

Appendix 9

## Annual Trust Development Plan (ATDP)

It is recommended that the DME's annual appraisal of their educator role(s) is undertaken when the ATDP is reviewed using HEE EoE's Appraisal Framework for Senior Medical Educators

Section 1: Trust and Post Details	
<i>To be completed electronically by DME prior to the meeting</i>	
Name of Trust	Cambridgeshire Community Services NHS Trust
Name of DME	Dr Sarah Edwards
Plan for <i>(insert year)</i>	2019 - 2020
Date of review meeting	28/11/2019
Name of Deputy Dean reviewing plan	Dr Helen Johnson
Name and title of Trust Executive (generally the Medical Director) reviewing plan	Dr David Vickers
Number of training posts in Trust <i>(approx)</i>	8
Current remuneration for role <i>(PAs stated in JD)</i>	1 PA
Start date in DME role	January 2017

Section 2: Achievements, Challenges and Objectives in Preceding Year		
<i>To be completed electronically by DME prior to the meeting</i>		
<b>Progress against the previous year's objectives</b> <i>(expand if necessary)</i>		
<i>Prompts: For this year's ATDP please review any previous objectives set outside the ATDP process</i>		
	Previous objective	Progress made
1	Medical Education section on Trust intranet	Content agreed and pages now going live
2	Obtain direct access to TIS to ensure details of trainees are received in a timely manner	TIS access arranged. Further issues re tableau data
3		
4		
5		

<b>PGME achievements of the Trust in the previous year, not included elsewhere in this year's ATDP</b>
Development of medical education pages on intranet and ongoing development of information cascades to trainees and educational / clinical supervisors.
<b>PGME challenges to the Trust in the previous year, not included elsewhere in this year's ATDP</b>

Transfer of acute paediatrics to North West Anglia Foundation Trust (NWAFT). This had been pending for a considerable time, and has disrupted community paediatric induction, which used to be arranged jointly with acute paediatrics. On call for these trainees is still with NWAFT and induction will therefore need to be provided for both elements of the posts. Feedback will be sought from the current trainees on how this may be improved. Lack of administrative support for the DoME role impacts on the ability to coordinate wider issues regarding training especially as different services join the Trust. These are also providing training to trainees, but as the contracts are not held within the Trust this makes it difficult to monitor and quality assure. Lack of engagement of trainees with the junior doctor committee.

**Section 3: Data Review**  
*To be provided by HEE EoE prior to the meeting*

**Post and occupancy data**

**For Review (please comment in Section 4)**  
*The Excel Workbook attached contains the following data we currently hold on our trainee database (TIS)*

- Details of posts in your Trust
- Details of which posts are currently vacant

<https://tableauexternal.hee.nhs.uk/#/site/TISPIDEX/projects/9/workbooks>

**GMC National Training Survey (NTS) results**

**For Review (please comment in Section 4)**

<https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/national-training-surveys-reports>


**Section 4: Commentary**  
*To be completed electronically by DME prior to the meeting*

**Post and occupancy data**  
*Prompt: Please review the data that we have supplied and inform the Programmes & Information Team ([edit.eoe@hee.nhs.uk](mailto:edit.eoe@hee.nhs.uk)) if any of these data are incorrect **within two weeks of receipt***

**GMC NTS results and other quality data**  
*Thank you for reviewing and responding to the NTS data for your Trust which we sent you earlier in the year. The data and your responses were reviewed and triangulated with the other quality information available to us and the level of risk has been agreed with the Postgraduate Dean*

- Areas of concern with risk ratings of 12 or higher have been included in the national risk register and will be managed directly through the HEE EoE Quality Team; you will be asked to complete a focused improvement plan and to supply updates at intervals on your progress with implementing the plan.
- Lower levels of risk should be managed at Trust level with input from the relevant HoS or TPD, if necessary; The Quality Team will provide oversight and are happy to be contacted if you need advice [qualityframework.eoe@hee.nhs.uk](mailto:qualityframework.eoe@hee.nhs.uk)

*Prompts: Please list all risks which have been identified through the NTS or other routes and comment briefly on your progress with resolving them. if you feel any of these risks are significant, please complete an escalation template.*

 Appendix 2 Quality Concerns Alert Form

*Please highlight any areas of good practice in the “Recognising Excellence and Best Practice” section below*

Curriculum delivery was identified as an issue on the 2019 survey. This data was prior to the transfer of acute paediatric trainees to North West Anglia Foundation Trust (NWAFT). It therefore includes trainees who are no longer with the trust. As it is unclear which trainees (i.e acute or community paediatrics) were having issues we are continuing to monitor and will seek further feedback (see below).

**Curriculum delivery**

*Prompts: Please comment on formal local teaching programmes (content and attendance); trainees' ability to attend operating lists, procedural lists, OPD etc; accessibility of WPBAs; quality of feedback; support for QI/Audit projects;*

**Community Paediatrics:** Concerns about out of hours at Hinchingsbrooke, including time in commuting could reduce clinic exposure. Each of the trainees is allocated to an educational supervisor who works within their chosen field (community paediatrics / neurodisability) and has best understanding of the curricular requirements and will be working with and available for the trainee for feedback / assessments and support. All trainees are involved in a QI or audit project for each attachment. These are presented locally and most regionally at Community Paediatrics network meeting.

**GU Medicine:** Trainees do regular HIV/ GUM out patients clinic. The senior trainee is currently on maternity leave, and on her return will be eligible for CST. All major requirements completed. The other trainee is completing her work place assessments, and is receiving training in Reproductive Health, as well as routine training clinics. Participation in audits is routine as is participation in weekly MDT meetings. There are no formal teaching programmes specific for the trainees, but they are involved in departmental meetings and training. The Norwich trainee will need to access additional HIV ward based training outside the local area.

**CSRH:** Cambridge and Norwich based CSRH trainees currently in Peterborough O&G Dept and NNUH O&G Dept respectively. Both so far report appropriate content of programmes with respect to attaining their curriculum competencies. Both have commenced ST2 in Aug 2019 and both have achieved outcome 1 in their ARCP on 24/10/19 which requires adequate quantity and quality of WPBAs.

**Specific locally-delivered courses**

*Prompts: Simulation courses (please indicate if these are multidisciplinary) and processes for quality assurance; Teaching and Management courses for trainees, including whether you are happy for trainees from other Trusts to attend*

**Community Paediatrics:** There are no specific courses for trainees run within CCS NHS Trust, however trainees often access training courses at Addenbrookes. They are also able to access a neurodisability study day twice yearly, and any in house training for all staff which includes management discussions and monthly staff meeting including business and education pm, safeguarding and talks.

There is also an open access autism course (ADOS) which is organised locally and allows the local trainees free registration. They also attend Looked after children training.

**GU Medicine:** There are no locally delivered courses for the individual trainees due to the geography of the posts, although we are looking to provide some joint training across GU and CSRH, potentially using the videoconferencing facilities being provided as part of improving working lives funding.

**CSRH:** Local courses in Norwich which have been completed by our CSRH trainee are Letters of Competence (LoC) in Intrauterine Techniques (IUT) and Subdermal Implants (SDI)

which are nationally recognized and are quality assured by FSRH. We have external candidates taking these qualifications as well.

**External teaching**

*Prompts: Please comment on trainees' ability to attend regional training days, simulation courses, national and international meetings and the accessibility of adequate study leave funding:*

**Community Paediatrics:** The trainees attend the 2 regional study days, Looked after children training and Addenbrookes training sessions. The trust has also had 2 trainees on HEE Fellowship. There have been no problems accessing study leave.

**GU Medicine:** Trainees can attend Regional and National courses when needed and arrangements have been made for them to attend North London Regional SpR training – although they have yet to attend due to sick leave and maternity leave. Access to study leave funding as and when needed including successful application for aspirational leave.

**CSRH:** CSRH trainees have been able to attend everything they have applied for since commencing training in August 2018 and have been reimbursed with funding.

**Processes for ensuring patient and trainee safety**

*Prompts: Please comment on Trust and departmental induction (incl for intermediate starters); clinical supervision (in and out of hours); safety of on-call rotas/shift patterns; handover (timing in relation to shift changeover, attendance, effectiveness, educational value); workload (incl impact of service on training), management of SUIs.*

**Community Paediatrics:** Departmental induction used to be as part of Hinchingsbrooke induction with acute paediatrics. The induction to the department for the September trainees was not delivered on an informal basis, and work is ongoing to improve for the next trainees in March. Liaison is required to ensure that suitable induction is provided for work within NWAFT. Specific training is given on performing child medicals. Travel to Hinchingsbrooke hospital may impact on ability to attend handover for on call activities. Arrangements have been made for trainees to report breached to NWAFT guardian of safe working, as violations are likely to be related to on call. All trainees have direct access to DoME via e-mail if they wish to raise concerns via another route.

**GU Medicine:** The 2 trainees received a personal local induction and the generic trust induction and have been in post for several years. Neither are involved in on call. They work alongside clinical / educational supervisors. Adequate time given for teaching, training and audits – and one trainee resented a poster based on this work at the national conference. Trainees may occasionally be asked to cover clinics for sickness absence.

**CSRH:** All the above currently being undertaken in Acute Trusts. CSRH trainees have done some on call to cover absences but are supernumerary on the rota.

**Quality of educational supervision**

*Prompts: Please comment on educational supervisors' understanding of their trainees' curricula, assessment methods and portfolios; feedback from trainees; quality of ESRs*

**Community Paediatrics:** Supervisors' experience: the department has matched training needs to curriculum and allocate trainees to relevant consultant enabling best understanding of curricular needs. This has recently bene stretched due to staff sickness. There has been no specific feedback from trainees.

**GU Medicine:** Working within a small department ensures close working with educational supervisor, with regular meetings with educational supervisors to meet the training

requirements as per curriculum. Supervisors offered ARCP panel experience and training. Educational supervisor reports are comprehensive.

**CSRH:** Quarterly meetings with Educational Supervisors (ES) for CSRH trainees to plan and review learning outcomes/needs and progress with competency signoff and completion of WPBAs. ESR reports are reviewed at ARCP and learning is circulated to ESs.

**Trainee support**

*Prompts: Please comment on your Trust's trainee forum; trainee representation in committees; rest and catering facilities; careers support; pastoral support (including appropriate referrals to the PSU); awareness of TiD policies; support for LTFT working; use of SuppoRTT processes; effectiveness of guardian of safe working (exception reporting, management of alleged bullying and undermining), mentoring*

Given the small numbers of trainees within the trust, career and pastoral support is on a one to one basis. In addition for both GU Medicine and CSRH the TPDs are also within the trust, and provide bespoke support as well. We are looking at developing a support network across GUM and CSRH, with joint training as well. The GUM and CSRH trainees are not involved in on call, and there are kitchen facilities and staff rooms shared with all staff in the the services. The community Paediatric trainees undertake out of hours work at Hinchingsbrooke hospital and use the on call facilities there. Consultants provide additional support in dealing with medical staffing.

We have referred to the PSU for wellbeing support. Both GU Medicine trainees are LTFT, and we have used SuppoRTT after maternity leave. The details about widening LFTF training in Paediatrics have been forwarded to the relevant trainees and their supervisors.

We continue to struggle in engaging the trainees in the Junior doctors committee, partly due to geography, and the arrangements previously being centred around Hinchingsbrooke. This will be revisited, and we are hoping that the videoconferencing facilities funded by the improving working lives will prove effective.

The Guardian of safe working contacts all the trainees to explain the trust oricess at the start of their attachments. We also have arrangements with Hinchingsbrooke to use their Guardian of safe working to cover the on call component for paediatrics.

**Trainer support**

*Prompts: Please comment on your processes for selection, training and assessment of trainers; time in job plans for training; training of simulation faculty (including support for multidisciplinary training) and release of simulation faculty to support training days*

Supervisors are selected for their appropriateness for the training needs and understanding of the relevant curriculum. There are education leads within each specialty area, and we also have educational supervisors within our Luton services, although the trainees' contract are held with the acute trust. There is a dedicated circulation list for all supervisors to cascade information about training courses and training requirements. The paediatricians often attend training at RCPCH. Although previously educational supervisors have not had dedicated time in their job plans, this is being addressed as part of the job planning process this year.

A Medical Education section has been added to the trust intranet covering relevant contacts, policies and links to training courses and educational opportunities. Given the small numbers and specialities of the trainees, we do not have any simulation faculty.

**Support for SAS Doctors and LEDs**

*Prompts: Please comment on whether you have an SAS Tutor and/or educational forum for SAS doctors;*

*teaching available for SAS doctors; support for CESR applications; use of SAS doctors as ESs; support for LEDs, including Fellowships*

We have a very active SAS tutor, and have procured increased trust funding for her role. There is an SAS doctors committee which organises 2 training courses per annum for SAS doctors within the Trust and external. There has been a survey of all SAS doctors to review induction and training needs, and a separate section on the medical Education pages of the intranet, which will continue to be developed. The trust have also implemented the SAS doctors charter. SAS doctors involved in all teaching in Paediatrics department and some also deliver teaching. There have also been some developments in peer supervision to include the SAS doctors within iCaSH. The trust has no LEDs.

## **Educational Governance**

*Prompts: Please comment on representation on Trust Board; lines of accountability; faculty meetings; use and effectiveness of faculty groups; support from education centre; timely reporting of trainees involved in complaints, incidents etc and other trainees causing concern to HEE EoE; timely responses to requests made by HEE*

The DoME reports to the Medical Director (Dr David Vickers), who provides representation on the Trust Board. We meet approximately quarterly as well as attending the SAS doctors steering group meetings, which also provides opportunity to meet with the SAS tutor. Training within GU Medicine and CSRH is discussed alongside business and audit meetings across iCaSH, and there are training leads for paediatrics in Cambridge and Luton but no formal meetings due to the small numbers. There is administrative support for the SAS group, but none for the DoME, although there is input from a designated management accountant and a contract with CPFT to provide medical staffing services. We have not had any issues with complaints / concerns, and have received a paid response to a PSU referral.

## **Educational infrastructure**

*Prompts: Please comment on library facilities; IT issues; clinical skills labs; simulation suites; lecture theatres and teaching rooms  
Please indicate whether any of these facilities are available for regional use with details of capacity, costs, catering arrangements, public transport links and parking availability*

Library facilities are provided by NWAFT – and all trainees can access Open Athens via this service, although there seems to be little awareness of this. Trainees are being provided with laptops and remote access capabilities which we hope will streamline any IT issues. This used to be a problem for trainees based at Hinchingsbrooke, as they could not always access the CCS intranet, although this should now be resolved. There are a number of meeting rooms within departments – at Brookfields site in Mill house, and the Peacock centre although parking is very limited.

## **Recruitment, communication and marketing**

*Prompts: Please comment on fill rates; provision of up to date and "inspirational" information about training in your Trust for the HEE EoE webpages; local/regional careers fairs; other strategies for improving recruitment*

All posts are currently filled, although there is a national recruitment issue in GU Medicine, and it may prove to be difficult to fill the Cambridge post when it becomes vacant next year. This is multifactorial due to the uncertainty caused by commissioning across sexual health, and also the change to the curriculum. The trust has been given an outstanding CQC rating. We continue to provide taster days within the service, although we were unable to support the local careers fair for medicine this year.

## **Workforce planning**

*Prompts: Do you have any particular workforce needs, including consultants/specialty doctors and/or new/transformed roles (PAs, ACPs, CCOT, NNPs, etc) that we can pass on to your LWAB?*


<p>We have issues with maternity leave cover but not for substantive posts.</p>
<p><b>Unused training capacity</b>  <i>Prompts: Do you have any well-developed services which could accommodate additional trainees and would enhance the overall quality of training programmes in the region or improve local workforce supply?</i></p>
<p>We have expressed interest in GP training within iCaSH, and will develop psts in Suffolk and Norfolk, with the potential for a further post in Bedford. There is an issue with funding and impact on clinics, given the reductions in contract value for all these services. Paediatrics only has capacity for training to cover maternity leave. They now have an FY2 from Addenbrookes for 2/12 and GP trainees (3 trainees for 6/12 cycle for 2 days /week – part time during practice).</p>
<p><b>Recognising excellence and best practice</b>  <i>Prompts: Are there areas of exceptional practice that other Trusts could benefit from and you would like to share?</i></p>
<p>The SAS group provide excellent educational meetings. The survey of all SAS doctors within the Trust has provided the information to further develop induction materials to be provided to new recruits on the support for SAS doctors, and contact details.</p>
<p><b>Any other comments</b></p>
<p>The TUPE of the trainees in acute paediatrics to NWAFT has reduced our number of trainees significantly, and we need to ensure that we review and embed new ways of engaging with trainees across the trust.</p>

<p><b>Section 5: Discussion Points for Review Meeting</b>  <i>To be completed electronically by DME prior to the meeting</i></p>
<p><b>Trust Priorities for the Coming Year</b>  <i>Prompts: Please also consider any national strategic (HEE) directives or mandate deliverables that need to be met</i></p>
<p>To raise the profile of medical education within the Trust (both undergraduate and postgraduate) to enhance the delivery of community based training (with development of GP VTS posts in iCaSH).</p>
<p><b>Opportunities and Constraints:</b>  <i>Prompts: Please include opportunities for the Trust as well as any foreseeable constraints that might affect the future development of PGME in the Trust</i></p>
<p><b>Opportunities:</b></p>
<p>Development of GP VTS posts.          Use of technology to improve engagement between trainees and also between educators.</p>
<p><b>Constraints:</b></p>
<p>Lack of administrative support.          Wide geographical spread of trainees</p>

Section 6: Summary of Trust's Performance Review
<i>To be completed electronically during the meeting</i>
<b>Overall Trust Performance Summary</b>
<b>DME Comments:</b>
<p>The Trust has a small number of trainees who receive individualised supervision from their supervisors. As discussed, it is challenging to develop educational structures and lines of communication / oversight across the geography particularly as the Trust continues to expand.</p> <p>There is excellent support from the Finance department and Comms, but administrative support would enable further development to be streamlined. This would help build the educator and trainee networks, (similar to the SAS network which works well) and further enhance training and supervision within the trust.</p>
<b>Deputy Dean Comments:</b>
<p><b>Achievements:</b>            Working on links and connections and networks.            Moving forwards with video conferencing, and having a doctors day despite the challenges of a wide patch, good comms with intranet/whatsapp. Both for trainees and trainers.            Raising the profile of medical education needs within CCS</p> <p><b>Challenges:</b>            1. There does need to be administration identified from the education department within CCS to support this role. Administration is part of the LDA that comes from HEE to CCS.            2. geographical and trainee spread</p> <ul style="list-style-type: none"> <li>• broker liaison with key other groups of trainees through this – GP, Paediatrics.</li> <li>• broker liaison with key trusts – eg Luton, Hinchingsbrooke DME around joint responsibilities, induction etc.</li> </ul> <p><b>Overall:</b>            A functional and pragmatic approach to quite a unique set up.            The intranet page nearly developed to keep trainees in touch.            Looking at joint induction processes for next year and also around clarifying for trainees the escalation of different elements of their posts as they are cross trusts.            Predominantly meeting curriculum needs. Personally tailored approach for trainees.            Note an HIV curriculum requirement, often sent to London due to lack on inpatient load.            Education does need a report to the board.</p> <p><b>Looking at future opportunities:</b>            Can expand medical student placements in sexual health, but need to consider alternative placements. Have expanded GP placements.            Concerns around tendering processes and providers who may not want trainees.</p>
<b>Trust Executive Comments:</b>



Agreed Annual Development Plan Objectives for the Trust (SMART)			
	Objective	Outcome	Timeframe
1	Administrative support	Trust to review current support within the education department and provide support for the DME role.	By august 2020
2	Re-affirm medical education as core business of the trust	Create a forum that supports educators and trainers. Presentation to the board 2ce yearly Support intranet Place medical education needs within tendering processes so that training continues and the education staff are involved.	By august 2020
3	Formalise linkages with other education/healthcare providers	Clarify roles and responsibilities and points of contact	By august 2020

Section 7: Declarations	
<i>To be completed electronically <b>during</b> the meeting</i>	
I agree that the above is an accurate summary of the Trust's performance during the last year and of the agreed objectives for the coming year	
<b>Date (dd/mm/yyyy)</b>	
<b>DME's signature</b>	
<b>Deputy Dean's signature</b>	
<b>Trust Executive's signature</b>	

**Please email this fully completed document (including sign-off) to the Faculty Support Team's mailbox [educatorsfaculty.eoe@hee.nhs.uk](mailto:educatorsfaculty.eoe@hee.nhs.uk)**