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Postgraduate School of Anaesthesia Health Education England, East of England Office Visit to: Basildon and Thurrock University Hospital NHS Foundation Trust Executive Summary Date of visit: 30th September 2016	
HEE representatives:	Dr Alys Burns – Deputy Postgraduate Dean, HEE, EoE Dr Helen Hobbiger – Head of HEE, EoE Postgraduate School of Anaesthesia Dr Helen Drewery – Visits Lead for UCLP Dr Chris Sadler – Regional Advisor for Anaesthesia, North East London Dr Lalitha Vedham – Core Anaesthetics Training Programme Director, HEE, EoE Dr Jane Hermanowski – Trainee Representative, HEE, EoE Mrs Liz Houghton – Public and patient voice representative
Trust representatives :	Mr Tom Abell – Deputy Chief Executive Dr Tayyab Haider – Deputy Medical Director Dr Johnson Samuel – Director of Medical Education Dr Tahir Akhtar – CSU Lead Mr Samir Shah – Divisional Director for Surgery Dr Venkatraya Shenoy – outgoing College Tutor for Anaesthesia Dr Raj Byreddy – Consultant Anaesthetist, ES Dr Nadir Shawari- Consultant Anaesthetist, ES Dr Jonathan Robinson – Consultant Anaesthetist, ES Dr David Lowe – Consultant Anaesthetist, ES Dr Malvern May – Consultant Anaesthetist, ES Dr James Carrannante – Consultant Anaesthetist, ES Dr Shilpa Selvan – Undergraduate Lead for Medical Education (present for feedback session) Ms Alice Garratt – Clinical Training Fellow Mrs Debbie Mullaly – Medical Education Manager
Number of trainees & grades who were met:	In total 8 trainees were interviewed ST4 x 1 CT2 x2 CT1 x 2 ACCS (EM) x2

Purpose of Visit:
The responsibility for the quality management of the training environment at Basildon lies with Health Education England working across the east of England, (HEE, EoE), in accordance with the GMC standards for training. In common with a number of other specialties, the Anaesthetic training programme in Basildon is currently managed by two specialty schools based in two different areas of HEE, with core training being managed by HEE, EoE and higher training by Health Education England working across North Central and East London (HENCEL). This was a triggered quality management visit precipitated by a significant deterioration in the GMC NTS survey result for Anaesthetics in 2016 for both core and higher training programmes. In total Anaesthesia received 10 red flag outliers for higher training and seven red outliers for core training, as opposed to four red outliers in core training in 2015 and one in 2014 survey. Common domains between years included overall satisfaction, clinical supervision out of hours, induction and local teaching. Additional information available to the Visitors included the results of the annual EoE trainee survey (it should be noted that this currently only reflects the views of the core trainee group), the Trust and departmental Quality reports, the previous School visit report of March 2015 and the subsequent action plan dated July 2015.

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Meeting with Trust team:

The School had previously visited the Trust in March 2015 at which time the impression gained was of a generally satisfactory training environment. However, in the intervening 18 months a marked deterioration had clearly occurred. The visitors stated that they were there to try to understand any contributing factors and to support and work with the department to rebuild the quality of the training programme in Basildon.

All the attending Trust delegates expressed a strong desire and willingness to achieve turnaround. All openly acknowledged that the department had been through an extremely turbulent two-year period, from which they were only just starting to emerge. Intra-departmental working relationships had been under significant strain and as a consequence the department had become fractionated and dysfunctional. The Senior Trust Executives were involved and concerns have been escalated to the Trust Board, with the department placed on the Trust risk register. In Spring 2016 professional mediation was undertaken with members of the department and included the deputy Chief Executive and the Divisional Director, who are continuing to work with the department. The visiting team understood the need for confidentiality with regard to the detail of this process. Key interventions had been identified and all acknowledged that the rebuilding process had now started with the situation being closely monitored.

The visitors recognise that this work is at an early phase and that it will necessitate the continued involvement and support of the senior management team in order to be successful in achieving a sustained change in culture.

A manpower planning process is currently being undertaken with the longer term aim to provide a consultant led and delivered service. It was noted that Basildon has a significant number of specialty doctors and there was discussion about they could also be better supported and developed.

It is also recognised that an additional stressor for the entire Trust has been the ongoing Success Regime in Essex, the objective of which is to reconfigure the clinical services across three hospitals in the county, Broomfield, Southend and Basildon.

The Visitors met separately with the anaesthetic trainers who presented as a cohesive group. They acknowledged that the trainees had been caught in the midst of the departmental conflict and that the focus had been shifted away from educational needs. They expressed an eagerness to improve the training environment and fully understood the implications of a failure to deliver this, namely the potential for the removal of trainees from the department. It was understood by the visitors that the Trust has developed and appoints to the role of Unit Training Director within clinical divisions, which has associated PA recognition in job plans. This usually also includes the College Tutor role for the specialty, for which there is an appointments process in anaesthetics led through the RA and the Royal College of Anaesthetists. The current College Tutor, Dr Shenoy is stepping down from this role, and concerns were expressed by the trainers about the future educational leadership in the department, the support for this role and the process by which this would be addressed.

Strengths:

- There were no reports of bullying or undermining behaviour.
- There were no anaesthetic specific patient safety concerns.
- Trainees felt well supported by the Consultants.
- Consultants are present on site (both in ICM and theatres) until 8pm and thereafter respond appropriately to workload needs. No trainee reported difficulties in asking a Consultant to attend out of hours.
- No trainee reported being asked to work beyond their level of competence
- Levels of educational supervision were satisfactory, with trainees knowing the name of their supervisor and meeting with them within the first month of starting. All core trainees had received the EoE paperwork, had registered with the RCoA and were using a logbook and the e–portfolio.

- Senior trainees reported particularly good training experiences in pain and regional anaesthesia.
- Modular training was not disrupted by an excessive number of last minute moves to provide service provision.
- There was a named Consultant to provide advice to trainees when working solo. Senior assistance was described as available nearby if required.
- Senior trainees were performing occasional solo lists, which were pre-selected and suitable for their level of experience. The School recognises this as part of training.
- All trainees were receiving the required number of supervised lists/week.
- Once deemed competent there is the opportunity to gain out of hours experience in all three-service areas – emergency theatre work, ICM and Obstetric anaesthesia. This enables trainees to maintain and build on their skills. It must however be ensured that each complete 'junior' out of hours rota has as a minimum the presence of one post CT2 anaesthetist so to provide timely backup assistance if required.
- Handover rounds were described as adequate.
- No trainee reported problems gaining study or annual leave.
- A rest room is available for use post on-call

Areas for development:

- Some trainees reported concerns that arose from the Trust induction process. The Trainees felt that this perhaps originated from a lack of awareness of them joining the Trust. They reported no prior contact from either the department or the Trust ahead of commencing in post, with one trainee citing the need to telephone the HR department to obtain the necessary details. The majority of the mandatory training requirements are delivered by the Trust as e-learning modules, and this is in keeping with the practice in other Hospitals. The visitors understood that trainees would normally complete this in advance of starting at the Trust and receive one day of paid lieu time to achieve this. However, as the Trust did not know they were coming, some trainees were unable to complete this in advance of starting at the Trust, and consequently it was reported that there was a delay in the provision of necessary passwords and some Trainees not being provided with ID cards until day 3, which proved problematic for moving around the Trust. Departmental induction was described by the core trainees as lacking in structure, with gaps in information being provided by the regional induction processes.
- There is no in-house novice induction programme. Trainees attend the Essex 4 day novice induction course which consistently receives extremely positive feedback. However, there is a need for this learning to be consolidated and supplemented with regular in house tutorial sessions. Senior trainees could be involved with the delivery of these.
- The in-house teaching programme has completely broken down with Trainees reporting not being able to remember when the last session took place.
- Trainees had not been provided with guidance on suitable textbooks to aid learning.
- Ad hoc tutorials in ICM were occurring when service demands permitted. These were Consultant led and responsive to trainee requirements.
- Departmental clinical governance/audit meetings were reported to occur infrequently and out of hours which results in poor attendance rates.
- Activity in the NCEPOD theatre was described as chaotic particularly at the start of the day with the need for frequent list changes based on surgeon availability. Some attempt had been made to identify a first patient of the day but this invariably failed. Although these delays did not appear to result in the need for inappropriate overnight work none the less, this area should be monitored with the objective of better overall list management which would support both service delivery and training opportunities.
- Trainees gave several examples of the misuse of the Trauma bleep. This needs monitoring and changes made accordingly
- Usage of the RCoA e-portfolio system is mandatory for trainees. Some Consultants are still reluctant to engage with its use making it difficult for trainee to get workplace-based assessments signed off.

- Whilst the designated areas and facilities for trainees were satisfactory in ICU and obstetrics, concerns were expressed about the adequacy of a designated area based in theatres.

Significant concerns:

1. The visiting team identified significant concerns in relation to the culture and team ethos within the Anaesthetic Department, which in turn had impacted on the training environment and the structure and organisation of training. The Trust and Department acknowledged this in an open discussion, the transparency of which the visitors welcomed, and there was a recognised willingness to address these concerns. There have been changes to the leadership within the department and there is a need to clarify the appointment process of a new College Tutor/Unit Training Director to provide leadership in the development of the training programme. The visitors recognise that this work is at an early phase and that it will necessitate the continued involvement and support of the senior management team in order to be successful in achieving a sustained change in culture.

2. There were two patient safety issues identified which require further investigation by the Trust. These were not exclusively related to anaesthesia.

   - Drug cupboards are accessed via a finger print recognition system. Trainees reported being unable to operate this mechanism and therefore some are resorting to drawing up emergency drugs and storing these elsewhere within the Trust, in order that they have these readily available in the event of an emergency.

   - The ED resuscitation environment was described as a 'scary place' to work. As was also found at the visit in 2015, trainees continue to be frequently left alone to manage patients in the ED without the benefit of a skilled (ODP) assistant and the attendance of other appropriately trained clinical staff. Concerns were also raised about misuse of the trauma bleep.

Requirements:

The visiting team expressed significant concern about the impact of the culture, attitudes and team ethos within the department on the training environment and the evident marked deterioration in the training environment. However, the visitors were unified in the view that there were currently insufficient grounds to recommend that trainees be withdrawn from the Trust, although this may need to be considered in the absence of demonstrable improvement.

HEE, EoE are required to escalate the level of concern to the Postgraduate Dean, HEE, EoE and the GMC, with the recommendation that the anaesthetic training programme at the Trust will now be included in the GMC enhanced monitoring process. The report will also be shared with the Postgraduate Dean for HENCL and the Head of School for Anaesthetics for HEE working across London.

1. The senior management team needs to continue to support the department in taking ownership of the issues and seeking sustainable solutions, which will lead to a more positive culture to enable the effective delivery of training. All members of the department need to be unified in their support of those with key leadership roles.
2. The Trust must investigate and address the patient safety concern relating to the storage of emergency drugs.
3. The Trust must investigate the recurrent concerns that have arisen in relation to support for the anaesthetic trainees attending emergencies in the ED, and review their action plan in this regard.
4. The Trust must investigate the concerns reported in relation to Trust induction and ensure there is communication in advance with trainees due to start at the Trust about the requirements for Trust induction, with timely provision of ID badges and IT passwords.
5. There is an urgent need to appoint an educational lead for the department, with resolution of the connection between the Trust appointed Unit Training Director role and the RCoA College Tutor role, and associated appointment process led by the RA with the given need to consult with the DME, local trainers, HoS and relevant

others as listed on the application form. This individual must have the support of the DME and senior management with sufficient time allocated for induction into the role. In addition, the School of Anaesthesia would be able to provide a named mentor to facilitate the learning process.

6. The Trust must address all aspects of the concerns relating to the structure and organisation of anaesthetic training, with the need for trainers to take a more pro-active approach to training. Please see appendix 1 at the end of this document for further details on this.
7. A regular anaesthetic/ICM trainee forum group needs to be established. A trainee rep who reports directly to the College Tutor should lead this. This would facilitate a timely response to trainee concerns.
8. The department should be supported by the Trust in the need for regular half-day protected audit/clinical governance/critical incident reporting/ morbidity& mortality meetings, and trainees should be expected to attend. This is common practice across the region with the majority conducting monthly meetings.
9. All Consultants must engage with the usage of the RCoA e-portfolio system. Repeated failure to comply should result in the removal of accompanying trainees, including out of hours supervision.

Recommendations:

- A re-balancing exercise needs to be undertaken between service and educational provision. Consultants estimated the need for seven additional Consultants. The reported formal capacity planning exercise needs to be completed, with a demonstrable commitment to appoint into any identified shortfall in consultant post numbers.
- The Trust and Department need to review the adequacy of facilities for trainees based in theatre.
- As part of developing an educational ethos, the anaesthetic department should review the support and development of specialty doctors
- The visiting team suggested making contact with an anaesthetic department in the region who have previous experience of the need for turn around. If desired formal links for this could be established via the Deputy Postgraduate Dean and HoS.

Timeframes:	**Action Plan to Deanery by:**	5th December 2016
	Revisit:	January 2017

Head of School, HEE EoE: **Dr Helen Hobbiger** **Date: 22nd October 2016**

Deputy Postgraduate Dean, HEE, EoE: **Dr Alys Burns**

Appendix 1

Further detail to support Trust actions in relation to requirement 6 of the report:

The Trust must address all aspects of the concerns relating to the structure and organisation of anaesthetic training. Please see appendix 1 at the end of this document for further details on this.

I. The programme for Departmental Induction needs revision. The trainee handbook needs updating and should be issued to all trainees prior to starting within the Trust. This could be done in e-format. On arrival for those with prior experience training **must** be provided on all key pieces of equipment e.g. anaesthetic machines, transport ventilators, PCA systems etc. A departmental register must be kept as evidence for this. Senior trainees should spend a minimum half-day working fully supervised in key areas (i.e. ICM, obstetrics) prior to working with more distant supervision and in particular servicing out of hours.

II. The novice induction period must be reviewed with a need to address key topics at an early stage so as to aid clear learning. This should take the format of a regular tutorial programme. Senior trainees could be included in the delivery of this.

III. A Faculty Education Group comprising of all ESs and led by the College Tutor should meet regularly to discuss and support matters relating to education and training. The trainee rep should also be included. This practice needs to be sustained and will be part of the process that maintains educational standards.

IV. Trainee logbooks should be regularly reviewed by the ES to ensure that they are undertaking an appropriate case-mix/workload for their training needs. This information should also be used to inform the unit sign off process, which needs to be formalised. There should be prior agreement of a named Consultant responsible for overseeing and signing off each unit of training. For example, in a sub speciality such obstetrics this is often the clinical lead however for general units this could be the tutor or ES.

V. Trainees must be given protected time to attend in-house teaching sessions. The proposed weekly half-day local teaching programme needs to be implemented and its delivery sustained. It is acceptable for the monthly regional teaching activity to be included as part of this programme i.e. the in-house programme could be omitted on the week when a regional teaching event occurs. Trainers need to be given protected time to deliver the teaching programme. A Consultant should facilitate the majority of sessions although senior trainees could also be involved. Trainees should be included in the topic selection process. During exam periods, the focus should be towards exam preparation. There is also scope to consider the development of a joint teaching programme in due course with neighbouring linked Trusts.