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Southport & Ormskirk Hospital NHS Trust

NHS

Staff handbook

ANAESTHETIC DEPARTMENT

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Consultant in Anaesthesia & Critical Care

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WELCOME TO OUR TRUST

Dear Doctor,

Welcome to the Anaesthetic Department. We hope you find your clinical placement with us worthwhile and rewarding.

This handbook is intended to provide useful information to support your learning, whilst ensuring patient safety is maintained at all times.

The Anaesthetic Department expects all medical personnel working within it, to be familiar and comply with the principles of Good Medical Practice, as outlined in the document produced by the GMC. As part of the professional responsibilities of a doctor, a professional dress code should be maintained at all times, adherence to good practice in Infection Prevention and Control (IP & C) should be demonstrated, contemporary and accurate records should be kept and safe practice in Medicines Management should be maintained at all times.

The complex nature of delivering safe and effective peri-operative anaesthetic management requires a whole multi-disciplinary team. Team working is essential and is central to the patient safety culture within the department and wider trust. Respect and dignity should be extended at all times both to your colleagues and your patients.

We recognise that peri-operative anaesthetic care is delivered in a complex environment, both in and outside of theatres and for doctors new to the specialty, it can be quite stressful. Please be mindful of your own physical and mental well-being and seek support from your colleagues, your supervisors or the consultant team, should ever you feel that it may be needed.

Dr Ann Holden
Consultant in Anaesthesia and Critical Care
October 2019

Southport and Ormskirk Hospital NHS Trust

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ESCALATION POLICY

A consultant anaesthetist is assigned to Emergency List from Monday to Friday 8am to 6pm. All cases listed on the Emergency List should be discussed with this consultant. Out-of-hours (6pm to 8am) Monday to Friday, cases should be discussed with the 1st On-Call Consultant.

At weekends both the 1st On-Call and 2nd On-Call Consultants will be present in the hospital from 8am to 2pm. One of these consultants will have primary responsibility for the ICU ward round and the other will cover emergencies and be available for any immediate concerns or emergencies on the Trauma List. Usually, the ICU ward round will be undertaken by a consultant who has weekday daytime sessions in ICM (Intensive Care Medicine) and the other consultant will cover the Emergency List. It is not always possible to guarantee this, so the division of responsibility will be confirmed at the time, based on the appropriate skill mix available.

Any concerns or issues arising with any patient requiring emergency surgery should be discussed with the Consultant covering the emergency list on Saturday and Sunday until 2pm. After 2pm on both days, any issues should be discussed with the 1st On-Call Consultant Anaesthetist.

Time	***Person to escalate to***
Monday to Friday 8.00am to 6pm	Consultant covering Emergency List at SDGH or Mat at ODGH *(see rota)*
Monday to Friday: 6pm to 8.30am	1st On-Call Consultant Anaesthetist
Saturday/ Sunday: 8.00am to 2pm	Either the 1st or 2nd On-Call Consultant Anaesthetist **not** covering ICU *(see rota)*
Saturday/ Sunday: 2pm to 08.30am	1st On-Call Consultant Anaesthetist

STRUCTURE OF THE ANAESTHETIC / CRITICAL CARE DEPARTMENTS

Although many trusts now have completely separate anaesthetic and critical care departments, this is not the case at Southport and Ormskirk NHS Trust. The Trust is a DGH (district general hospital) on 2 sites with acute services, which require cover by both the anaesthetic and the critical care departments. Thus the 2 departments continue to co-operate and work closely, with some degree of overlap to ensure the service provided is both sustainable and safe for patients.

The Critical Care unit is based at Southport and Formby District General Hospital and has 3 clinical areas within a single geographical location:

- ***Coronary Care Unit*** (4 beds) – looked after by the cardiology medical team.
- ***High Dependency Unit*** (6 beds) – looked after by the critical care medical team.
- **Intensive Care Unit** (5 beds) – looked after by the critical care medical team.

There is no facility for delivering critical care at Ormskirk. Whilst the maternity unit can provide an enhanced level of care for some of their patients, any obstetric patient who requires HDU or ICU will be transferred to Southport. Occasionally, patients undergoing elective surgery at Ormskirk may have an unexpected complication which requires admission to Critical Care. Again, these patients will be transferred to Southport.

Anaesthetic Departmental Consultant Staff:

Dr Aminu Junaidu	Dr T Ahmed (TA)
Dr J Crooke (JC)	Dr C Esanu (Esanu)
Dr C Goddard (CG)	Dr J Haines (JRH)
Dr J Hammond (JH)	Dr A Holden (AH)
Dr S Kehinde (OSK)	Dr A Rungta (AR)
Dr S Singh (SS)	Dr M Vangikar (MV)
Dr I Wallbank (IW)	Dr P Gledhill
Dr E Ardelean	Dr S Jakkula
Dr R Nayak	Dr A Ssenoga

The following Consultants have regular daytime sessions on critical care:

Dr M Vangikar	Lead Clinician in ICU/ Audit Lead
Dr C Goddard	Airway Lead for department/ AMD for patient safety
Dr A Holden	IP & C Lead/ Director of Medical Education
Dr S Jakkula	Locum Consultant
Dr O Worthington	Renal Lead/ Consultant Nephrologist
Dr I Wallbank	

Anaesthetic Specialty Doctors/Clinical fellows:

Dr F Szalai	Dr A Ali
Dr D Koch	Dr M Jonnalagedda
Dr C Mehboob (Jack)	Dr P Ragagopal
Dr Ramesh Saravanamuthu	Dr A Bilal
Dr K Porter	Dr D Morris
Dr K Bone	Dr C Collin
Dr Max Gibbons	

In addition, the department has a number of trainees, who rotate to the department, as part of their core medical or ACCS training. These trainees will usually be on the **non-anaesthetic** resident rota and are not expected to have advanced airway skills.

Specialty Trainees
The department has up to 4 CT1s, 2 CT2s, 1 ACCS-EM, 2 IMTs

Foundation Trainees
The department currently does not have any Foundation trainees working within the department.

Anaesthesia Associates (AAs)
The department has 4 Anaesthesia Associates, who are currently in training.

Advanced Critical Care Practitioners (ACCPs)
The department has 2 ACCPs, who are currently training and will participate in the **non-anaesthetic** resident rota for critical care.

Clinical Fellows
The department has up to 3 clinical fellows, 1 in anaesthesia and 2 in critical care, who also participate in the non-anaesthetic resident rota for the critical care.

Specialty Nursing Staff

Alex Stevenson	Acute/ Chronic Nurse Pain Specialist
Denise Hallsall	Acute / Chronic Pain Nurse
Clare Farrell	Acute/ Chronic Pain Nurse
Mena Lawrence	Outreach Nurse

Additional Relevant Personnel

Lesley Enright	Operational Service Manager for Anaesthesia. (Leslie is the lynch pin of the dept.)
Julie Bourke	Directorate Manager

IMPORTANT PHONE NUMBERS

Theatre Reception (SDGH)………………………………………….. 4265/6

Theatre Recovery (SDGH) ………………………………………….. 4269

Theatre Reception (ODGH)………………………………………… 6751

Theatre Recovery (ODGH)………………………………………… 6748

ICU………………………………………………………………... 4218

HDU……………………………………………………………….. 4503

Outreach………………………………………………………. ASCOM 3914
1st On-Call Anaesthetist……………………………............. ASCOM 3717
Resident Anaesthetist on ICU………………………………. ASCOM 3965
Resident ICU (non-anaesthetist)…………………………… ASCOM 3827
ICU Consultant……………………………………………….. ASCOM 3828
Day time Consultant for SDGH theatres………………………ASCOM 3829
Maternity Resident Anaesthetist……………………………. ASCOM 3731
Maternity Consultant Anaesthetist…………………………. ASCOM 3781
Safety Hub (hospital at night handover takes place here)……………4694
(located on the main corridor between wards 9A/B & 10A/B)

A&E………………………………………………………………4128/ 4437

Lesley Enright…………………………………………6152/ ASCOM 5340
(email:lesleyenright@nhs.net)

Bleep system……………………Call 4477 wait & follow instructions:
(Wait, bleep number first, wait, extension number)

ASCOM: Use like a normal phone extension – dial the number.

Phoning from outside the trust:

Southport: 01704 70 followed by the extension number

Ormskirk: 01695 65 followed by the extension number

ON CALL

ARRANGEMENTS FOR RESIDENT O/C STAFF IN ANAESTHESIA AND CRITICAL CARE.

There will be 4 people assigned on-call duties during the daytime. 3 will be located on the Southport site (SDGH) & 1 on the Ormskirk site (ODGH).

The 1st On-Call Anaesthetist, ***Ascom Bleep 3717,*** will provide support primarily for emergency surgery in theatre at SDGH and calls to AED, requiring airway or anaesthetic support. They are also part of the cardiac arrest team and will attend unless they are directly involved in patient care, which cannot be safely delegated to another doctor or appropriate healthcare professional.

The resident ICU anaesthetist, ***Ascom Bleep 3965*** and the 2nd ICU resident person will provide support primarily for the critical care unit at SDGH. Either of the resident personnel for ICU may be requested to attend AED or any other clinical area, to assess patients who may require critical care admission. The resident ICU anaesthetist may have to attend a cardiac arrest, if the 1st On-Call resident anaesthetist is busy and unable to attend.

The 2nd ICU resident person, ***Ascom Bleep 3827***, may be medically qualified or an ACCP. The doctors may not have undertaken any anaesthetic training and may have only basic airway skills. The department is currently developing this tier of the rota and whilst the aspiration is that this will be covered from 08.30am to 9pm, on a full-time basis, within the current staffing model, this isn’t currently possible. Thus, some days this person will only be rostered to work until 4.30pm.

The department is also working towards delivering this model of resident on-call cover 24 hours a day. As the non-anaesthetic resident ICU rota is currently in development, there will be some nights from 4.30pm or 9pm, when there is only the resident ICU anaesthetist providing support to the critical care unit. In such circumstances, workload allowing, the 1st On-Call anaesthetist will be expected to provide additional support in managing the critical care workload as required.

The holder of ***Ascom Bleep 3731*** will provide anaesthetic cover for the maternity unit at OGDH. They may also attend any paediatric emergencies requiring advanced airway support, obstetric workload allowing, until a consultant anaesthetist attends.

ARRANGEMENTS FOR CONSULTANT O/C COVER for ANAESTHESIA AND CRITICAL CARE

Time	*Person to contact for issues on Emergency List/ AED*
Monday to Friday 8.00am to 6pm	Consultant covering Emergency List at SDGH or Mat at ODGH *(see rota)*
Monday to Friday: 6pm to 8.30am	1st On-Call Consultant Anaesthetist
Saturday/ Sunday: 8.00am to 2pm	Consultant covering Emergency List *(see rota)*
Saturday/ Sunday: 2pm to 08.30am	1st On-Call Consultant Anaesthetist

Monday to Friday 8.00am to 6pm

The consultant covering the Emergency List at Southport is the On-Call Consultant Anaesthetist at Southport. In addition, to supervising the emergency list, they are available for acute problems within the theatre complex, as well as any emergencies requiring anaesthetic input in the Emergency Department on the Southport site.

The consultant covering the Maternity Unit at Ormskirk (***Ascom Bleep 3781***) is usually the On-Call Consultant Anaesthetist at Ormskirk. They are available for acute problems within the theatre complex, as well as the Paediatric Emergency Department.

Critical Care referrals within the hospital on either site, including from the Emergency Department and Delivery Suite, should be discussed with the consultant covering ICU ***(Ascom Bleep 3828)***.

Monday to Friday 6pm to 8.30am/ Weekends after 2pm

The department operates a ***1st On-Call*** & ***2nd On-Call*** system. ***All*** problems on ***either*** site should be discussed with the ***1st On-Call*** consultant in the first instance. The ***2nd On Call*** consultant is available in the case of senior input being required on both sites at the same time, but is arranged via the ***1st On Call*** consultant.

Weekends 8am – 2pm

Both the 1st and 2nd On-Call Consultant Anaesthetist may be in the hospital. The consultant who is not undertaking the ICU ward round is available for support and to provide advice to both theatres and the maternity unit. If in doubt, the resident medical staff should contact the 1st On-Call consultant, who can advise as necessary.

The ICU ward round will commence with the multi-disciplinary handover in the Coffee Room at 08.30am. Following this, either the 1st or 2nd On-Call

consultant or indeed both, will undertake a face-to-face ward round of all the patients on the unit. This will be determined by the consultant team, based on their usual job planning activity. The aim is that the ward round will be conducted and led by one the of ICU consultants where possible.

RESPONSIBILITIES

1ST On-Call Resident Anaesthetist

Responsibilities include:

- Ensure the ***Bleep 3717*** is in working order (ask switchboard to check the bleep if necessary).
- Ensure the radio bleep is also working (it is important both devices are carried as the coverage can be variable within the trust).
- Care of patients requiring anaesthesia, either on the emergency list or for urgent procedures such as CT Scanning. In addition, care of patients in A&E, who require intubation.
- Monday- Friday, it is expected that the 1st on call will facilitate starting the Trauma List. Thus you should liaise with the consultant (or other doctor) allocated to the list at 08.45am for further instructions.
- Involvement in the resuscitation team (Bleeps are tested daily at 10am).
- Inter-hospital transfer, if felt to be appropriate by the consultant anaesthetist on call.
- Undertaking the **Acute Pain ward round** at the weekend. In addition, it may be necessary during the week, if the pain nurses are unavailable. In such circumstances you will be contacted directly.
- At night & at weekends will form part of the “Anaesthetic On-Call Team”, together with the 2nd on call doctor & 1st on call consultant. Thus may be called upon to provide help & support for critical care.

All cases should be discussed with the Consultant Anaesthetist covering the Emergency List at SDGH between 8am & 6pm. Out of hours, any issues or concerns should be discussed with the ***1st on call Consultant***, particularly any cases scheduled for theatre after 12 midnight.

Handover time is 08.30am and 8.30pm in the theatre complex.

Resident Maternity Anaesthetist

Responsibilities on call include:

- Ensure the ***Bleep 3731*** is in working order (ask switchboard to check the bleep if necessary).
- Ensure the radio bleep is also working (it is important both devices are carried as coverage can be variable within the trust).
- Care of women requiring emergency obstetric anaesthesia.
- Provision of the epidural service for labouring mothers.

- Follow-up of women who have undergone regional anaesthesia & analgesia. Complications should be noted & a consultant anaesthetist informed.
- Routine pre-operative assessment of patients for elective caesarean section (usually done in the afternoon on the Pregnancy Assessment Unit – PAU).
- Undertaking the Acute Pain ward round at weekends.
- Providing anaesthetic cover for gynaecological emergencies out of hours (if workload on Delivery Suite allows).
- Providing anaesthetic assistance for a paediatric life threatening emergency, until consultant help is available (inform the Mat consultant during the weekday or otherwise the 1st on call consultant, if such a call is received).
- Managing patients in the Obstetric High Care area, jointly with the Obstetric team.
- Occasionally may be called upon to assist the "Emergency Response Team", in a life threatening emergency, but the work on Delivery Suite always takes priority.

There is a consultant session each day on the maternity unit. Problems should be discussed with the consultant covering the Delivery Suite or the 1st on call consultant out-of-hours.

Handover time is 08.30am and 8.30pm on the maternity unit.

CLINICAL SUPERVISION

Anaesthetic trainees do not usually have an allocated named clinical supervisor. Dr Kehinde, the Clinical Director, acts as the Clinical Supervisor to all trainees within the department. However, this responsibility is delegated on a day-to-day basis to either the consultant/ specialty doctor the trainee is working with or the consultant on call.

Aside from when on-call, trainees will be allocated to a supervised list or clinical training opportunity, according to their training needs by the College Tutor

During daytime hours, the consultant or specialty doctor to whose list the trainee is allocated, provides clinical supervision. Occasionally, a trainee will work on an un-accompanied list; the consultant on call is responsible for the clinical supervision of the trainee in such circumstances, as they are out-of-hours. Please liaise with them in good time to discuss any concerns with patients on your list.

Out-of-hours, clinical supervision is provided in the first instance by the 1st On Call Consultant. **Should a trainee feel the level of clinical supervision being provided by this consultant is insufficient, then the trainee should call the 2nd On Call Consultant directly**. If this fails to resolve the situation, the trainee could contact Dr Kehinde, the Clinical Director or Dr Jim Crooke,

the College Tutor, via switchboard. Patient safety should remain a priority at all times and trainees should not work outside their own level of competence.

HANDOVER

Handover occurs at ***08.30am*** and ***8.30pm*** for all on-call shifts. The 1st On-Call handover takes place in the theatre complex. The ICU Resident On-Call handover takes place in ICU and the maternity handover on Delivery Suite.

REST

There are no dedicated on call rooms available. Rest facilities are found in the doctors mess on either site and in the Anaesthetic office in Southport. There is a pull out chair bed. Please put a sheet on it when you use it and dispose of the sheet and pillow case, and return the bed to chair configuration before you go home. There is no domestic service for this facility and the room is primarily an office. Please do not leave perishable food in the fridge for longer than you require it. Do label it as we will sweep the fridge from time to time and dispose of any dodgy looking stuff.

The trust provides a room for rest if you feel unfit to drive home after a night shift. The process for accessing the room is complex and is outlined in appendix D. To find that information, one does as follows:

Intranet home page → HR Payroll Health and wellbeing → Medical HR Team →Medical HR FAQs → Does the trust have accommodation for Doctors? → Accommodation booking process for Doctors.

In the absence of a room being available, a taxi can be arranged by the bed Manager.

MEDICINES MANAGEMENT

Any drugs prepared should be administered immediately, or disposed of appropriately, if not used. The maternity unit has clear guidance on which medicines should be prepared, for use in emergencies and stored in the fridge. There are orange pharmacy files found in theatre and on the wards, which provide information on how drug infusions should be prepared and administered.

Oxygen is considered to be a medicine and should be prescribed on the appropriate section of the prescription chart, if it is to be administered peri-operatively. ***Intravenous fluids***, given for maintenance fluids peri-operatively, should also be prescribed on the appropriate section of the prescription chart, in line with the trust guidance on intravenous fluids. The prescription chart has details of which fluids should be used and guidance on the volume to be administered, based on body weight. Intravenous fluids given intra-operatively should be documented on the anaesthetic chart; these do not need to be prescribed on the ward prescription chart.

Opioids should be prescribed and administered in line with local and national guidance, this includes the appropriate disposal and documentation of any unused drugs.

GUARDIAN OF SAFE WORKING

The Guardian of Safe Working (GoSW) is ***Dr Sharryn Gardner***, she can be contacted via the following e-mail addresses:

soh-tr.gosw@nhs.net
sharryngardner@nhs.net

Further details on her role are available in the trust generic doctors in training handbook.

REPORTING INCIDENTS

Datix is the incident reporting system used within the trust to highlight incidents, near misses or **good practice**. It can be found on the desktop of all computers in the trust. Details on its importance in supporting patient safety can be found in the trust generic doctors in training handbook.

Incidents are often discussed at the monthly audit meeting. The critical care unit has a monthly multi-disciplinary Safety Meeting, where all the reported incidents since the last meeting are reviewed and discussed, to see what lessons can be learnt.

STRUCTURED JUDGEMENT REVIEWS

The Datix mortality screening tool, in addition to incident reporting, is also used by the trust. On the rare occasion, you attend the Bereavement Office to complete a Death Certificate, you also **need to complete the patient details and answer some questions relating to their care on the Datix Mortality Screening tool.**

This can be accessed on the intranet:

- DATIX REPORTING
- MORTALITY SCREENING

This screens all deaths within the trust to determine whether a death requires a further review by a senior clinician in the trust. This ***Structured Judgement Review***, **SJR,** is a nationally recognised method of mortality review.

The department has a number of reviewers including Ann Holden and Mike Vangikar. Chris Goddard, who is the Associate Medical Director for Patient Safety has overall responsibility for this process on behalf of the trust. Any of them will be happy to answer any questions about SJR, or provide feedback on the outcome of a SJR for any patient with whose care you may have been involved.

RAISING CONCERNS ABOUT COLLEGUES

The GMC is clear that we all have a professional responsibility to raise concerns about anything which might affect patient safety, including the performance and behaviour of a colleague. This could be a nursing, allied healthcare professional or a junior or senior medical colleague.

There are a number of ways in which you can raise your concerns, details of which can be found in the generic doctors in training handbook. Your local Freedom to Speak Up (FTSU) Champion is ***Dr Ann Holden*** and the trust Freedom to Speak Up (FTSU) Guardian is **Martin Abrams.**

BULLYING AND HARASSMENT

The trust has a zero tolerance to bullying and harassment. Such behaviour is unacceptable. Individuals can sometimes be unaware of the impact their behaviour has on others. If you feel you have been the recipient of such behaviour, then you should raise your concerns with your named clinical and/or educational supervisor. Alternatively, the FTSU Guardian or Champion may be another point of contact.

DUTY OF CANDOUR

The trust has a statutory duty of candour, to be open and honest with patients when things go wrong. You may be called upon to support this either directly

or indirectly. Further details can be found in the generic doctors in training handbook.

ANNUAL, STUDY AND PROFESSIONAL LEAVE

All leave needs to be applied for electronically via the employee on line allocate system (EOL-allocate). Travel arrangements etc. should not be made until confirmation has been received that the period of leave has granted.

Leslie Enwright is the person who will assist you in this process.

As all courses for Anaesthetic Core Trainees are provided centrally and are funded from your nominal study leave budget, there is almost no money left for study leave outside of this. If you have individual requests they must be made to the HoS Simon Mercer.

Annual leave arrangements

This needs to be applied for at least 6 weeks in advance, via the employee on line allocate system (EOL-allocate)

There is a limit to the number of non-consultant staff who can be away simultaneously, thus the department may be unable to support the application if the required number of people have already booked leave. No more than 2 doctors from any single rota (namely 1st on call, ICU or Maternity) may take leave at the same time. It is allocated on a first come, first serve basis.

For doctors in training who are allocated to the department for 6 months, it is expected ***only*** 6 months pro rata annual leave is taken at the Trust; in normal circumstances this would be 15 days. Leave carried over from other trusts, will not usually be accommodated at Southport. Any additional requests for annual leave may be considered, but will be refused if the staffing levels within the department will not allow further personnel to be away.

Study leave arrangements

These differ according to the home speciality of the trainee. The dept. needs 6 weeks notice for the period of planned leave in order to ensure the service can be covered. For the majority of **Core trainees in Anaesthesia** all courses are organised regionally and attendance is mandatory. This needs only to be booked with the dept. via EOL- allocate (Leslie). All funding has been top sliced from your budget already. There is practically no funding available for other courses. Further guidance is found in appendix C.

For ACCS and other trainees the process requires completion of form **FS1** for the leave and **FS2** for expenses, to be downloaded from the HEENW website;
www.nwpgmd.nhs.uk/study-leave . This should be completed at least 6 weeks before the date of the proposed study leave.

Once completed electronically, the form should be forwarded to Lesley Enright, who will log it in the departmental diary. Provided there is sufficient capacity to allow the study leave, Lesley will then forward the form for approval to Dr Crooke, the College Tutor, who approves the study leave for all trainees within the department. The form will then be returned to you and needs to be forwarded to the appropriate administrator, for approval by the School.

The department will usually only support the study leave, if there are 5 or less non-consultant doctors away at any one time and usually no more than 2 per rota. It is allocated on a first come, first serve basis. Thus if there are already a number of people away on leave, the department may be unable to support your application.

Professional leave arrangements

Doctors in training should follow the same process for study leave, if they are applying for professional leave.

SICKNESS ABSENCE REPORTING

Except for exceptional circumstances the doctor who is unable to attend work due to sickness should report their intended absence themselves via phone, rather than e-mail or text. You should notify Lesley Enright (the dept. manager) - Direct line: 01695 656152, as soon as possible. It you are unable to contact her, then Julie Bourke, the Directorate Manager should be informed. Out-of-hours the 1st On-Call Consultant can be contacted. The single point of contact Absence notification line should also be called, as outlined in the generic Doctors handbook.

A Self Certification Certificate (copy of which can be found in the Anaesthetic desktop folder or on the intra-net, HR, Payroll, Health and wellbeing / Medical HR Team / Medical HR FAQs) should be completed on your return to work and **returned to lead Employer** and cc'd to Chris Thompson (chris.thompson1@nhs.net) in Medical Staffing, if the absence period was less than 7-days. In addition, a return to work form should also be completed and returned to Chris. Good educational governance dictates that a review of your learning objectives should occur following a period of sickness absence. This requires a meeting with your Educational Supervisor, who can complete the Return to Work Form, whilst reviewing whether your learning objectives for the attachment need to be revised.

The Medical Staffing department at Southport, as your “host organisation” do need to be informed as well as the Lead Employer.

TEACHING AND TRAINING

Details of the trust Medical Education Team, who are available to support you, can be found in the generic doctors in training handbook. Most teaching will occur within theatre, as clinical learning opportunities arise. Formal educational sessions are held in the Clinical Education Centre at Southport on a Friday afternoon

Trainees are expected to attend the regional teaching programmes, which are aimed specifically at exam preparation. In addition, the department has a number of educational meetings across the week. Departmental audit, morbidity and mortality and clinical governance meetings take place on a Friday afternoon. Joint audit meetings with other departments take place on a rolling basis through the week. In addition, in situ simulation sessions take place twice a year in the maternity unit and within critical care unit.

All consultants and number of the Specialty Doctors within the department have undertaken the appropriate training to provide feedback and undertake WPBAs (Workplace Based Assessments).

STUDENT DOCTORS

The department currently doesn’t have student doctors regularly attached to the department, but do sometimes have students undertaking a SAMP

EDUCATIONAL SUPERVISION

Doctors in training should expect to undergo an induction meeting with their Educational Supervisor to set their learning objectives/ Personal Development Plan (PDP) within the 1st few weeks of their clinical placement. If the placement is longer than 3-months there should be an interim review of the PDP. An end of placement review should occur, to ensure the necessary learning outcomes have been achieved. These will support the ***A***nnual ***R***eview of ***C***ompetency ***P***rogression.

SKILLS AND COMPETENCIES OF MEDICAL STAFF IN TRAINING

During the departmental induction, you will be shown the equipment you will be expected to use during the clinical placement. Your competency on using it will be assessed and appropriate training arranged where necessary.

No healthcare professional, including doctors in training, should work outside their skill level or competence. Recognising the limitation of your competence is a key professional attribute.

You should be familiar with the curriculum you are following and its requirements, which should be discussed with your named clinical and/or educational supervisor at the start of the placement. All the Consultants and many of the SAS doctors working within the critical care unit are recognised trainers and may be able to undertake WPBAs. It is important to utilise all available learning opportunities to achieve the curriculum outcomes.

RECORD KEEPING

The department has a 4-page anaesthetic record, which incorporates details of the pre-operative assessment, as well as intra-operative management. This facilitates accurate and contemporary record keeping, which is expected of all healthcare professionals.

Patients who attend for elective surgery, will have undergone a pre-operative assessment as an outpatient. Details of this can be found in Medway and on the Evolve electronic record.

CONSENT

Consent is a process, rather than a single event. Verbal consent should be taken and documented for regional anaesthesia and all invasive procedures, undertaken during the course of an anaesthetic.

INFECTION PREVENTION AND CONTROL

(IP & C – incl. Hand Hygiene)

As with other healthcare organisations, Southport and Ormskirk NHS Trust operates a “bare below the elbows” policy and all staff are expected to comply with this in all clinical areas, including theatres and the Critical Care Unit. Good hand hygiene is essential as part of good IP & C practice and alcoholic gel is widely available within the trust and should be used appropriately. Further details on other ways in which you can support good IP & C practice can be found in the trust generic doctors in training handbook.

CLINICAL POLICIES

The trust policies can be found on the intranet, as can the departmental policies. Algorithms for common anaesthetic emergencies can be found in each anaesthetic room in theatres and on Delivery Suite, as well as in a red file on the critical care unit. All invasive procedures undertaken either in theatres or critical care should have the appropriate checklist completed and filed in the notes. This includes arterial, central and dialysis line insertion, as well as chest or pleural drain insertion or aspiration.

No anaesthetic should be given, except for an extreme life threatening emergency, without an ODP being present.

COMPASSIONATE CARE

The trust cares for many frail elderly patients, who may well be entering the final stages of their life. Some may be on the Gold Standard Framework (GSF), following discussion with those significant to them and their primary care team. Others may have a ceiling of care already agreed through advanced care planning and may have a community DNAR form in place.

These patients may still require treatments which necessitate an anaesthetic.

Recognising these patients and managing them appropriately can be a challenge, particularly for junior medical personnel. Early involvement of senior decision makers is important.

Further details on the GSF are available in the generic doctors in training handbook

SUPPORTIVE, PALLIATIVE AND END OF LIFE CARE

Inevitably a proportion of patients admitted to the trust will not survive. Recognition of when ongoing treatment is futile and not in the patient's best interest can be challenging. The decision to stop ongoing active treatment and move to palliative care is usually taken by a consultant and may occur around the time a patient has had or is planned to have an anaesthetic.

These situations can be challenging for all involved and you should seek support, if you feel you need it. Further details on the trust's palliative care services are available in the trust generic doctors in training handbook.

AUDIT AND QUALITY IMPROVEMENT

There are a number of national surveys, audits and quality improvement programmes that the critical care and anaesthetic departments are involved in. Encouragement is given to all healthcare staff to be involved in local projects. Please discuss with your named clinical and/or educational supervisor if you have any specific areas of interest in these areas, which you wish to develop. There are a number of ongoing and proposed projects which you could be involved with. Proof of significant involvement in Audit is necessary for success at the ARCP.

CLINICAL CODING

Initially, clinical coding may not seem hugely relevant to your clinical practice. Whilst this is one aspect which is used to determine the financial support given to trusts, it is also important in assessing a number of quality indicators upon which healthcare providers are judged by external regulatory bodies.

As healthcare professionals, we are expected to support healthcare delivery in its widest sense and this means not only in delivering clinical care, but in supporting processes and procedures which are relevant to healthcare delivery.

Clinical governance, which clinical coding supports, is important in ensuring ongoing safe and effective care. The Intensive Care Unit has a "Summary of Interventions" Pro-forma, which is used to support clinical coding. This is usually kept at the front of the notes and up-dated whenever a new "intervention" has taken place (such as treating hypotension). It is important to document all co-morbidities, as well as the current clinical condition on the admission pro-forma, as this is also used for coding.

The clinical coders can only code for conditions if the appropriate terminology has been used. Please be mindful of this when writing in the notes.

CAN CODE	***CAN'T CODE***
Diagnosis	Differential diagnosis
Treat as	Possible
Probably	Likely
Presumed	Maybe
Symptoms where no definitive diagnosis is made	Suspected
	?
	Impression

EQUIPMENT

Doctors should only use equipment, which they are trained and competent to use. You will be briefed and orientated to the equipment you will commonly be expected to use during your time in the trust, as part of your departmental induction (***Appendix B***)

Appendix A

SOUTHPORT & ORMSKIRK HOSPITAL *NHS* TRUST

ANAESTHETIC DEPARTMENTAL (LOCAL) INDUCTION

Name:	
Specialty:	
Position/ Grade:	
GMC No.:	
Start date in the Trust:	**Date attended Trust Induction:**
Deanery E-Induction completed: Yes / No	

The trainee should be briefed face-to-face and made aware of the following:

Topic	
Educational Supervision arrangements in the department	**Y / N**
Clinical Supervision arrangements, including patient safety considerations	**Y / N**
Department teaching/ audit Programme	**Y / N**
Departmental Annual Leave arrangements	**Y / N**
Study/Professional Leave arrangements	**Y / N**
Sickness/ absence reporting arrangements, including return to work arrangements	**Y / N**
Briefing on Insight Service	**Y / N**
Location of corporate and relevant clinical policies, including how to access on the intranet	**Y / N**
Major Disaster Policy	**Y / N**
Departmental documentation, including handover arrangements	**Y / N**

The following are to be completed with all trainees, during the Specialty Induction:

Topic	
Layout of site	**Y / N**
Staff Restaurant	**Y / N**
Rest Facilities/ Accommodation	**Y / N**
Arrangements for collection of post	**Y / N**
Orientation/ tour of Clinical Area	**Y / N**
Introduction to Lead Nurse/ AHP in Clinical Area (s) where the trainee will be working	**Y / N**
Resuscitation Procedure and equipment, location of arrest trolley	**Y / N**
Briefing on: Medicines Management in clinical area, Identifying relevant key holders Obtaining Blood results	**Y / N**
Fire Safety Briefing: Location of fire fighting equipment Fire Drills & Alarm systems Location of fire exits Use of fire extinguishers Fire Assembly Point	**Y / N**
Security arrangements	**Y / N**

Signed:	**Signed:**
Name:	**Name:**

(person receiving induction)	(person delivering induction)
Date:	**Date:**
	Grade & Specialty:
	GMC:

Appendix B

SOUTHPORT & ORMSKIRK HOSPITAL *NHS* TRUST

EQUIPMENT COMPETENCY – ANAESTHESIA/ THEATRES

Doctors working in the Anaesthetic Department must identify their competence with the following equipment, during their ***first shift*** in theatres. Evidence of training on the equipment use within the last year, will be valid, if it has occurred in the last 12 months.
Please record date of achievement if appropriate.

Equipment	Training Status (F, P or O)	Date of Training	Mechanism of Training (observed / instruction booklet / other……)
Phillips Patient Monitor			
Anaesthetic Machine			
Braun Syringe Driver			
Braun Volumetric Pump			
Braun PCA Pump			
CME Epidural Pump			
Bair Hugger			
Tympanic Thermometer			
Nerve Stimulator			
Defibrillator: Lifepak 20e			
Location & content of Drug Administration (orange) folder			
Location & content of Difficult Airway Trolley			
CMAC Laryngoscope			

Guide to training status:

F – Fully trained. Can carry out the procedure or use the equipment unsupervised

P - Partially trained. May carry out the procedure or use the equipment only when supervised

F – Not trained. May only have involvement for the purposes of training, under the direct supervision of fully qualified staff

Name: . . . . **Grade:** . . . .

Specialty: Anaesthesia/ Critical Care **GMC No.:** . . . .

Consultant or Educational Supervisor Signature: . . . .
GMC No.: . . . . **Date.:** . . . .

Please return completed forms to : **RISK MANAGEMENT DEPARTMENT,** Corporate Office, SDGH

Appendix C

These local guidelines for the School of Anaesthesia (Mersey Rotations) are to be used in conjunction with Health Education England North West Guidelines that can be downloaded at the following web address:

https://www.nwpgmd.nhs.uk/sites/default/files/Study%20Leave%20Revised%20Draft%20July%2017%20-%20310518_1.pdf

The list of courses in this document **have already been approved** by the Training Program Directors and Associate Head of School and so **do not** require a formal Study Leave Approval Form to be submitted. **Trainees are still required to gain permission from their Rota Coordinator and Educational Supervisor at their own hospital for all study leave and is their responsibility to do so** Trainees are allowed up to **30 days of study leave per training year** of these a **maximum of 7 days** per training year can be for private study (at Educational Supervisors discretion and note **MSA MCQ courses count as 5 days of private study**) The study leave financial year runs from 1 March each year. All trainees will be top-sliced a proportion of their study leave allowance to pay for the local courses detailed in this document Any other study leave an application must be made using the Deanery study leave form found at: https://www.nwpgmd.nhs.uk/study-leave. This should then be forwarded to study.leave@aintree.nhs.uk once completed Currently the Deanery are not reimbursing retrospective claims Travel expenses to local courses are to be claimed from the Lead Employer but travel expenses to external courses will be considered For any queries on this please contact me (simon.mercer2@nhs.net) **It important to be aware that if you do not spend adequate time on the shop floor then you will not be signed off your modules and your training may be extended. Please bear this in mind when organising your study leave**

Simon Mercer
Associate Head of School

Appendix D

Accommodation booking process for doctors working on-calls

The Trust can provide rooms for staff who require somewhere to rest following a night shift or working a 24 hour on-call. Rooms are available at Southport (Y Block) and there are 3 rooms at Ormskirk.

To reserve a room, staff must contact the Accommodation Office via the following:

soh-tr.accommodation@nhs.net
Ruth Johnston
01704 704593
Office Hours Mon – Thurs 9:30am – 3:30pm, Fri 9:30 – 5:00pm

Rooms are available, free of charge, to doctors who have finished a night shift and require a room to rest before travelling home. Rooms can be requested by any staff working on-call or post nights and are not only for doctors. The rooms are on a first-come-first-served basis, therefore when possible rooms should be requested in advance of the shift. Please try to give as much notice as possible.

In the event of there being no rooms available, the Trust will pay for a taxi or public transport journey home and return to site.

Process for requesting accommodation on unplanned/ad-hoc basis

The Trust understands that there will be unplanned occasions when accommodation is required and reserving a room in advance is not possible.

In this event, the member of staff should contact the Accommodation Office within working hours, the relevant Porters site office or Switchboard, when out of normal working hours. Before releasing keys to individuals, the Porters or Switchboard will cross check the member of staffs name and job title with the Switchboard team who have access to the rostering system to confirm employment status and rota pattern. Members of staff should present valid photo ID such as Trust or Locum (if agency locum) badge or photo drivers licence.

Porters contact details are as follows:

At Southport: Phone extension 4084 or ASCOM 3851. Office based behind the front desk at the hospital main reception.

At Ormskirk: Phone extension 6153 or ASCOM 3751. Office based behind the front desk at the hospital main reception.

Switchboard can be contacted by dialling 0.

Process when there are no rooms available

The Accommodation Office and Porters will do their best to locate a suitable room. However, on the occasion when there are no rooms available, the Trust will fund the journey home and back to work, either by taxi or appropriate public transport. Receipts of journeys should be kept for claims to be processed.