NHS
Health Education England

School of Anaesthesia Visit to Luton and Dunstable University Hospitals NHS Foundation trust Executive Summary Date of visit: 19th December 2016	
Deanery representatives:	Dr Helen Hobbiger – Head of EoE Postgraduate School of Anaesthesia and Associate Dean Dr Christopher Sharpe – Anaesthesia Training Programme Director Dr Lorraine de Gray – Regional Advisor for Pain Medicine Ms Brenda Purkiss – Lay Representative
Trust representatives :	Mr David Carter – Managing Director Dr Robin White – Medical Director Dr Nisha Nathwani – Director of Medical Education Dr Frances Spears – Clinical Director, Anaesthetic Department Dr Glynn Harrison – Deputy Clinical Director, Anaesthetic Department Dr Anamika Agrawal – Incoming RCoA Tutor Dr Mojoyinola Brackin – Outgoing RCoA Tutor Dr Angus Rivers – Consultant Anaesthetist and Educational Supervisor Dr Sriskandarajah Logarajah – Consultant Anaesthetist and Educational Supervisor Ms Frances McMahon – Medical Educational Manager (Quality)
Number of trainees & grades who were met:	In total the visitors met with 5 trainees: CT1 x1 ACCS (EM) CT2 x1 ST 3 (MTI) x2 ST6 x1 Further written feedback was provided by the Trainee Rep who was unable to attend the visit.

Purpose of visit:

This was a follow-up visit the purpose of which was to assess progress against the action plan provided following the previous School Visit on 30th November 2015.

Areas which had been identified as needing further development included the Induction programme (which had included the recognised need for middle grade trainees to receive training on relevant medical devices), the performance of the Educational Supervisors (ES), the management of the novice introductory phase and the Consultant staffing provision within the High Dependency area.

Since the previous visit the 2015/16 GMC National training survey had been reported, Luton was awarded two red flag outliers for induction and regional teaching with a further three at core level for handover, reporting systems and access to educational resources. This represented a deterioration from the previous year's result. A consistent outcome for the 2014/15 and 2015/16 surveys was the award of a single green flag for local teaching. In addition, the visitors had available the results of the 2015/16 regional trainee survey and the Trust's executive reports for the Dean's Annual GMC return.

The visitors were aware of the RCoA College Tutor/lead Educational Supervisor's decision to step down from her role in Autumn 2016. The post had been vacant for some 6 weeks prior to this visit. A successor for the position was appointed by interview immediately before this visit commenced.

The visiting team were also mindful of a serious untoward incident which had occurred within the department in February 2016 and which continues to be the subject of an ongoing investigation.

Strengths:

- All trainees valued the breadth of the clinical experience which Luton provides and for this reason all would recommend their current post. The Hospital is the regional referral centre for bariatric and maxillofacial surgery and the obstetric unit is recognised as having a high workload with increased complexity resulting from the demographics of the local population.
- No episodes which could be described as bullying/harassment or undermining in nature were identified.
- All Consultants were described as supportive and there were no issues with Consultants attending on request out of hours.
- No trainees described being asked to work beyond their level of competency.
- All trainees were made aware of their named Educational Supervisor (ES) at Induction and had met with them within the first two weeks of starting in the Trust.
- All ES had received in- house training for their role and the majority had attended the annual Anaesthetic/ICM Educators Faculty Day at HEEoE.
- All ES were aware of the necessary learning requirements and had met with their trainees regularly both formally and informally.
- All ES received PA recognition for their role within their job plans.
- There is protected weekly teaching time on a Tuesday afternoon.
- There is an alternate-month half day Audit/Quality Improvement departmental meeting where Trainees are encouraged to present topics.
- All trainees felt able to raise concerns and were aware of the required Trust processes to register an event which classified as a critical incident.
- No major concerns relating to the periods of handover were identified with all trainees describing the processes as adequate for needs.
- The Consultant cover for the High Dependency unit has been increased. There is now a Critical Care Consultant rostered to cover the unit in the morning. Trainees reported that this Consultant was often available throughout the day although the afternoon shift is not represented in current job planning. Trainees who had been based in the Trust for a while described a consequent improvement in patient management and flow.

Areas for development:

- There continued to be issues surrounding both the Trust and departmental Induction processes.
    - The Trust has introduced e-learning modules to deliver many of the required elements of induction. However, these modules require JAVA script to operate which most personal computers do not support. As a result, trainees described needing to undertake this training on site. This problem is not unique to Luton and appears to relate to the NHS IT systems. Trainers advised that study leave could be used to support the time required for this training. However not all trainees were aware of this and of those that were none had actually claimed as they were unsure of the processes entailed. Since joining the Trust all trainees had managed to complete the mandatory modules but some had yet to complete all of the units required despite the passage of some 5 months. Reasons given for this included time pressures and IT access problems.
    - Departmental induction lacks structure. Some Trainees described the department as being unaware of their arrival with the need to spend over an hour attempting to source a suitable individual to assist them. Induction is delivered ‘en bloc’ with experienced and novice trainees being exposed to the same ‘package’. This involves induction into all working areas including ICM even though the trainee may not rotate into this work environment for several months. No subsequent ‘refresher’ induction is provided. Trainees described the content of the induction programme as not meeting all of their needs.
- The novice teaching programme is comprised of four half day sessions in August. The content of the programme was described as being too broad based with for example one session allocated to general and regional anaesthesia. This programme needs to be extended and broken down into defined topics.

- The protected time allocated for teaching on a Tuesday afternoon was valued and welcomed by the trainees. However, since the outgoing College Tutor demitted her post, the overall management of this session has completely broken down. There is no published programme and the availability of trainers to facilitate the sessions was quoted as being variable. This resulted in late cancellations which the trainees rightly viewed as wastage of valuable training time. Recently one of the senior trainees has volunteered to co-ordinate and re-establish the programme. Support for this should be provided by the new incoming College Tutor.
- The ACCS trainee described the training programme structure as 3 months anaesthesia/ 6 months ICM/ 3 months anaesthesia. Whilst this meets the overall requirements of the scheme the disjointed approach to the delivery of the anaesthesia component will disable learning. Two individual six blocks would be preferable.
- The out of hours work for Senior trainees is almost exclusively given over to servicing the Critical Care areas. They would benefit from further exposure to NCEPOD work which could be accessed during day time hours.
- Trainees working in Critical Care continued to describe frequent requests for assistance via the bleep 700. However experienced trainees who have worked in other units did not view this as differing from their experience elsewhere. The workload for the trainee covering out of hours in this area continues to be onerous.
- The MTI group of doctors described frequent requests for last minute list changes. This was not a problem for the substantive trainees.
- There were some quoted examples of problems in gaining study leave particularly amongst the MTI group of doctors who described instances of leave being granted and then subsequently withdrawn. This had affected their exam preparation.
- Trainees currently receive no feedback on reported incidents. One trainee described an equipment related issue which had been reported in-house and also to the company concerned. This was taken forward and responded to by the company but to date no in-house feedback had been provided
- There continues to be a geographical separation between the ICM and HDU working areas. This results in difficulties with the overall management of patients in the Critical Care areas and has the added effect of a differential skill mix amongst the nursing staff. The need for escalation in management of a HDU patient can therefore be complex.
- Departmental accommodation for all groups of staffing continues to be inadequate. In particular access to computer terminals for trainees is extremely limited and Wi-Fi is only available in designated areas within the organisation. This lack of IT access has the potential to impede career development.
- Some Consultants are unable to sign off trainees using the RCoA e-portfolio system. It is unclear whether this is due to a continued reluctance by some Consultants or due to them not being registered on the system. This issue needs urgently addressing.

Significant concerns:

A single significant concern was identified which relates to equipment training and has the consequent potential of affecting patient safety.

There is no commonality/standardisation across the Trust with regards to the anaesthetic equipment currently in use. It is not uncommon for Trusts to have some degree of equipment variability however trainees remarked that the extent of this in Luton far exceeds that which they had been exposed to in other Trusts. The current situation makes it all but impossible to deliver training on the full range of equipment which trainees may be required to utilise before they commence out of hours' work. The need to rapidly familiarise oneself with a significant number of devices also carries an inherent risk. Trainers are aware of the situation and discussed methods which could be put in place to reduce risk. These included an attempt to standardise the equipment used in acute areas of work such as the NCEPOD and trauma theatre. When necessary Senior Trainees were also acting to minimise risk by attempting to access familiar equipment even when less readily available.
The visitors are of the opinion that this current situation exposes the trainees and perhaps other Trust workers to an unacceptable level of risk.

Requirements:

- The departmental induction programme needs to be revised with consideration given to the particular needs of those joining. The existing trainees should be consulted on this issue.
- The significant concern relating to the variety of anaesthetic equipment in use needs to be entered on to the Trust at risk register, and coded red, to ensure that the Trust Board is urgently aware of the issue. A rolling replacement plan for equipment needs to be put in place with the objective of standardising the devices used as soon as is feasibly possible.
- In the interim a robust structured training programme for all equipment in use needs to be implemented. A core group of in house equipment trainers must be developed which should include senior ODPs. All trainees must receive appropriate training on all equipment they will be required to utilise before working out of hours. A log register needs to be kept to evidence the delivery of this training. A copy of the intended training programme should be attached to the returned action plan.
- Suitable paid time must be made available for those joining the Trust in order to enable them to complete the required e-learning modules.
- Trainees must have sufficient access to computer terminals to facilitate progress in learning.
- The content of the Teaching programme needs to be reviewed. Trainees should be involved with this but will need the additional support of the incoming College Tutor. This programme needs to reflect the learning needs of the trainees so for example during the novice induction period and leading into exams part of the programme could be directed towards a particular group of trainees. Senior trainees may be involved by providing teaching/oral exam practice. Trainees suggested that the remaining part of the session could then be themed covering topics which, when appropriate, also included aspects pertaining to ICM. This teaching programme should be facilitated by a designated Consultant.
- Regular Morbidity and Mortality meetings which include the presence of the trainees should occur. This could be introduced as a standing item in the audit meetings. This will assist in identifying common themes and ensure shared learning.
- The arrangements for study leave allowance need to be reviewed with clear guidelines stated and implemented.
- All substantive Consultants must be registered with and familiar in the use of RCoA trainee e-portfolio.

Recommendations:

- For ACCS trainees consideration should be given to providing the ICM and Anaesthesia components in two unbroken 6 month blocks**.**
- CT1 trainees do not currently participate in over-night service provision. This is out of keeping with their contribution in other Trusts and we would suggest that there is scope to look at this and introduce them at an earlier stage to night time working.
- Consideration should be given towards the introduction of daytime shifts for senior trainees in the NCEPOD theatre.
- Further consideration needs to be given towards the learning needs of the MTI doctors with the need to minimise last minute list changes.
- The accommodation available for all members of the department would benefit from an urgent review.

Timeframes:	**Action Plan to Deanery by:**	24th February 2017
	Revisit:	Autumn 2017

Head of School: Helen Hobbiger **Date: 8th January 2017**

Deputy Postgraduate Dean: