

School of Anaesthesia Visit to Cambridge University Hospitals NHS Foundation Trust Executive Summary Date of visit: 5th July 2016	
Deanery representatives:	Dr Helen Hobbiger – Head of EoE Postgraduate School of Anaesthesia and Associate Dean Dr Alys Burns – Head of Education and Quality for Secondary and Tertiary Care, Deputy Postgraduate Dean Dr Christopher Sharpe – Training Programme Director for Anaesthesia Dr Doug Bomford – Trainee Representative Mrs Carol Kelsall – Lay Representative
Trust representatives:	Dr Jag Ahluwalia - Medical Director, joined for feedback session Dr Arun Gupta – Director of Postgraduate Medical Education Dr Rowan Burnstein – Clinical Director for Adult Intensive Care and Perioperative Services Dr Hemantha Alawattegama – Clinical Lead for Anaesthesia Dr Andrea Lavino – Clinical Lead for NCCU Dr Megan Jones – outgoing Anaesthetics College Tutor Dr Anita Patil – Anaesthetics College Tutor Dr Helen Underhill – incoming Anaesthetics College Tutor Dr Eschti Schulerberg – Anaesthetics College Tutor in waiting Dr Ronan O’Leary – NCCU Consultant Dr Janet Pickett – Consultant Anaesthetist and Educational Supervisor Dr Stephen Ford – Critical Care Consultant CUHFT Dr Nicola Barber – Consultant Anaesthetist and Regional Adviser for Anaesthetics Dr Tracy Christmas – Consultant Anaesthetist and Educational Supervisor for Anaesthetics Dr Svet Petkov – Consultant Anaesthetist and Educational Supervisor for Anaesthetics Ms Hannah Weeks – Medical Staffing, CUHFT Mrs Mary Archibald – Medical Education Manager Mrs Sue East – Deputy Medical Education Manager
Number of trainees & grades who were met:	In total 12 trainees were interviewed: ACCS x 1 (EM) ST3 x 2 ST 5 x3 ST7 x 6

Purpose of visit :
This was a planned re-visit with the objective of measuring the progress of training in Anaesthesia at Cambridge University Hospitals Foundation Trust (CUHFT) against an agreed action plan. The last School Visit took place on the 12 th October 2015 in response to the 2015 GMC National Training Survey where 7 red flag outlier areas were identified. Prior to this a ‘table top’ quality review meeting with senior Trust representatives had been convened in August 2015 to explore related background issues and lend support.
Information used to inform this visit included the 2015 GMC national training survey outcome data; findings of the

2015 annual regional anaesthetic trainee survey and initial limited feedback from the 2016 survey (which currently demonstrates a marked improvement); summaries from previous School of Anaesthesia quality review meeting including the January 2016 action plan and update; and the HEE EoE Quality Performance and Review visit report for CUHFT from February 2015.

The visit included an initial meeting with Trust representatives and a presentation from Dr Anita Patil, College Tutor for Anaesthesia, which provided an update on progress in each of the areas identified in the Trust action plan. The visitors were pleased to note progress in all domains with changes introduced that were now translating into a demonstrable significant improvement in the training environment, from the Trust perspective.

Visitors also received a presentation from Dr Ronan O'Leary which informed them of a new cloud based App which is in development. Its function being to assess the quality and culture of training combined with the provision of an individualised framework for the delivery of educational needs. One of the aims is to acquire real time data to enable a rapid response to any potential deterioration in the training environment. This was a very impressive innovation, which has the potential to make a significant effect on the training environment. The App is soon to be piloted using 10 Anaesthetic trainees and the visitors would very much welcome updates on progress.

The subsequent format of the visit involved separate meetings with trainers and trainees and concluded with a feedback session to the Trust by the visiting team.

Strengths:

The visitors were appreciative of the number of Trust representatives and including senior management, which demonstrated a real commitment towards the support for training.

- There was a perceptible significant improvement in morale both within the trainer and trainee groups. Trainees who had been working within the department for a while described a real change in the training environment whilst trainers described a shift of focus back towards education and training.
- Communication across and between all groups was described as having markedly improved. All levels were grateful for the engagement and support of those with managerial responsibilities and in particular welcomed the further information provided on the changes and initiatives taking place within the Trust.
- The department continues to be able to appoint at the level of Senior Clinical Fellow (SCF). There are links developing between the department and some overseas centres particularly in Australia.
- There had been further Consultant expansion which had helped to ease service pressures.
- Lead Consultants have been identified for each 'speciality group'. The groups meet regularly to identify issues with significant concerns being fed back to the Clinical Lead.
- All Educational Supervisors (ES) had received appropriate training accessing both generic in house courses and speciality specific training provided by the School of Anaesthesia.
- All ESs were described as performing well- meeting regularly with their trainees and having the required knowledge base.
- Faculty meetings for trainers occur three times/year and are led by one of the College Tutors. The visitors were shown the minutes from these meetings
- Prior to starting in the department trainees are contacted with the request to provide details of their training history. They are also provided with speciality specific information about working in Cambridge. Trainees are introduced to the various work areas during day time shifts with an emphasis on obstetrics for the ST3s'. Rota writers aim not to list trainees for out of hours work during their first two weeks. Considerable effort has gone into preparing trainees for working in Cambridge and credit needs to be given to both College Tutors for this
- The ACCS trainee described excellent support from his ES, Dr Helen Underhill. He described valuable 1:1 teaching opportunities and good senior colleague support whilst working out of hours in the critical care unit. Sufficient time was available to attend all relevant teaching sessions.

- A protected half-day teaching programme linked to the monthly audit meetings has been put in place. All Trainees were extremely appreciative of this and described the programme as excellent. The sessions were Consultant led and well structured. Trainees are provided with additional time at the start and end of the day to meet and discuss concerns. They are frequently joined for part of this period by the CD and/or Clinical Lead with the purpose of addressing issues and providing an update on initiatives occurring within the organisation.
- The weekend first (general) on-call Consultant rota has been split into two 24 hour shifts.
- Trainees reported a noticeable and welcome improvement in the out of hours Consultant presence. The majority of Consultants attended at weekends to assist with the management of cases and as a minimum all Consultants were pro-active in making telephone contact with the 2nd on call anaesthetist. No trainee described difficulties in contacting Consultants and all trainees felt well supported when working out of hours.
- Trainers had audited the activity of the 2nd on call anaesthetist as a response to the reported onerous workload. Findings indicated a particular need to frequently support activity in the Rosie Maternity Unit (see below).
- List overruns were not described as a problem, recognising that theatre staffing does remain a limiting factor in this.
- Training modules were protected and no trainee described movement away as an issue.
- No trainee described having to work beyond their level of competency.
- No issues related to leave taking were identified. A new email contact had been implemented for rota requests and this was described as working well. This is considered an area of good practice.
- A half-day 'urgent' general surgical list has just been implemented although it was too early to assess the impact of this. In addition, Trainees described some surgeons now opting to defer NCEPOD cases to daytime lists. It was encouraging that progress is now being made in addressing the issue of the very onerous emergency work load. (see also below)
- Trained Paediatric pain nurses work between 07:30-19:00 during weekdays. There is a good telephone handover round with the paediatric Consultant Anaesthetist on call. Trainees remain first on call for these patients but describe Consultants as having good patient awareness with pre-determined plans in place. No trainee described this as a continued area for concern. This issue can now be considered closed.
- A 'free floater' daytime theatre Admin Consultant has continued to be rostered. This enables readily available skilled support and has the added benefit of facilitating work breaks. All described this role as extremely beneficial and working well. This is considered an area of good practice.
- Trainees were particularly appreciative of the support they received for training in academic medicine which they described as excellent.
- Trainees were also impressed by the help which they received to facilitate less than full time training.
- A significant recent development is an identified room for trainees within the department. This should enable more peer contact and result in trainees feeling less isolated.
- There are monthly departmental social events where trainees have the opportunity to meet with trainers in a more relaxed environment.
- All trainees would recommend working in Cambridge. This particularly applied to the ST7s' who described the experience as enabling them to develop the necessary managerial and leadership roles to equip them for future independent practice. The ST3s' described a steep learning curve required to develop the requisite skills but once settled in recognised there was much to benefit from.

Areas for development:

- The department had taken very seriously the previously identified concerns relating to bullying and harassment. Since the last School visit the trainees had met with Dr Pamela Todd the deputy DME to further explore this issue. All trainees now meet with the CD at induction and are advised about aspects of working in Addenbrookes including the zero culture for bullying and harassment. Consultants were described as pro-active in eradicating such behavioural patterns and all trainees knew how to escalate concerns. The visitors

did not identify any explicit episodes of this nature. However, trainees did describe the need to develop resilience skills required for cross speciality working in a large organisation. This area should be kept under review with perhaps further work done in combination with the Postgraduate centre. This would enable issues common to all specialities to be addressed.

- There are some improvements in the running of the NCEPOD theatre. Increasing attempts are being made to identify a suitable first case for the day to minimise time wastage. There is however further scope for improvement in the overall list running. These issues are now being addressed as part of a wider Trust review process which is tasked with looking into the delivery of all emergency care across the organisation.
- Those trainees undertaking second on call work welcomed recommendations put in place for when to alert the Consultant in charge. This acted to reduce stress levels previously surrounding decision making. Trainees suggested that included in this escalation pattern could be the request to open an additional theatre so that Consultants were made aware of heightened levels of activity. Consultants present were receptive to this suggestion and there appeared to be an intent to take this forwards.
- Previous visits had identified the OIR (Overnight Intensive recovery) as an area of concern. This facility has now been badged as part of a 'Flagship Pathway' by the Trust. This should empower the department to build on the work already undertaken in this area. There is a Senior Clinical Fellow (SCF) responsible for servicing this area during a twilight shift of 20:00- 22:00 however to date all persons had difficulty identifying the name of this individual. This issue should shortly be resolved with the introduction of a baton bleep which is on order. Additional training for nurses had been led by one of the SCF's although Trainees reported that this had yet to make a discernible impact. Handover rounds are now described as good. This issue therefore remains partially resolved.
- No patient safety issues were identified although trainees did describe feeling significantly stretched at times particularly with regards to servicing the Rosie maternity unit. In part this may reflect the level of trainee experience however the Rosie is also recognised as having a high delivery rate, 5,500/annum, and in addition acts as a tertiary referral unit for the region. The trainers are aware of these service needs and are in the process of looking at this activity in more depth. Trainers acknowledge that after further analysis and dependent on findings workable solutions may have to be introduced.
- The department is now starting to look at the ACSA process although formal engagement has yet to occur. This is in keeping with the progress of many other departments.

Significant concerns:

There were none identified

Requirements and recommendations:

All members of the department are to be congratulated on the progress in addressing the requirements and recommendations from the previous visit, and the more positive culture as well as the evident focus on education and training, and a rebalancing between service and training commitments.

There is a need build on this progress to embed and sustain it for the future, and HEE, EoE would propose that in order to monitor this we continue to follow the previous requirements and recommendations and associated action plan, which has been updated to reflect both feedback from this visit and items that are now considered closed.

Timeframes:	Updated Action Plan to HEE, EoE by:	30 September 2016
	Revisit:	2 years, July 2018 (unless triggered by GMC NTS or regional trainee survey results)

Head of School: Helen Hobbiger

Date: 9th July 2016

Deputy Postgraduate Dean: Alys Burns