

School of Anaesthesia Visit to Bedford Hospital NHS Trust Executive Summary Date of visit; Monday 30th March 2015	
Deanery representatives:	Dr Alys Burns, Deputy Postgraduate Dean, HEEoE (Lead visitor) Dr Helen Hobbiger, Head of School of Anaesthesia, HEEoE Dr Simon Fletcher, Head of School of Anaesthesia, HEEoE until April 2015 Dr Chris Sharpe, Higher training TPD, East of England Dr Doug Bomford, Trainee representative Alison Clough, Patient and Public Voice Partner
Trust representatives :	Mr Stephen Conroy, Chief Executive Miss Colette Marshall, Medical Director Mr Tapan Mehta, Deputy Director of Education Dr Anwar Rashid, Acting RCoA College tutor Dr John McNamara, Chair of Task and Finish Group Mr Paul Tisi, Divisional Medical Director, Planned Care Mr Jeremy Sizer, Clinical Director, Anaesthetics Ms Geraldine Opreshko, Director of Workforce & OD (Interim) Ms Kerry White, Division Director, Planned Care Ms Rosa Lombardi, Learning and Education Manager Dr Abhay Vaidya, Educational Supervisor Dr Pallab Rudra, Educational Supervisor Dr Sarah Snape, Educational Supervisor Dr David Liu, Educational Supervisor Dr Gagan Kohli, Educational Supervisor Dr Peter Knowlden, Consultant Anaesthetist Dr Y Latoo, Consultant Anaesthetist Dr Maciej Ryszka, FICM Tutor
Number of trainees & grades who were met:	6 in total 2 ST 5 2 ST 6 (1 via telephone) 1 CT1 1 ACCS (EM)

Purpose of visit :
<p>This was a triggered quality management visit to address significant training concerns in anaesthetics at Bedford that have surfaced through a number of sources.</p> <p>Evidence used to inform the visit included:</p> <ul style="list-style-type: none"> • The 2015 GMC Trainee Survey in which Bedford received 7 'Red Flag' outlier indicators for core and higher training. • The 2015 School of Anaesthesia trainee survey • Details from an unstructured interview conducted by Dr Nigel Penfold (Chair of the RCoA Training Committee) at the time of the Bedford trainee ARCP meetings in June • Awareness of pressures within the department and impact of these on the capacity to support trainees • A background history of 8 'Red Flag' outlier indicators in the 2014 GMC Trainee Survey

Background and meeting with Trust team

The previous Anaesthetic School visit to Bedford Hospital was on 7 October 2014, which was prioritised as a result of the feedback through the 2014 GMC trainee survey. The key findings centred on the structure and management of the training environment and associated processes and a comprehensive action plan was put in place. However, during May 2015 the Head of School, Dr Hobbiger, and the Deputy Postgraduate Dean, Dr Burns, both became aware of further concerns, and no improvement in the trainee feedback. The level of concerns was such that it was questioned if the training environment remained appropriate for core trainees. These were raised directly with the Medical Director along with the intention to undertake a triggered visit to triangulate the evidence and to proactively work with the Trust to address the concerns.

The visiting team were impressed by the number of Trust and departmental representatives which attended the review meeting given the short notice provided. The Trust had also established a task and finish group to prepare for the visit and had collated a portfolio of documentation for the visitors. This indicated a willingness to improve education within the department.

The Trust team expressed their disappointment at the trainee feedback, and the Trust Board had been briefed about the visit. The visiting team was given a presentation by the Medical Director, Miss Colette Marshall. This addressed several of the key concerns and provided some detail for a proposed action plan which was supported by the documentation within the portfolio. This included an action plan to address the GMC trainee survey feedback and focussed on induction, supervision, teaching and access to educational resources. There was also emphasis on strengthening educational governance and assurance including capturing the trainee voice, and escalation processes. It was noted that the newly appointed Director of Medical Education is due to take up post soon and that the Multi-professional Education Assurance Group is chaired by an executive member of the Trust.

The Trust had already instigated changes to key leadership roles within the department, partly as a consequence of a planned reorganisation of structures within the Trust but also to support education. A new Divisional Medical Director, Clinical Director and Interim College Tutor had all been appointed in the preceding month. The Trust had also accepted all the recommendation of the Royal College of Anaesthetists Review Team visit undertaken in 21/10/14. It was clarified during the visit that this report and recommendations had been shared with the Anaesthetic consultants.

Strengths:

- The visiting team found no evidence of patient safety concerns.
- Overall trainees reported a good 1:1 experience with the trainers and clinical supervision was satisfactory
- Novice trainees are given the opportunity to shadow the bleep holder prior to joining the on-call rota. It was reported that this prepared them well for this role and they knew what to expect.
- All trainees reported their ability to attend regular departmental Clinical Governance Meetings.
- All trainees reported no difficulty in obtaining study and annual leave.
- The Obstetric module was particularly well delivered.

Areas for development:

- The majority of consultants now access and use the e-portfolio although some still have poor functional knowledge of the system.
- Departmental induction was poorly structured. Time allocated was minimal with emphasis given to the geography of the hospital. Trainees were left to seek out perceived relevant information by their own devices.

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- There are organisational issues relating to the novice induction period. An appropriate teaching programme had been constructed but the delivery of key topics needs to be prioritised. Exposure to a core group of 'in-theatre' trainers would aid clear learning.
- The trainees are uncertain of the named supervising Consultant when undertaking solo lists. This needs to be clearly identified on the weekly rota.
- The local teaching programme needs further development. Trainees and trainers need to be given protected time to attend with the majority of sessions facilitated by a Consultant. The focus should be towards exam preparation. Consultant engagement is currently poor.
- Trainee logbooks should be regularly reviewed by the ES to ensure they are undertaking an appropriate case-mix.

Significant concerns:

The visit identified both structural and cultural issues within the Anaesthetic Department, which in turn impacted on the training environment and the structure and organisation of training. Whilst the Trust and department felt that there was not a lack of willingness on the part of individuals to improve the quality of training, the trainees had not sensed a desire to change and trainee feedback was recurrently poor. This was of particular concern for the core trainees. The trainees as a group were at best ambivalent but most would not recommend Bedford as a training placement to their colleagues. There was a sense that the ethos within the department had not kept pace with changes to both service delivery and training requirements.

1. There was a reported sense of some undercurrents of undermining, with a couple of cited incidents which appeared to be related to trainees who may have required some additional support.
2. The morale amongst the consultants was evidently low and significant tensions between service pressures and education were identified. The consultant staffing provision of the anaesthetic department was below that of comparable units, and has been exacerbated by current pressures on consultant numbers. The visiting team noted the expressed concern that the middle management within the Trust did not seem to recognise the need to protect education and training.
3. Communication within the department appeared to be poor both between trainers and with trainees. There is a need for more open and transparent ways of working to be adopted.
4. The overall structure for training needs to be improved. Clear leadership should be provided by the College Tutor and the educational objectives for each trainee need to be explicitly set out.
5. There were reported inconsistencies in the performance of the Educational Supervisors. Regular in-house Faculty Group meetings are planned and should be supported by all those with an educational role.
6. The provision of educational resources is an on-going challenge for the Trust, although the visiting team noted the new library provision and also the planned conversion of the anaesthetic on-call room to provide additional resource for the anaesthetic trainees. However, there was no easily identifiable space for confidential conversations, and it was felt this had resulted in significant breaches.
7. Trainees reported frequent late requests to move from training lists for service provision reasons.

Requirements:

HEEoE expressed significant concern about the persistence of the issues raised in relation to the training environment and has a zero tolerance of undermining. Whilst there was not sufficient evidence triangulated at this visit to recommend that trainees be withdrawn from the Trust, the consequence of not addressing these concerns prior to the next visit may be escalated such that anaesthetic trainees may be withdrawn from the Trust.

HEEoE are required to escalate the level of concern to the GMC and the Trust will now be included in the GMC enhanced monitoring process. The Trust is due to be visited as part of the GMC Regional Review on 26 October 2015.

1. The Trust must continue to support the department in taking ownership of the issues and seeking solutions that lead to a more positive culture and enable effective delivery of training. The department must unite behind the new leadership team and trainers need to take a more pro-active approach to training.
2. The Trust must continue to address undermining, working both with the department and through the Trust wide "Avoiding Undermining" training. The pastoral care of trainees needs immediate improvement.
3. The trainee representative role within the department must be formalised and there is a need to better capture trainee feedback as well as work with the trainees to identify solutions.
4. The Trust must address all aspects of the concerns relating to the structure and organisation of training in the anaesthetic department. HEEoE strongly advocate trainee engagement in this process. Please see appendix 1 at the end of this document for further information.
5. The appointment of a substantive College Tutor is currently being led by the RA for Anglia in conjunction with HEEoE and needs to be supported within the Trust.
6. The Trust must seek to address the educational resources for the trainees and support the department in providing access to meeting space for confidential meetings.

Recommendations:

The following recommendations are intended to support the further development of the on-going action plan.

1. A re-balancing exercise needs to be performed between service and educational provision. The Anaesthetic workforce is under considerable pressure to deliver service. A formal capacity planning exercise should be conducted. Compared to similar sized Trusts it is estimated that a 25% increase at Consultant level is necessary.
2. The Trust should consider appointment of locum consultants in the interim to support the delivery of both service and release time for education and training.
3. New ways of working need to be looked at again. In particular a more flexible job plan and the use of the extended working day for Consultants should be considered. The need for trainee theatre cover after 10pm should also be revisited.
4. The visiting team recommended a mentoring arrangement with another suitable sized Trust. This proposal was received positively by all present. The HEEoE team will explore options for formal links to be established with the departments in Watford and King's Lynn.
5. Trainers who persist in non-engagement with the usage of the e-portfolio system should no longer be allocated trainees to supervise; this should include out of hours distant supervision work.
6. The trainees are uncertain of the named supervising Consultant when undertaking solo lists. This needs to be clearly identified on the weekly rota.

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Timeframes:	Action Plan to Deanery by:	20 August 2015 with subsequent monthly updates
	Revisit:	6 months (GMC Regional Review visit 26 October 2015)

Head of School: Dr Helen Hobbiger

Date: 17.07.2015

Deputy Postgraduate Dean: Dr Alys Burns

Appendix 1

Further detail to support Trust actions in relation to requirement 4 of the report.

- 4. The Trust must address all aspects of the concerns relating to the structure and organisation of training in the anaesthetic department. HEEoE strongly advocate trainee engagement in this process:**
- i. The new proposed programme for Departmental Induction must be implemented for the August 2015 intake and monitored through trainee feedback
 - ii. The novice induction period requires review to address key topics at an early stage in the teaching programme and in order to aid clear learning, the department must consider exposure to a core group of 'in-theatre' trainers during the first 3-4 months of training.
 - iii. The Trust should protect training lists and the requirement for trainees to move to cover service should be an exception. This should be monitored proactively by the department.
 - iv. The Faculty Group initiated to support matters relating to education and training should be embedded and sustained through regular meetings, and must include trainee representation.
 - v. The educational supervisors must be familiar with curricular requirements and e-portfolio.
 - vi. As a minimum there should be a formal meeting between the ES and their trainee within 1-2 weeks of starting, at the end of the novice induction period (if appropriate) and thereafter every 6 months. Clear training objectives need to be set out and documented. Use of the EoE workbooks for core trainees will assist this. Informal meetings should occur approximate every 6 weeks.
 - vii. Trainee logbooks should be regularly reviewed by the ES to ensure they are undertaking an appropriate case-mix.
 - viii. The Trust and Department must support and encourage attendance by educational supervisors at the forthcoming regional faculty day on the 14th October 2015.
 - ix. Educational Supervisors including the College Tutor (senior Educational supervisor) should number no more than 5 in total. ES should look after 2 trainees each with perhaps the senior ES looking after the ST's
 - x. Trainees should be given protected time to attend in-house and regional training programmes.
 - xi. ST trainees require a half day/week to encompass significant aspects of their professional development
 - xii. The local teaching programme needs further development. Trainees and trainers need to be given protected time to attend with the majority of sessions facilitated by a Consultant, and the focus should be towards exam preparation.