NHS
Health Education England

| School of Anaesthesia<br>Visit to Peterborough and Stamford Hospitals NHS Foundation Trust<br>Executive Summary<br>Date of visit: 4th April 2016 | |
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| **Deanery representatives:** | Dr Helen Hobbiger – Head of EoE Postgraduate School of Anaesthesia and Associate Dean<br>Dr Lorraine de Gray – Regional Advisor in Pain Medicine<br>Dr Doug Bomford – Trainee Representative<br>Mrs Brenda Purkiss – Lay Representative |
| **Trust representatives :** | Mr Stephen Graves – Chief Executive<br>Mr Ian Crich – Director of Workforce (joined for feedback session)<br>Dr Kanchan Rege – Medical Director<br>Dr Peter Baker – Clinical Director, Anaesthetics Department<br>Dr Jeremy Lermitte – College Tutor for Anaesthetics<br>Dr Andy Gregg - Anaesthetic Educational Supervisor<br>Dr Arun Sehgal – Anaesthetic Educational Supervisor<br>Mrs Barbara Petrie – Medical Educational Manager |
| **Number of trainees & grades who were met:** | In total 7 Trainees were interviewed:<br>CT1 x 1<br>CT2 x 1<br>ACCS (Anaes) CT2 x 2<br>ST 5 x 2<br>ST 6 x 1 |

**Purpose of visit :**

Peterborough and Stamford Hospitals NHS Foundation Trust is visited as part of the rolling review of training in Anaesthesia in all Trusts in the East of England. The department was last visited on the 14th April 2014. This visit was prioritised as a result of Anaesthetics in Peterborough receiving 3 red flag outliers in the 2015 GMC National Training Survey against a back ground of no red flags in the 2014 survey. Further detail used to inform the visit was provided by the annual trainee regional survey, the action report from the 2014 visit and action reports for the 2015 Dean's annual report. This information was triangulated further with informal feedback previously provided by the College Tutor and trainees.

**Strengths:**

The visitors were appreciative of the representation by the Senior Trust Managers, which demonstrated their commitment towards supporting training.

- All trainees described the department as being supportive.
- No trainee reported any patient safety related issues.
- All trainees were undertaking an appropriate number of accompanied lists/week. There is an appropriate use of solo lists.
- All trainees knew the name of their supervising Consultant at all times.
- All Consultants were easily contactable and willing to come in out of hours. The NCEPOD list continues to be

well managed with only 'life and limb' saving surgery occurring after 22:00.

- The duty rota is now issued up to 6 months in advance, which enables trainees to plan their out of work lives. Inevitably, therefore shift swaps with colleagues are required from time to time. Core trainees found this more problematic than their senior counterparts, which probably relates to better-developed time management skills amongst the seniors. The visitors did not view this as an area of concern.
- All trainees were aware of the regional teaching days and, excluding geographical problems, had no issues in attending.
- All trainees were able to obtain required study leave.
- Trainees were able to attend the monthly clinical governance/audit meetings.
- All trainees knew how to report critical/clinical incidents although feedback for this could be improved.
- There are 7 Educational Supervisors who look after 2-4 trainees in total. Appropriate time is allocated in their job plans for this role.
- All trainees were aware of their learning objectives.
- There are good educational resources. No trainee described problems getting work place based assessments signed off.
- There is a steering group, which meets regularly to discuss training issues. The College Tutor leads this with membership including the Educational Supervisors, Trainee Representative, the Lead for Obstetrics and the Lead for Critical Care Medicine.
- All trainees would recommend their post to colleagues.

**Areas for development:**

- Trainees continue to describe working relations as difficult on the delivery unit. In particular, the variable skill mix of the midwives could at times be a cause for confusion. The Midwife in charge of the unit was described as often having fixed views that could be challenging. The junior trainees found the environment to be more demanding than their senior colleagues.
- The teaching programme lacks structure and is delivered erratically. Trainees were often unable to attend due to work commitments e.g. listed to on-call duties. Senior trainees were not involved in the delivery of the programme.
- Senior trainees are not involved in the delivery of the novice programme.
- Senior trainees do not receive any protected time for their own professional development.
- Trainees described list overbooking, particularly in orthopaedics, with resultant overruns. Whilst at present this did not appear to have a significant impact on training, it would be wise to keep the situation under review.
- Trainees described problems viewing anaesthetic charts for patients who had been discharged within the previous 6 weeks. Whilst it is recognised that in common with all other Trusts notes are now scanned and electronically stored there does appear to be a longer time lag involved with the process. Thought should be given to developing a system for alerting colleagues of previous anaesthetic related problems.

**Significant concerns:**

Nil were identified

**Requirements:**

- Whilst no clear examples of bullying or undermining behaviour were identified, attention still needs to be focused to working relationships within the delivery unit. A culture of zero tolerance for bullying and harassment needs to be embedded.
- The in–house teaching programme needs to be formalised and structured. Trainees should have protected time to attend. A Consultant should facilitate the majority of the sessions although senior trainees could intermittently also fulfil this role. Attention needs to be given to practice SOE sessions; in particular, immediately prior to exam sittings.
- Senior trainees require protected time to develop the wider aspects of training which would include teaching, research and management.
- Trainees were not aware of departmental time set aside for the discussion of morbidity and mortality related events. This could be included in the monthly clinical governance sessions with trainee case presentation's encouraged.
- The visitors were previously aware of a capacity problem in relation to Critical Care training. Peterborough has more trainees working at core level than any other hospital in the East of England. Recently this has necessitated changing the in-house modular rotations for some core trainees to ensure all have access to the requirements of the curriculum. Trainers reported this to be a non-recurring event however; the situation does warrant close monitoring to prevent any trainee becoming disadvantaged.

**Recommendations:**

- Senior trainees would benefit from further exposure to NCEPOD lists. This could be implemented during the working day with senior trainees directly supervising core trainees and Consultants providing immediate distant supervision.
- For those trainees undertaking training in subspecialty areas (such as higher pain) there is a need to ensure sufficient day-time session allocation in order to meet the competencies as required by the curriculum.
- Consideration should be given towards senior trainees acting as mentors for novices.
- A regular Forum led by the Trainee Rep is recommended to enable all trainees to meet and voice their concerns. This could be built into the end of the existing monthly Clinical Governance meeting. The trainee rep should then provide direct feedback to the Steering Committee. Good practice would be for the College Tutor to intermittently (approximately 3/year) join the trainees for more immediate face-to-face feedback.

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| **Timeframes:** | **Action Plan to Deanery by:** | 15th June 2016 |
| | **Revisit:** | 18 months subject to feedback results from the GMC national training survey and the local trainee survey. |

**Head of School: Helen Hobbiger** **Date: 20th April 2016**

**Deputy Postgraduate Dean:**