deserve recognition for this. Dr Curran, Dr English, Dr McDonald, and Dr Robertson were mentioned in particular however all supervisors were commended.

Core Trainees: The trainees feel that the trainers are doing an excellent job and try to spread themselves out regardless of the challenges they face. The trainees also appreciate the hybrid teaching approach as well as the protected time for Wednesday teaching. It was felt that there could be more support on returning to training, more staff, and facilities.

ST Trainees: The supervision time again is greatly appreciated. The trainees are also grateful for the ability to have protected time for research and the way that special interest training is promoted and facilitated.

3. Summary

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

Positive aspects from the visit:

The panel felt that it was a very positive visit and it was apparent that there had been a lot of effort to improve training in Tayside Mental Health.

- It was evident that education and training is integral to the functioning of the department and there is a focus on trainees' development. The panel would strongly encourage the ongoing partnership working between the clinical and educational leadership teams that has supported this change.

- The efforts of the trainers are to be commended as trainees spoke extremely highly of the clinical supervision sessions, which they value. There were specifically named consultants: Dr English, Dr Curran, Dr McDonald, and Dr Lee. All trainers are approachable.
- Overall, there is a positive culture in the department with respectful working relationships with the trainers, trainees, and wider team. This allows trainees to feel comfortable to raise any issues of concern.
- The panel were pleased to note the rota issues have been addressed and there is now a clear structure, with trainees involved in rota design, an effective rota co-ordinator and consultant overview.
- The GPST trainees have good access to clinics. However, there is variable access for core psychiatry trainees on some sites.
- Induction is improved and the departmental tours are valued. We would encourage ongoing improvement by considering how trainees can be made aware of the different OOH sites.
- Trainees can access seniors for support both during the day and OOH. The recent audit is a good example of a QI initiative and should be continued.
- The teaching programme continues to be highly rated and all trainees are able to attend both the departmental and their formal teaching programmes.
- Learning from adverse events is happening but needs time to embed for full awareness.
- The systems/processes that actively facilitates access to specialty interest sessions for higher trainees is valued.
- The panel heard a number of positive comments about the Kingsway Care Centre.
- The employment of a retired trainer as Educational Supervisor is innovative and working very well.
- All trainers have allocated time in their job plan to fulfil their educational roles

Less positive aspects from the visit:

- Although handover has improved, there is a missed opportunity around ensuring it is educational with the potential to use the weekend handover as an educational opportunity.
- In some sites/wards, there are still a high volume of non-educational task being completed by junior doctors.
- As highlighted by the trainers, communications issues were noted and addressed on one site. The panel did not identify ongoing concerns but would recommend that this requires to be monitored.

The panel heard of perceived patient safety concerns from all trainee groups around the regular use of surge beds which do not have the same facilities as ward beds. We recognise this has been considered by the clinical leadership team and would request reassurance regarding patient safety.

Requirements from November 2021 visit:

Ref	Issue	Progress made by November 2022
6.1	Clinical supervision must be available at all times and technological issues preventing this must be resolved urgently.	Met
6.2	There must be an increase in relevant training opportunities for GP trainees.	Met
6.3	Local clinical area induction must be provided which is consistent across the subspecialties and sites to ensure trainees are aware of all of their roles and responsibilities and feel able to provide safe patient care.	Met
6.4	Barriers, such as lack of rostered time, preventing GP and Core trainees attending their dedicated educational sessions (formal teaching and clinics) must be addressed.	Met
6.5	The department must ensure that there are clear systems in place to provide feedback to trainees about patient management undertaken in in-patient areas and out of hours.	Met
6.6	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, particularly at Carseview Centre.	Partially Met
6.7	The new systems which have been developed to learn from incidents should be expanded to embed shared learning by all staff.	Partially Met
6.8	Senior support must be readily accessible to all trainees. The new system at Murray Royal must be kept under review.	Met

The deanery and GMC will review the content of this report and following this the GMC will write to the Health Board regarding the status of enhanced monitoring.

4. Areas of Good Practice

Ref	Item	Action
4.1	It is evident that education and training is integral to the functioning of the department and there is a focus on trainees' development. The panel would strongly encourage the ongoing partnership working between the clinical and educational leadership teams that has supported this change.	

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	As highlighted by the trainers, inter-professional communication issues were noted previously and addressed on one site. The panel did not identify ongoing concerns but would recommend that this requires to be monitored.	

6. Requirements - Issues to be Addressed

Ref	Issue	By when	Trainee cohorts in scope
6.1	Tasks that do not support educational and professional development for FY, GPST and Core trainees should be reduced further in all sites.	9th August 2023	FY, GPST and Core
6.2	Improved awareness and involvement of all trainees are required to embed the new systems which have been developed to learn from incidents.	9th August 2023	All
6.3	Handover processes must be improved to include learning opportunities.	9th August 2023	All
6.4	Request report from clinical leadership regarding patient safety assessment of surge beds usage. .	9th February 2023	All