NHS

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Developing people for health and healthcare

Pan-London Quality and Regulation Unit

Chelsea and Westminster Hospital NHS Foundation Trust

Anaesthetics

Quality Visit Report

Date of visit: 19 May 2015

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Health Education
North West London

SPECIALTY-FOCUSED VISIT REPORT

Visit Details	
LEP	Chelsea and Westminster Hospital NHS Foundation Trust
Specialty	Anaesthetics
Date of visit	19 May 2015
Background to visit	The anaesthetic department at Chelsea and Westminster Hospital NHS Foundation Trust had not been visited for a number of years. The last Trust-wide Review to the Trust was in September 2013. There had been no concerns raised in the last two years from the General Medical Council National Training Survey (GMC NTS), with the department receiving green outliers for handover in all of the last three years. Despite the recent good results in the GMC NTS, there had been two serious incidents which related to drug errors in 2015. These incidents had been investigated by the Trust, but it was felt that Health Education North West London should conduct a Specialty Focused Visit to the department as these incidents happened within a short period of time.
Visit summary and outcomes	The visit team met with the anaesthetic college tutors and the service lead before meeting with the core and higher anaesthetic trainees. Finally the visit team met with the anaesthetics educational and clinical supervisors before feeding back to senior management at the end of the day. In the trainee meetings the visit team met four core trainees and eight higher trainees. The visit team were pleased to find that the trainees were enjoying their time at Chelsea and Westminster Hospital NHS Foundation Trust. Trainees felt very well supported by an engaged consultant body committed to education. Throughout the day, the visit team were pleased to note the following positives: • It was clear that the Trust had taken the serious incidents, relating to the drug errors, seriously. The investigation was appropriate and the visit team felt the report produced was balanced. • All trainees felt that the support available to them was very good, with one trainee stating that it was the ‘best supported hospital ever’. Higher trainees did not feel over-supervised, reporting that the balance was good. • There was no evidence of bullying and undermining within the anaesthetics department. There were some areas on the day that the visit team thought the anaesthetic department could improve, these are detailed below: • Some trainees were having difficulty in attending teaching sessions because of their rotas. • The computerised drug chart was not accessible in the obstetric theatre especially out of hours, meaning trainees had to leave the theatre to check

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	it. • Trainees reported having received no training and no log on for the electronic notes system, Evolve, which was used by some departments. • An electronic incident reporting system should be introduced and the feedback mechanism for trainees that report incidents could be improved. Finally, the visit team are pleased to report that all trainees both core and higher, were happy to recommend the department for training and there was a consensus amongst the trainees that they would be happy to have a family member treated in the department.

Visit team

Lead Visitor	Dr Peter Brodrick, Head of the London Academy of Anaesthesia	**Lead Provider**	Dr Kausi Rao College Tutor and Consultant Anaesthetist, North West London Healthcare NHS Trust
Royal College of Anaesthetists External Advisor	Dr Janice Fazackerley Deputy Chair, Anaesthesia Training Committee	**External Clinician**	Dr Robert Cruickshank, Consultant Anaesthetist, Leeds Teaching Hospitals NHS Trust
Trainee Representative	Dr Gethin Pugh, Chair, Academy of Medical Royal Colleges' Trainee Doctors Group	**Lay Representative**	Ms Ann Rozier, Lay Representative
Observer	Dr Natasha Malik, Anaesthetics Trainee	**Visit Officer**	Mr Rishi Athwal, Quality and Visits Officer

Findings

GMC Domain	Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
1	A1.1	**Handover** The visit team was told by the trainees that there was a multidisciplinary handover on the Labour Ward which they said was very good. The trainees raised no concerns with regards to handover.		

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1	A1.2	**Drug errors** The clinical tutors told the visit team that as a result of the two recent drug errors and the subsequent investigations changes to processes had been made. They said that the pharmacy would now notify the department if a drug supply was running low, when it had run out and when it was back in circulation. In addition to this, they said that there was now a laminated card on the drug trollies to show the operating department practitioners (ODPs) which drugs should be stocked on it. With regards to the second drug error incident in which the wrong intravenous flush was used on a patient, labelling had now been improved and stock had been stored separately. The core anaesthetic trainees told the visit team that they were all aware of the recent drug error incidents that had occurred in the department. They said that they had been extensively discussed and that meetings had taken place regarding them. They stated that there had been a case presentation in an mortality and morbidity meeting (M&M) about one of the incidents; however they were not aware of the ODP laminated lists, stating that they only used the drugs on the trolley for the patient reversal (emergence from anaesthesia). Higher trainees said that they felt the drug procedures in place in the department were very similar to that of other hospitals that they had worked in. However a concern was raised regarding computers in the obstetrics theatre not having access to the online drug charts, meaning that they would have to leave the theatre to document the medication they had given. They said that this was particularly an issue out of hours as there was significantly less cover to care for the patient whilst the drug chart was accessed. The clinical and educational supervisors told the visit team that they felt they had done all they could do to reduce the risk of drug error. They felt that it was important that the measures put in place did not reduce the risk of a future drug error being reported. The risk manager stated that he had presented a report to the board regarding the feasibility of double checking as a method of reducing drug error, coming to the conclusion that the difficulties in implementing this and the large cost implication meant that these resources could be better utilised in other areas that would have a greater impact on patient safety.	Ensure that the computers in the obstetrics theatre are able to access the online drug charts. There is potential for the learning from the drug errors to be more wide spread and go to the entire hospital, possibly through a grand round. Provide details of the board response to this report and the plan regarding the implantation/non implementation of double checking.	**Amber** Mandatory Requirement **Green** Recommendation **Amber** Mandatory Requirement
1	A1.3	**Access to clinical records** The visit team heard from the higher trainees that an electronic notes system had been introduced in certain departments in the hospital. Trainees stated that they had not been given sufficient training or access to this system. Trainees told the visit team that notes were mainly paper based within the anaesthetics department, but should they need to access	Ensure that anaesthetic trainees have access to, and are trained on the electronic notes system so that they can	**Amber** Mandatory Requirement

		them electronically they were currently unable to do so. They said that there had been an attempt to mitigate against this issue by having a printed version of the latest electronic notes available, but they said that this did not always happen.	access it when needed.	
2	A2.2	**Clinical governance/incident reporting** The visit team was told by the anaesthetic trainees that there was still a paper based system in place for incident reporting. Trainees stated that they were aware of how to report incidents, stating that there had been a recent teaching session on the reporting process, and they said they are very much encouraged to do so. The feedback that trainees received following the reporting of a clinical incident was variable. One trainee stated they had not heard anything, whilst another stated that they had received very quick feedback from the risk lead. The clinical and educational supervisors' session included the current risk manager for anaesthetics who stated that the anaesthetic department had been requesting an electronic reporting system from the Trust for some time. The visit team was told that they have a good risk management system, stating that they ran a three month report on all reported incidents which flags if the reporting number had reduced. Regarding feedback, the visit team was told that relevant cases would be reported in the monthly Morbidity and Mortality (M&M) meetings which trainees were encouraged to attend. Core trainees told the visit team that they had been able to attend some of the M&M and governance meetings but stated that it was dependent upon their shift patterns. None of the higher trainees seen on the day had attended a clinical governance or M&M meeting. The college tutors told the visit team that the governance meeting took place quarterly and the M&M meeting took place weekly on the labour ward, noting that there were also regular paediatric M&M meetings.	Ensure that there are consistent feedback mechanisms for all trainees. Provide an update on the implementation of an electronic incident reporting system.	**Amber** Mandatory Requirement **Amber** Mandatory Requirement
6	A6.1	**Induction** The visit team heard from the core and higher anaesthetic trainees that they received both a Trust and a departmental induction. They told the visit team that the departmental induction was conducted in the morning and the Trust induction followed in the afternoon. Trainees that needed to be inducted outside of the main induction periods stated that they experienced the same induction as the other trainees. The visit team heard that the induction worked well and that trainees were able to meet all relevant staff and were given a tour of		

		the department during the departmental session. The higher trainees told the visit team that a new style of induction was trialled for some of them during their Trust induction. They stated that they were shown a video which included a lot of the information that other Trusts would send you electronically prior to your arrival. They also said that they were given online cloud access to the relevant guidelines for the department. The college tutors told the visit team that trainees that were going to work on the labour ward were given a separate induction. They stated that the trainees were sent an induction document before they arrived and that they ensure that they were experienced doctors to support them on their first shift. The trainees were also given a day shift on the labour ward prior to being made to do a night shift. The trainees stated that the labour ward 'sub induction' was very good, and said that it covered all the necessary information. Trainees said that they were shown around the ward by the fellow and they also confirmed that they had been on a day shift before starting nights.		
6	A6.2	**Teaching** The core anaesthetic trainees informed the visit team that they had monthly half day teaching sessions, which were delivered by consultants or senior trainees. They said that the dates of these sessions could vary from month to month. Trainees told the visit team that they were unable to attend all of the sessions due to their rotas; one trainee stated that if they were more frequent they would have more opportunity to attend. The core trainees stated that they did not have regular exam teaching but did say that they had a session scheduled. The core trainees felt that they would benefit from having access to more proactive teaching sessions for the exam. The specialty trainee year 3 (ST3) and ST4 trainees that had not yet passed the exam said that they had paediatric tutorials either before or after work. They also said that they had access to a dropbox folder that had relevant cases for them to look at. They said that there was no written practice available for them at the moment. Higher trainees said that they had morning meetings which they were able to attend if they were in the hospital on the day. However they said that they had been able to attend a maximum of a third of the monthly half day teaching sessions. The higher trainees felt that	Review methods of enabling more anaesthetic trainees to be able to attend teaching sessions, and provide the results and any recommendations to the Pan-London Quality and Regulation Unit.	**Green** Recommendation

		the topics in these monthly teaching sessions were not exam focused, but they did say that they were useful and delivered to a high standard. Clinical and educational supervisors told the visit team that they were currently trying to organise regional teaching days but they said that it was proving difficult to do. They said that they would encourage trainees to attend as many teaching sessions as possible, stating that they sent them text messages and emails before each session. They felt that the monthly teaching courses were of a very high standard and felt that they were preferable to more frequent teaching sessions as the trainees were only there for three month blocks. They felt it would take too much time away from clinical experience. The clinical and educational supervisors said that trainees had asked them if they could have private study days for the exam, they said that instead of offering these, they wanted to offer alternative study days which covered elements of the exam. They said that they had put on some teaching for the exam in the past.		
6	A6.3	**On call** The visit team heard from the core trainees that there was a lot of support on call. It was reported that that they were primarily responsible for the theatres, but would sometimes be called to the emergency department; however trainees said that this was rare. Core trainees told the visit team that they had been asked to do cardiac arrests and trauma calls on call but they said that there had always good support available to them. The visit team heard from the core trainees that if they had to go to another area of the hospital, the Intensive Treatment Unit (ITU) nurse would go with them, the trainees noted that an ODP does not accompany them to other parts of the hospital however all the core trainees felt that this would be helpful.	Review whether it is possible for an ODP to go with the core anaesthetic trainee to other areas of the hospital.	**Green** Recommendation
6	A6.4	**Bullying and undermining** The core trainees told the visit team that they had not experienced any bullying or undermining behaviour from within the anaesthetics department or elsewhere. Higher trainees were of the same opinion as the core trainees. They said that they had experienced some abrupt ending to phone calls but nothing that amounted to bullying. It was mentioned by the core trainees that they felt at a departmental level, the relationship with		

		neonatology was 'frosty' but they said that they had never witnessed any conflict. All higher trainees said that they would be happy to raise concerns should they experience any bullying and undermining behaviour, and they said that they knew who they should speak to about it. The clinical tutors told the visit team that there had been bullying and undermining concerns in the past on the labour ward. They said that they had worked hard to resolve this with the help of Health Education North West London, stating that there had been a lot of reflection and courses had been attended, They said that they hoped the General Medical Council National Training Survey (GMC NTS) in 2015 would show an improvement due to the work that had been done.		
6	A6.5	**Supervision** Core anaesthetic trainees told the visit team that that they found the consultants and the entire department to be incredibly supportive. Higher trainees were of the same opinion stating that there was always a consultant around to provide support or supervision. They said that this included when on call at the weekend, a consultant would be present at 8am to look through the emergency list. Higher trainees did not feel that they were over-supervised, stating that consultants were always happy to be challenged and that they would allow the trainees the appropriate level of supervision. One senior trainee stated that the consultants had been very helpful in ensuring that they had received good exposure to things that will be required for a trainee to receive the certification of completion of training (CCT) and future consultant jobs. Another trainee stated that once the consultants on the emergency list got to know the trainees they were given the support to work independently where appropriate. The visit team were told by trainees that any time they were asked to do anything that they felt was outside of their level of competency there was always a consultant nearby that they could call. Some of the core trainees said that they had sometimes held the bleep, but they said that this only happened within office hours and they said there was a suitable amount of support available to them.		

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Good Practice	Contact	Brief for Sharing	Date
Feedback The visit team was told by the anaesthetic trainees that they would sometimes receive written feedback from consultants after they had completed a list with them. In addition to this, trainees reported that they would receive feedback three times per month from a group of consultants. They said that all the consultants that had worked with them in this period of time would write a paragraph on their progress and this would be collated and sent to the trainees.	Dr Julia Hillier Director of Medical Education	Please provide a case study on how this feedback process was implemented and the impact is has had on trainees.	31 August 2015

Other Actions (including actions to be taken by Health Education North West London)	
Requirement	**Responsibility**

Information and reports provided to the team prior to the visit							
DME Annual Report	*No*	Regulator Reports/Data	*Yes*	LFG Reports	*No*	MEM minutes	*No*
GMC Survey - trainees	*Yes*	GMC Survey - trainers	*No*	Previous visit reports & action plans	*Yes*		
PVQs - trainees	*Yes*	PVQs - trainers	*No*	Result of school survey	*Yes*		

Signed	
By the Lead Visitor on behalf of the Visiting Team:	*Dr Peter Brodrick*
Date:	*8 July 2015*