Health Education East of England

School of Anaesthesia Visit to Luton and Dunstable University Hospitals NHS Foundation Trust Executive Summary Date of visit; 30th November 2015	
Deanery representatives:	Dr Helen Hobbiger – Head of EoE Postgraduate School of Anaesthesia Dr Nicola Barber – Regional Adviser for Anaesthesia Dr Christopher Sharpe – Senior Training Programme Director Dr Douglas Bomford – Trainee Representative Mrs Liz Houghton – Lay Representative
Trust representatives :	Dr Nisha Nathwani – Director of Medical Education Dr Frances Spears – Clinical Director for Anaesthesia Dr Mojoyinola Brackin – Anaesthetics Tutor Dr Kannan Thogulava – Consultant Anaesthetist, Educational Supervisor Dr Robin White – Consultant Anaesthetist, Representing the Medical Director Dr Steve Brosnan – Consultant Anaesthetist/Intensivist Dr Corinna Matt – Consultant Anaesthetist, Educational Supervisor Mrs Frances McMahon – Medical Education Manager
Number of trainees & grades who were met:	FY2 x 1 DRE -EM Trainee x 1 CT1 Anaes x 1 ACCS CT2 (EM) x 2 CT2 Anaes x 1 ST3 MTI x 2 ST5 x 1 ST6 x 3

Purpose of visit :

The Luton and Dunstable University Hospital was visited as part of the rolling three-year review of training in Anaesthesia in all Trusts in the East of England. The department had last been visited in 2009 so this review was overdue. In the 2015 GMC, national training survey Luton received one red flag outlier for Educational Supervision of Core Trainees and one green flag outlier for local teaching.
Other sources of information used to inform the visit included: results from previous GMC national training surveys, The Trust 2015 GMC Quality Report, GMC patient safety and undermining concerns for 2015, the annual confidential regional trainee feedback survey, previous visit reports and subsequent Trust responses and Executive Reports for the 2015 Dean's Annual report to the GMC.

Strengths:

The visitors were appreciative of a presentation given by Dr Mojoyinola Brackin that outlined the infrastructure and workings of the department. It addressed the issues identified in the previous School Visit and the work currently being undertaken to address the recent red flag received for Educational Supervision.

- All trainees were appreciative of the educational opportunities available in Luton. All trainees would recommend their post to others.
- All Trainees felt well supported and described the department as welcoming and friendly.
- No trainee described having to work beyond their level of competency and all knew whom to contact for

further assistance if they required additional support.

- The department provides regular teaching opportunities that have received very positive feedback. These include a Consultant led half-day weekly teaching programme for which trainees are given protected time, formal teaching sessions are also hosted on a Friday lunchtime where trainees are encouraged to present. The teaching programme for novice trainees was reported as working well. In addition, the department participates fully in the regional teaching programmes. They run structured courses to teach fibre optic intubation skills, an annual Bariatric post FRCA study day and provide two regional primary teaching days/annum.
- There were no issues reported in gaining study leave and trainees were actively encouraged to attend the regional teaching courses.
- Annual leave was given in blocks. Individual days were only granted following further specific Consultant approval. Trainees did not regard this as a significant problem and understood that this approach was not out of keeping with that adopted by other departments.
- Training is delivered in blocks with all higher trainees undertaking modules in maxillofacial/head and neck surgery and bariatric surgery. Luton is a regional referral centre for both specialities. Trainee subspecialty interests and additional requests were accommodated with for example one trainee gaining further exposure to emergency theatre activity.
- No trainee had issues getting competencies signed off on the RCoA e-portfolio.
- All Educational Supervisor's (ES's) had appropriate job plans, which provided the recommended PA time to support educational activity.

Areas for development:

- The Trust induction programme was described as poor. From August 2015, in addition to the mandatory e-learning modules and Clinical IT system modules, the Trust introduced an Electronic Prescribing Medicines Administration (Epma) module, which required a specific computer programme (JAVA) to be able to complete this module off-site. It is also recognised that not all the PCs in the Library had JAVA installed and this added to the difficulties trainees faced in completing the required e-learning modules. As a consequence several trainees described an inability to complete the on-line training prior to working out of hours. This issue was subsequently discussed with the DME who acknowledged the problems. This issue has now being rectified and the visitors were assured that it would be non-recurring.
- Departmental induction was described as lacking in structure.
- All trainees knew the name of their ES and had met with them within the first two weeks of starting in post. All were aware of their educational objectives and had received the relevant EoE required paperwork. However not all trainees had arranged ES follow-up meetings. Several trainees were under the impression that they would only meet again at the end of their attachment or prior to the ARCP meeting.
- Novice trainees described some confusion surrounding the end of the introductory phase. They appeared uncertain about the processes involved prior to their working independently out of hours.
- The intensive care unit and high dependency unit occupy separate geographical sites. Trainees described occasions when it was difficult to identify which area a referred patients should be admitted in to with an understandable tendency to 'err on the side of caution'. No related patient safety issues were reported. The visitors were reassured that there are Trust plans to develop a new combined critical care area within the next 5 years.
- In common with other hospitals in the region, middle grade out of hour's activity is concentrated in the sub speciality areas of obstetrics and ICM. Whilst the reasons for this are understandable, consideration should be given to providing further day time exposure to emergency theatre work.
- The departmental accommodation for trainees is limited. There is free access to a seminar room when it is not required for meetings and the added ability to hot desk with Consultants. Whilst this was not seen as a significant area of concern, the need for a separate trainee room should be considered when planning further changes to the overall environment of the department.

- Trainees working in the critical care area described not infrequent interruptions via bleep 700 which they felt would have been better directed to the on-call anaesthetist. This issue needs to be investigated and if warranted clearer directives given about the individual roles.

Significant concerns:

- Management of the patients in the HDU area was described as bordering on a patient safety issue. Eight beds are directly under the care of the Respiratory Physicians with no acknowledged requirement for critical care input. However, trainees are often requested by the nursing staff to review and assist in the management of this group of patients. Seven beds in the HDU have shared care between the referring Consultant and the Critical Care team. At times, this results in differing management plans causing confusion for staff and patients alike.
- Patient flow in HDU is problematic. There are significant delays between patients being identified as fit for discharge and a ward bed becoming available. This results in elective patients, who have previously been identified as needing post-operative HDU care, spending several hours waiting in the theatre recovery area where they are looked after by non-critical care trained staff. Whilst this is fundamentally a Trust organisational issue there is a potential for it to impact on training. Trainees described the need to attend more frequently to patients nursed outside the HDU environment. Training opportunities can also be missed when patients are admitted to HDU outside of the normal working hours.

Requirements:

- The departmental induction programme needs to be reviewed taking into account the requirements of those working at different levels. So for example middle grades need to be shown and trained on relevant medical devices whilst novices may benefit from a longer introductory period to the workings of the department. The trainees' views should be sought and they should be involved in any planned changes.
- It is a requirement for ESs to meet with their trainees regularly. There should be a formalised meeting on post commencement and subsequently at six monthly intervals taking particular note of the timing of the ARCP interview and the need to complete an ESSR prior to this. In addition, and as a minimum, the ES should meet with their trainee informally at 3-4 monthly intervals to check progress. It is recommended that ESs meet with novices prior to starting out of hours work. It is acknowledged that the trainee also needs to be pro-active with this process. An early agreement on dates for forthcoming meetings may assist with the process.
- Some trainees suggested they might be required to work independently out of hours prior to completion of the initial assessment of competency. It is a requirement that the IAC certificate be fully completed and signed off prior to any trainee working under distant supervision.

Recommendations:

- It is recommended that a core group of ESs be developed who look after between 2-4 trainees each. This will enable trainers to develop the appropriate skills and core knowledge. There is already a Trust requirement for ESs to attend in-house training sessions. This knowledge should be supplemented by attendance at the department educator faculty meetings led by the College Tutor and the newly introduced regional faculty days.
- Whilst this visit is not tasked with reviewing the working patterns for Consultants, it was observed that the separate Critical Care Units are run by a single Consultant Intensivist. This practice is out of keeping with the staffing provision in several other similar sized units in the region. Consideration could be given to providing additional half-day cover for the HDU by a second Consultant Intensivist. This would aid communications in the HDU area and may assist with patient flow.
- Serious consideration should be given towards identifying a named lead Consultant for all patients in the

High Dependency area.

Timeframes:	**Action Plan to Deanery by:**	15/2/16
	Revisit:	1 year

Head of School: Dr Helen Hobbiger **Date:** 1st December 2015

Deputy Postgraduate Dean: