Health Education East of England

Postgraduate School of Anaesthesia Quality Visit to Cambridge University Hospitals NHS Foundation Trust Executive Summary Date of visit: 12th October 2015	
HEEoE representatives:	Dr Alys Burns – Head of Education and Quality, Deputy Postgraduate Dean Dr Helen Hobbiger – Head of School and Associate Dean Dr Emily Simpson – Deputy Regional Adviser, TPD for Core Trainees Dr Douglas Bomford – Trainee Representative Mrs Alison Clough – Lay Representative
Trust representatives :	Dr Jag Aluwalia- Medical Director Dr Pamela Todd – Deputy Director of Postgraduate Medical Education Mr Rikin Trivedi – Associate Director of Medical Education Dr Rowan Burnstein – Clinical Director for Adult Intensive Care and Peri-operative Services Dr Hemantha Alawattegama – Clinical Lead for Anaesthesia Professor David Menon – Head of Division Dr Anita Patil – Anaesthetics College Tutor Dr Megan Jones – Anaesthetics College Tutor Mrs Lynsey Searle – Medical Staffing Manager Mrs Mary Archibald – Medical Education Manager Mrs Sue East – Deputy Medical education Manger Dr Ronan O'Leary- Consultant Intensivist Dr Steve Ford – Consultant Intensivist Dr Janet Pickett – Consultant Anaesthetist /ES Dr Claire Williams – Consultant Anaesthetist /ES Dr Helen Underhill – Consultant Anaesthetist/ES Dr Nicola Barber Consultant Anaesthetist/ RA Dr Faye Gilder- Consultant Anaesthetist /ES Dr James Varley – Consultant Intensivist Dr Famila Alagarsamy – Consultant Anaesthetist/Es Dr Mark Abraham – Consultant Anaesthetist/ES Dr Helen Smith – Consultant Anaesthetist/ES Dr Serena Goon – Consultant Anaesthetist/ES
Number of trainees & grades who were met: (there are no core trainees in anaesthetics based at CUHFT)	ACCS –EM CT2 x 2 } These trainees are currently on placement in anaesthetics DRE-EM trainee x 1} ST3 x 3 ST4 x 3 ST7 x 5

Purpose of visit:
This was a triggered visit to address significant concerns identified by the GMC 2015 National Trainee Survey in which Cambridge University Hospitals (CUHFT) received 7 red flag outliers. This was a significant change from the results of the 2014 survey, when there were two red flag outliers. Recurrent outliers in 2015 were those of workload and clinical supervision, to which had been added overall satisfaction, handover, supportive environment and regional teaching. These results compared unfavourably with Trusts of similar size and case mix, collectively known as The Shelford group, none of which had at the most more than 2 red flags. CUHFT had most recently been visited by the School of Anaesthesia in March 2015 and a subsequent action plan had been submitted. Prior to this triggered visit, an urgent ''Table Top'' quality review meeting involving senior

representatives from the Trust and HEEoE was convened in August 2015. The objective of this review was to aid understanding of related background issues, assess progress made against the recent action plan and to lend support for implementing change.

This visit sought to triangulate feedback from trainers and trainees (most of whom had joined the Trust/Department in August) against the Trust action plan, recognising that implementation of the initiatives set out by the Trust in August were at differing stages. Information provided to inform this visit included the executive summary from this August Quality Review ; the findings of the 2014 and 2015 annual regional anaesthetic trainee surveys; the School of Anaesthesia Visit Reports from February 2014 and March 2015 and the subsequent action plan and updates; and the HEEoE Quality Performance and Review visit report from February 2015.

The visit included an initial meeting with Trust representatives and a presentation from one of the College Tutors, followed by separate meetings with trainers and trainees, and a concluding feedback session to the Trust by the visiting team.

Recent additional background issues and trainer perceptions:

In addition to factors identified at the recent quality review, relating to both education and training, and departmental issues, the visiting team were aware and understanding of recent pressures placed on CUHFT:

- Following a recent CQC visit the Trust has been placed in Special Measures. The CEO and Director of Finance have both resigned with interim Senior Trust Executive Officers now in place. The situation has been widely reported including in the national press.
- Trainers described immense and unrelenting pressure to deliver service, an increasingly complex case mix, and theatre utilisation is currently being closely monitored which adds to stress levels.
- There is widespread low morale amongst the Consultant body.
- Against this background, while there was not an individual lack of will to support training and examples of exemplary trainee support, trainers expressed awareness and concern about standards in training and education and recent trainee feedback but found it challenging to address these in the face of service pressures.
- The external reputation of the anaesthetic training at CUHFT was expressed as a significant cause for concern.

Strengths:

The Visiting team were appreciative of the number of representatives from the Trust. This demonstrated that the recent findings had been taken very seriously and there was a genuine commitment and intent towards improving the Anaesthetic training environment. It was clear to the visiting team that despite the difficult current environment some of the identified initiatives to effect change were now starting to impact in a positive way.

- There were no reports of patient safety concerns.
- All trainees found the diverse case mix stimulating and recognised the potential of the educational environment.
- The majority of trainees would recommend their post despite the challenging working environment.
- The ACCS/DRE-EM trainees reported a positive training experience. All had met with their Educational Supervisor at the start of their placement; they had received the regional ACCS handbook and reported appropriate levels of supervision. Links have been established with Peterborough City Hospital and West Suffolk Hospital to attend the novice induction course. In particular Dr Helen Underhill was complimented for her role as main supervisor for these trainees.
- Prior to starting at CUHFT anaesthetic trainees had been contacted as an information gathering exercise to gain knowledge of their past experience so that their individual learning needs could be addressed and better support provided. This was of particular importance for the ST3 trainees, who were making the transition

from core training.

- Prior to commencement trainees had been sent an introductory booklet which mapped out in entirety their training module rotations and provided appropriate supportive information. All reported this as being helpful.
- The revised induction process over two days received positive feedback from most trainees. This triangulated with the evaluation of the induction undertaken by the College Tutors which had been collated and provided to the visiting team.
- All trainees reported training modules as protected with the issue of last minute list reallocation being mainly resolved. It was noted that this has been a positive change.
- The role of the Senior Clinical Fellow (SCF) has been restructured with the working day now including sessions with a finishing time of 10pm. This has enabled the SCF to take the handover and assume evening responsibility for patients in the OIR (Overnight Intensive Recovery). There is a formal handover between the SCF and 2nd on call Anaesthetist at 10pm. This has positively reduced the evening workload for the 2nd on call Anaesthetist
- The Theatre Admin Consultant is now supernumerary. All trainees reported that this had significantly improved the level of support for those undertaking solo lists, with assistance now available if required and trainees were able to take breaks.
- All trainees appreciated the flexible rota and none reported problems with gaining annual or study leave.
- All trainees continued to report good 1:1 teaching and support from individual consultants.
- The recently introduced monthly social evening was appreciated by the trainees.
- The Trust is continuing with the required Consultant expansion plan with the recent appointment of 8 Consultants and 2 Intensivists.
- The e-hospital IT system, EPIC, enables trainers to access theatre and emergency lists remotely, which was considered to be of value in supporting trainees, although not a replacement for direct contact.

Areas for development:

- The improvement in cover arrangements for patients in the OIR was welcomed. It was however noted that planned changes are still in progress, reflecting the scope for improvement. The SCF was reported as not always being doubled up in theatre which has the potential to continue to impact on the work load of the 2nd on call Anaesthetist. The morning handover round is at times conducted by telephone. This should be formalised with a face to face meeting. Plans to rotate nurses working in this area with those in Critical Care have just commenced so it was too early to make an assessment on effect of this.
- The workload of the 2nd on call Anaesthetist remains onerous although recent changes have led to improvement.
- The handover for Paediatric pain issues has been improved with Consultant to Consultant handover, training of nurses in the paediatric pain team and recovery, and the use of structured handover lists for those patients requiring weekend review. It was noted the numbers of such patients was very low and that undertaking a review did present a training opportunity. However, trainees still reported delays in their ability to review these patients due to other commitments which was of concern to them.
- List overruns were not now cited as a problem, although this was deemed to relate more to lack of availability of theatre staff than due to an Anaesthetic Department initiative. This should be continued to be monitored.
- The majority of training modules are now not split. This initiative needs to be maintained and monitored.
- The running of the emergency list seemed inefficient and was described as 'dysfunctional'. In part, this depends on the Senior Nurse co-ordinating the list. The trainees described a number of challenges that included a need to navigate frequent list order changes which were perceived to result in unnecessary down-time and poor planning leading to major surgery being undertaken on high risk patients after midnight and significant delays for minor urgent cases. The visitors were aware of the intent to open two new emergency theatres, but that this was not imminent in part due to staffing concerns.

- While all trainees were aware of their named ES, not all described meeting with them regularly.
- It is acknowledged that for those working at ST3 level there is a significant step-up challenge when starting work at CUHFT. This has started to be addressed by trainers with the attempt to provide an 'introductory period' prior to working out of hours particularly in obstetrics. So far this has only been partially successful. The regional training committee has recognised this concern and will take it into consideration when reviewing the overall regional training programme.
- The teaching programme is in the process of change, with planned monthly half day teaching from February 2016. The trainees were aware of this, and also of the range of teaching opportunities available to them through the breakfast club, journal club, NCCU and the JVF Intensive Care Unit teaching programmes, the trauma forum, and pre-fellowship teaching. However, it was also noted that some opportunities were out of hours or timing was such that it was difficult to attend whilst at work due to service commitments or if on days off (geography was also an issue here). Trainers also reported low attendance and engagement despite their efforts to deliver these sessions and there was an expectation from some that trainees should attend on their days off. The proposed changes will seek to address this and this will need to be kept under review.
- Although the trainees had the opportunity to meet briefly on a monthly basis, and the trainee representatives were in contact with the College Tutors through email and on an informal basis, there was identified scope to improve the communication between the trainees and the educational faculty. It was noted that the trainees had felt very involved in addressing the issue relating the OIR. A trainee Forum has been developed and trainee reps identified however feedback to trainers is currently given in the form of typed minutes.
- The allocation of educational supervisors within the department remains a concern, with an identified need to further develop a faculty group that focuses on the specific needs of the specialty trainees and to include trainee involvement.

Significant concerns:

- The regional trainee survey in July 2015 identified that between 14 to 25% of trainees reported either witnessing or experiencing bullying or undermining.
  Whilst trainees met by the visiting team reported a more positive culture, a witnessed recent incident of bullying was reported involving an anaesthetic trainee and a critical care consultant. There was a suggestion that perhaps this was not an isolated incident. Whilst the trainees were aware this matter had been raised, they were not assured that the concerns would be addressed. When talking to consultant representatives there was an awareness of a single such episode which was currently being investigated. The visiting team were assured that appropriate measures were being taken.
- First on call consultant supervision out of hours and especially at weekends remains a significant cause for concern.
  It was recognised that on call rotas have now been fully split across specialties and separated from first on call duties, and this was welcomed by trainers and trainees. However, while trainers had observed a greater consultant presence out of hours, the trainees reported a need to be very assertive in their request for support, and that the first on call consultant is not always routinely present at weekends. In addition, awareness of current working arrangements for consultants, in particular the 48 hour weekend cover and the knowledge that consultants are rostered to undertake theatre duties the next day, have resulted in trainees on occasion feeling very hesitant to call a Consultant. No trainee described any consequent patient safety issues but they did describe 'feeling very stretched'. The visiting team considered that the current way of working for those consultants covering weekend general emergencies is out of keeping with other units in the region. While the plans to extend the SCF role to include overnight non-resident cover has the potential to provide further support, this should not be the means to address the responsibilities of the consultant on call.

Requirements:
• HEEoE has a zero tolerance for bullying and undermining. There is a requirement to address such behaviours and sustain the on-going work being undertaken both with individuals and on the culture within the department, including support for trainees in raising concerns. • The first on call Consultants must be more pro-active in out of hours and weekend support and supervision. The Trust requirements in this regard need to be clarified, with an expectation at minimum of a daily face to face meeting with the on call trainees at the weekend with the objective of supporting and actively managing the weekend emergency list. • Further consideration must be given to the organisation and running of the emergency theatre services in order to improve patient care, efficiency and maximise training opportunities across specialty areas. The planned implementation of an urgent general surgical list is strongly supported. • The need for protected teaching time must be addressed and the planned protected half day monthly teaching linked to the audit day must be implemented. • The duties of the second on call anaesthetist must remain under review. Whilst improvements have been made and further changes are being implemented, these duties remain onerous. The impact of changes to the provision of paediatric pain services must be monitored, and consideration given to a formalised weekend review of such patients by the on call Paediatric Consultant Anaesthetist. • Handover arrangements in theatre and the OIR must be fully implemented and monitored. • The initiatives that are being undertaken to address service pressures, working arrangements and staffing issues within the division and more widely in the Trust need to maintain momentum and be sustained, in order that a more positive culture can be built and the training environment is better supported. As noted at the Quality Review meeting in August, this may be assisted through participation in the Royal College of Anaesthetists ACSA (Anaesthesia Clinical Services Accreditation) initiative. • The Trust needs to work with the School and HEEoE in order to foster a more positive reputation of anaesthetic training at CUHFT.

Recommendations:
• The new bi-annual initiative of Departmental Trainer Faculty Meetings is welcomed and supported, but further consideration should be given to the development of a core group of educational supervisors involved with specialty trainees, with each being assigned between 2-4 trainees. This will improve the knowledge base and aid communication with the College Tutors. The ES role needs appropriate recognition in the Consultant Job Plan of 0.25 PA. • The activity of the educational supervisors should be further monitored with a clear expectation of the requirement to meet regularly with their trainee; informally every 3 months and formally every 6 months. • Pathways for Trainee/Trainer communication should be further developed, building on the current trainee forum and routes for trainee representative feedback. Time allocated for face to face feedback would assist in the understanding and awareness for both groups. It would also minimise misunderstanding resulting from other used modes of communication such as email. The planned monthly teaching sessions may provide a good opportunity to develop these pathways. • There is a need to embed and sustain the 'introductory period' for ST3 trainees prior to them undertaking on call duties particularly in obstetrics, in order to support the transition from core to higher training.

Timeframes:	**Action Plan to Deanery by:**	15th December 2015
	Revisit:	April 2016

Head of School: **Dr Helen Hobbiger** **Date: 21 October 2015**

Deputy Postgraduate Dean: **Dr Alys Burns**