

**School of Anaesthesia  
Visit to Basildon and Thurrock University Hospitals NHS Foundation Trust  
Executive Summary  
Date of visit: 13<sup>th</sup> March 2017**

<b>Deanery representatives:</b>	<p>Dr Helen Hobbiger – Head of EoE Postgraduate School of Anaesthesia and Associate Dean          Dr Alys Burns – Deputy Postgraduate Dean, HEEoE          Dr Helen Drewery – Visits Lead for UCLP          Dr Lalitha Vedham – Core Anaesthetics Training programme Director          Dr Cleave Gass – GMC Enhanced Monitoring Associate          Dr Jane Hermanowski – Trainee Representative          Liz Houghton – Lay Representative          Kevin Connor – GMC Representative</p>
<b>Trust representatives :</b>	<p>Dr Aroon Lal – Associate Medical Director for Quality and Improvement          Dr Johnson Samuel – Director of Medical Education          Dr Tahir Aktar – Clinical Lead for Anaesthesia          Dr Venkat Shenoy – Anaesthetics College Tutor          Dr Raj Byreddy – Consultant Anaesthetist, ES          Dr Olubukunola Ojo – Consultant Anaesthetist, ES          Dr Sheelaj Sharma – Consultant Anaesthetist, ES          Dr Preetam Tamhane - Consultant Anaesthetist, ES          Mr Edward Lamuren – Consultant Lead for Emergency Medicine Department          Lisa Want – Acting Service Unit Director for Anaesthesia (for Feedback)          Debbie Mullay – Medical Education Manager</p>
<b>Number of trainees &amp; grades who were met:</b>	<p>In total 5 trainees were interviewed:          ST4 x1          CT1 (started Feb 2017) x 2          ACCS (EM) CT2 x2</p>

**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 planned quality management revisit to assess progress against the action plan raised following the School visit on the 30<sup>th</sup> September 2016. The previous visit was 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.

The documented concerns were escalated by HEE, EoE and anaesthetic training at Basildon has been placed under enhanced monitoring with the GMC.

The visitors are also aware of Essex Success Regime which is tasked with reconfiguring the services across the 3 hospitals based in Essex, including Basildon. Currently there are no fixed plans in place although there is a proposal that Basildon will receive an increased proportion of the emergency workload.

**Meeting with Trust Management Team and Anaesthetic Trainers:**

At the time of the previous School visit there was a degree of confusion regarding the Educational Lead for the department. In part this was attributable to the multiple roles performed by this individual, namely RCoA College Tutor, EoE Lead Educational Supervisor for Anaesthesia and Unit Training Director for the Trust. The visitors were pleased that this issue had now been resolved with Dr Venkat Shenoy remaining in post having received the full support and confidence of departmental members, Dr Helen Hobbiger, EoE Head of School for Anaesthesia and Dr Chris Sadler, RA for NE Thames.

When meeting with the Trust members the visitors recognised and welcomed a palpable improvement in the culture. All representatives presented as a more cohesive group with a stated commitment and desire to improve the Anaesthetic training environment.

The visitors were informed of several initiatives which had been put in place (see below) since the last visit but all recognised that it would take time for these to embed. It is also acknowledged that sustainability will be a key to long term improvement.

The mediation processes which the Trust had implemented around the time of the last School visit are still on-going but were said to be accessed to a lesser degree.

Trainers described greater confidence in the received support from Management and described improved inter and intra departmental working relationships.

There are clearly identified escalation pathways within the Trust to raise educational matters of concern. This has enabled many areas which were previously considered to be at risk areas to be addressed and downgraded.

Trainers specifically felt that the Educational Supervisor (ES) role had been given greater emphasis which had now created a greater awareness and responsiveness to the needs of the trainees.

In order to ensure that the department was now providing a high level of care in all areas they were in also looking towards engaging with the RCoA Anaesthesia Clinical Services Accreditation (ACSA) process.

**Strengths:**

- All trainees met by the visiting team would recommend their current training post.
- All trainees were aware of means to raise concerns and felt that these would be responded to appropriately.
- There were no patient safety related concerns.
- All trainees had met with the CollegeTutor and their ES within the first two weeks of starting in the Trust and all were aware of their educational objectives. All trainees described their ES as being supportive and helpful.
- All novice trainees had attended the regional 4-day induction course, which they described as being very good.
- Novice trainees reported an attempt to limit their clinical supervision to a core group of trainers, which included their ES. The adoption of this practice for the initial induction period would be considered an area of good practice
- A weekly half-day protected teaching programme has been established. In the main sessions are facilitated by Consultants who were described as very keen to teach. Trainees are also encouraged to attend the monthly regional teaching programme, which replaces the in-house programme for that week.
- Trainees were complimentary of the 1:1 clinical teaching they received.
- Monthly half-day protected departmental audit/clinical governance meetings have been instigated with trainees encouraged and given time to attend. There continue to be some out of hours governance meetings. Trainees who choose to attend these are given time back in lieu. This domain should be kept under review.
- There were no trainer issues relating to the usage of the RCoA e-portfolio. All trainees were able to get work place based assessments signed off and there are nominated Leads used to sign off key modules for example in obstetrics, pain and ICM. This issue can now be considered closed.
- All seven ES have undertaken appropriate training and receive the correct PA support within their Job Plan. All ES

have an annual educational appraisal, which will in future require an additional sign off from the College Tutor.

- The College Tutor is appraised annually by the DME.
- The shortfall in the Consultant work force is now being addressed by the Trust. Two new Consultant Anaesthetists have recently been appointed and there is an agreement to advertise for two additional Consultant Intensivists. The Trust recognises the continuing need for expansion in post numbers. The visitors view this as a clear commitment by the senior Trust Management to provide departmental support. This issue needs to be kept under review.
- The SAS doctors have access to a personal study leave budget and 1 SPA allocated within their Job Plans to support revalidation and career development. The department is looking towards widening their role with the intention of supporting career progression. All SAS doctors are approved clinical supervisors and are able to sign off trainee work place based assessment on the RCoA e-portfolio.
- Trainees now described no problems in gaining access to the emergency drugs. This issue can now be considered as closed.
- Expansion in the Consultant ED workforce has improved senior coverage within A+E and facilitated a team based approach to patient care within the Resuscitation area. Trainees now have the support of an ODP for patients who require intubation. This area should be kept under review.
- Trainees have been involved in introducing patient safety measures, for example, checklists are now in use in the ED department prior to intubation procedures. There is an intention to expand this practice to cover other invasive procedures. This is viewed as an example of best practice.

### Areas for development:

- The departmental induction programme would benefit from further structure.
- There is a need to formalise the end of the novice-training period.
- The in-house teaching programme needs to embed and be further developed. Currently it is thematic with the aim of covering topics to a varying depth dependant on the needs of those attending.
- A trainee forum group led by an identified trainee representative has met once. Minutes from this meeting have been fed back to the College Tutor. This initiative needs to embed and be kept under review.
- Ad hoc meetings of the departmental educational faculty group have occurred. These discussions now need to be formalised.
- Trainees described two Consultants whose behaviour patterns they felt fell below the level expected of a professional. Whilst they did not think this constituted bullying or undermining behaviour, none the less they viewed it as a breach of the Consultant/Trainee relationship describing it as an abuse of power.
- Departmental facilities remain less than ideal. However, trainers described various room options within the Trust which they could access for educational purposes. They therefore did not consider this as being a significant problem. This issue can be considered as closed.

### Significant concerns:

There were no significant concerns identified at this visit.

The visiting team recognised the significant progress that had been made and that a number of previous actions can now be closed, including patient safety concerns, however there was a shared recognition of a need for further development, and that progress is sustained and aligned with the direction and support of the Trust.

### Requirements:

- There is an urgent need to address the behaviour patterns of those who were viewed as performing in an unprofessional manner. The College Tutor will require the support of the Senior Trust Management to deal with this issue. Trainee's views should continue to be sought to ensure that a demonstrable change has occurred.
- The departmental induction programme requires development. Trainee's views should be sought on this. The programme should be tailored to the level of the trainee and their individual needs. For example, novices need to be informed about the initial stages of training and registration with the RCoA whilst more experienced trainees would benefit from time spent on equipment training, introduction to departmental guidelines etc. All trainees need timely information regarding their rota shifts.
- At the completion of the introductory phase, trainees should meet formerly with their ES to discuss the next stage of training. They should receive structured feedback and the initial assessment of competency should be signed off. In addition any concerns related to working with more distant supervision, and in particular out of hours, should be addressed.
- There is a need to further develop and refine the in-house teaching programme. For example the novices would benefit from targeted teaching which could be incorporated into the weekly programme with perhaps the first hour given over to relevant topics. Trainees that are more senior could be involved with the delivery of this session. Practice sessions should be introduced for those approaching the exams.
- The trainee faculty forum needs to embed with a regular meeting time identified, say every 4-8 weeks. Other departments use time surrounding the teaching programme or departmental audit meetings for this purpose.
- There is a need to develop a regular formal Trainer Faculty meeting. These should be led by the College Tutor and attended by the ES. These meetings should be minuted to aid post-referral.

### Recommendations:

- Following the novice period there is a disparity between the expected out of hours service contribution by the ACCS and core anaesthetic trainees. After a trainee has achieved the RCoA initial assessment of competency certificate consideration should be given towards both groups contributing equally to on call, working with the same more distant levels of supervision.
- The department will need to prepare for the implementation of the new junior doctors contract. The Trust's Guardian of safe working hours should help to inform on plans.
- The College Tutor has the additional responsibility of providing support to the SAS group of doctors. Consideration should be given towards sharing this duty with for example the Departmental Lead. The Tutor is best placed to retain a career advisory role.
- Following the last School visit, links were established with the anaesthetic department in Watford. The Tutor has met with the trainers in Watford and described it as a useful and productive exercise. The visitors would encourage this association to continue in order to share examples of best practice.

<b>Timeframes:</b>	<b>Action Plan to Deanery by:</b>	26 <sup>th</sup> May 2016
	<b>GMC Enhanced Monitoring</b>	Should remain in the process with the need to demonstrate continued improvement and sustainability.
	<b>Revisit:</b>	November/December 2017 dependent on 2017 GMC and regional survey results

Head of School: Helen Hobbiger

Date: 20<sup>th</sup> March 2017

Deputy Postgraduate Dean: Alys Burns