NHS

Health Education North Central and East London
Health Education North West London
Health Education South London

Developing people for health and healthcare

Pan-London Quality and Regulation Unit

Chelsea and Westminster Hospital NHS Foundation Trust

Clinical Radiology

Quality Visit Report

Date of visit: 19 May 2015

THE NHS CONSTITUTION
the NHS belongs to us all

Health Education
North West London

SPECIALTY-FOCUSED VISIT REPORT

Visit Details	
LEP	Chelsea and Westminster Hospital NHS Foundation Trust
Specialty	Clinical Radiology
Date of visit	19 May 2015
Background to visit	The Head of the London Specialty School of Radiology requested to conduct a specialty focused visit to clinical radiology training since this specialty had not been visited for several years. The General Medical Council National Training Survey results in 2014 had improved since 2013 however there were still two pink outliers in 'regional teaching' and 'study leave' which suggested that the ability of trainees to attend training days was impeded and needed to be assessed at the visit. There were also concerns that the red outlier for 'workload' was impacting negatively on the trainees' ability to access training opportunities.
Visit summary and outcomes	The visit team was pleased to note that the trainees were receiving good general experience in a supportive environment; the accessibility of the training programme directors was also appreciated by the trainees. There was good paediatric and musculoskeletal sub-specialty training, but limited access to a range of other sub-specialty training. The trainees could attend teaching sessions several times a week, and were given good preparation for exams. Review of out of hours work was timely and valued by the trainees and most consultants came in at the weekend to check scans. A local faculty group was in evidence, with good trainee rep attendance. Trainees were given the opportunity to raise any issues with their training and attempts were made to address them. The consultants had time in their job plans for education. The visit team was pleased to note that the Trust had addressed the problems with neuroradiology training by linking with Charing Cross Hospital for head and neck training. The visit team highlighted the following areas for improvement: The trainees worked 24 hour non-resident shifts. During their on call they received a number of inappropriate and unnecessary calls and interruptions during the night by staff on partial shifts who assumed they were awake and present in the hospital which affected their ability to have appropriate rest.

SPECIALTY-FOCUSED VISIT REPORT

	Although non-resident on call, they were frequently called into the hospital at night. The rest requirement of a day off after on–call impacted negatively on their daytime training opportunities. It was found that at times trainees were expected to undertake paediatric procedures while on call for which they had been trained but in which they had limited practical experience. The visit team felt that an in-depth review of paediatric out of hours support was required to ensure that appropriate arrangements were made for senior paediatric expertise to be available to the trainees on call. The visit team noted the staffing issues that the department was facing whenever trainees left, which were partly due to the limited recruitment opportunities via Health Education England (HEE) London (currently approximately two rounds per year). The visit team suggested that the recruitment of non-radiological staff, for example sonographers, would free up the trainees so that the Trust could benefit from their use in other areas and trainees would benefit from increased experiences in a wider range of activities. The visit team suggested that the Trust should consider the impact of the proposed additional computed tomography (CT) scanner in the accident and emergency department on the workload of the department. With no additional consultant support planned, the visit team was concerned about the potential increase in workload and the impact on trainees and consultant trainers who would need to supervise them. The consultants' weekend on call work was not formalised and although they were expected to review scans within 24 hours, no allowance had been allocated to the consultants' job plans to cover these weekend responsibilities. There was no dedicated administrative support to the training programme directors (TPDs) within the department with very little secretarial support generally, and none available within the postgraduate centre. Some of the consultants were unable to access scans at home out of hours due to technical issues. The visit team felt that the Trust needed to strengthen its serious incident reporting processes which were paper-based at the time of the visit.

Visit team			
Lead Visitor	Dr Jane Young, Head of the London Specialty School of Radiology	**Lead Provider Representative**	Dr Anthony Chambers, Clinical Radiology Specialty Training Lead North West London
External Clinician	Dr Samantha Chippington, Consultant Paediatric and Interventional Radiologist, Great Ormond Street Hospital	**Observer**	Dr Robert Katz, Deputy Head of the London Specialty School of Radiology

SPECIALTY-FOCUSED VISIT REPORT

Lay Representative	Mrs Jane Gregory	**Trainee Representative**	Dr Victoria Scott
Visit Officer	Mrs Jane MacPherson		

Findings

GMC Domain	Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
1	CR1.1	**Training environment** The visit team heard that there were 19 trainees in total on the training scheme, of whom five were always based at different sites. The training programme directors reported that it was difficult to anticipate sick leave and maternity leave and that since the department was currently limited to twice-yearly recruitment episodes, this had led to gaps in the rota, which adversely impacted on the training experience The department had not had a full complement of trainees for two years despite maximum recruitment efforts at every stage. It was acknowledged that this had been recognised by the London School of Radiology, with plans to review this formally and increase recruitment at specialty training year one (ST1) level. There were reportedly 20 consultants in post with plans to recruit to an additional post in July. The clinical director felt that the computed tomography (CT) workload increased by on average 15% per year but that despite this the Trust had not increased consultant numbers in five years. The visit team heard that no general lists were cancelled if consultants were on leave, but that a consultant's colleagues absorbed the work. Some sub-specialty lists may be cancelled if a consultant was on leave and there was no fellow available. Intervention lists were also cancelled in the event of consultant absence.	The visit team recommends that the Trust closely monitors departmental workload and radiological staffing to ensure that the department is adequately staffed to provide good supervision and training.	**Green** Recommendation

SPECIALTY-FOCUSED VISIT REPORT

1	CR1.2	**Workload** The training programme directors were unsure why the department had received a red outlier in the area of workload in the previous General Medical Council National Training Survey (GMC NTS) particularly as the on call was quieter than in other parts of London. It was suggested that it was perhaps due to the staffing issues (fewer trainees) which meant that the trainees were expected to cover more on calls. The training programme directors reported that the trainees would prefer to be working a shift system like the rest of the hospital, as this would mean improved daytime training opportunities with less time off post on-call. The training programme directors reported that there was a lack of dedicated administrative support for the department. They also suggested that additional sonographers were required, which would in turn free up the trainees so that they could be more usefully employed or dedicate more time to their training. The consultants also discussed the introduction of seven day working and evening sessions for the consultants but at the time of the visit the department was unable to staff such a rota. The consultants reported that although they were not timetabled to work at the weekend (nor were they remunerated), in order to check scans, most consultants came to the hospital on both Saturday and Sunday. There was no recognition in their job plans for this on call activity. The trainees reported that they were happy with the level of workload but felt that they were understaffed at times due to gaps in the rota. The visit team heard that an additional CT scanner would soon be purchased which would serve the accident and emergency department (A&E). This was intended to service the anticipated increased workload as a result of the closure of several emergency departments within north-west London. There were concerns that this would impact on imaging workload.	Conduct a review of administrative support to ensure that the educational leads have sufficient support to carry out their work. Consider recruiting additional sonographers to cover ultrasound lists which would in turn free up the trainees allowing them to take advantage of more training opportunities. Formally review the consultants' job plans to recognise the weekend work that they cover to ensure that out of hours work is checked within 24 hours. Provide any plans for development of 7 day working particularly weekend working. See Ref CR1.1 above.	**Green** Recommendation **Green** Recommendation **Amber** Mandatory Requirement

SPECIALTY-FOCUSED VISIT REPORT

1	CR1.3	**On call** The visit team heard that the hospital had a significant tertiary paediatric unit. It was the only hospital in north-west London which dealt with paediatric surgery. It was also stated that paediatric surgery had moved from St Mary's Hospital to the Chelsea and Westminster Hospital site. There were reportedly three paediatric radiologists responsible for this work with some support from the musculoskeletal (MSK) consultants. It was reported that the core trainees were expected to pass in-house reporting assessments prior to going on call, usually towards the latter part of their first year. The trainees reported that they were expected to start on calls after approximately seven months in post, and that prior to this they would undertake a period of shadowing. The on–call rota was a one in seven non-resident rota. The trainees reported that the intensity of the on call was variable. They commented that they were frequently called over-night for discussions and queries that were often not particularly urgent and although they were theoretically non-resident on call, in reality they were regularly disturbed at night and therefore usually stayed at the hospital. They cited the number of inappropriate referrals they received as the reason for this. At times they were called every hour and at other times they could sleep from 2am to 7am. They commented that there was no policy in place regarding the type of calls they should have to deal with. The trainees felt that the current one in seven on call rota was onerous and felt that additional staff members were needed to manage the on call rota. Discussions had taken place regarding outsourcing some of the work during the night shift which in turn would free up the trainees so that they could maximise their daytime training opportunities. The main issue with this plan was that paediatric emergencies needed to be	Review the on call escalation policy to ensure that trainees are not being called and disturbed inappropriately. Review the mechanism for filtering calls between 2am and 7am. The visit team would be interested to hear if there are plans to out-source CT heads over-night.	**Amber** Mandatory Requirement

		covered over-night and paediatric screening could not be out-sourced. Since there was no dedicated paediatrics on call, the general on call rota handled many of the paediatric emergencies. The trainers reported that the trainees were given practical training prior to their first on call so that they knew how to handle paediatric emergencies. The visit team heard that the paediatric surgeons were hugely supportive out of hours and would come in if required. The trainees were aware of the correct escalation process and knew to call the radiology consultant in the first instance for assistance; following this, the radiology consultant would call another consultant, if additional assistance was required. The consultant trainers reported that they tried to prepare the trainees for the night-shift by ensuring that they all had exposure to intussusceptions during the day. They also reported that there was surgical cover for intussusceptions at night but no dedicated paediatric radiologist. The trainers also commented that they tried to ensure that all new higher trainees completed a paediatric block as soon as they started in post so that they would be better equipped to deal with the on call. The trainees confirmed that there was a named consultant for the general on call and for intervention; they also indicated that the majority of consultants were approachable. Not all the trainees felt comfortable with the amount of training they had received in paediatric procedures prior to starting on call. They confirmed that training sessions were available and that they were all encouraged to watch certain procedures that were conducted during the day. However, some of the trainees had not actually reduced an intussusceptions before being required to do so on call and although knew the technique for investigation of malrotations had limited experience prior to their first on call (particularly they had often not seen an abnormal case). They all agreed however that they were well supported by their consultants and by the surgeons when on call. There was a separate interventional rota which was predominantly run by the consultants and which was shared with the Royal Brompton hospital site and the Royal Marsden Hospital site. Eight consultants ran this rota across the three sites.	Conduct an in-depth review of paediatric out of hours support to ensure that appropriate arrangements are made for senior expertise with appropriate paediatric radiology skills to be available to the trainees on call. Ensure that all trainees have received sufficient training in paediatric procedures prior to their first on call so they are not performing a procedure on call that they have not previously performed.	**Amber** Mandatory Requirement

		The trainees confirmed that the post on–call scans were checked the following morning during the week and that these were often used as a learning opportunity. They reported that however that not all consultants came in at the weekend to check their scans. The trainees stated that they had approximately 30 cases to report per weekend day (mostly CT scans with some ultrasounds). Most consultants had access to remote viewing of scans from home, however some did not. The consultant trainers all confirmed that they would come into the hospital over-night or at the weekend if required. The visit team heard that there was a formal handover at 8am, which was reported to be educational.	Ensure that all consultants can access remote viewing of scans from home.	**Amber** Mandatory Requirement
1	CR1.4	**Serious incidents** The visit team was heard that the Trust was in the process of purchasing an electronic incident reporting system which should be operational by the end of the year. The director of medical education (DME) reported that she had appointed a fellow who would be trying to ensure that communication around serious incidents was more robust and that trainees could understand the process. Serious incident reports were reported to be anonymised and published on the intranet. Trust-wide quarterly clinical governance meetings took place during which incidents were discussed. The trainees were reportedly made aware of the process for reporting serious incidents during induction.	The visit team would like to receive confirmation that the new electronic incident reporting is in place, and that appropriate feedback and learning mechanisms have been implemented.	**Green** Recommendation
1	CR1.5	**Clinical supervision** The trainees reported no problems with clinical supervision.		

		Following the results of the previous GMC NTS when issues with consultant supervision had been raised, the service director had made an effort to improve the rota so that there was a named consultant available and often more than one in case of annual leave. It was reported that the emphasis was now on the consultant to ensure that the trainees were aware of who to contact for assistance, whereas previously this had not been the case. The training programme director felt that these changes had made a huge difference to the quality of consultant supervision.		
2	CR2.1	**Local faculty groups** The visit team heard that there was an informal meeting every Thursday morning as well as a more formal monthly departmental meeting, which was attended by a trainee representative. One of the training programme directors reported that she met with the trainees every other week and with the trainers every three months. The trainees confirmed that they were able to feed back any issues with their training to the training programme directors and that they were keen to help address problems. The visit team heard that trainees in difficulty were always discussed and formally documented.		
6	CR6.1	**Educational supervision** The educational supervisors reported that they had time in their job plan for education. All the trainees confirmed that they had the opportunity to meet with their educational supervisor on a regular basis.		
6	CR6.2	**Teaching** It was reported that a teaching rota was in place and that different consultants covered different sessions. Most teaching sessions took place in the morning at 8am and were separate to the handover meeting. The teaching sessions included an anatomy session and a journal club.		

SPECIALTY-FOCUSED VISIT REPORT

		The trainees reported that they received good teaching particularly prior to examinations and that there were many consultants (particularly the newer ones) who were keen to teach, often in the reporting room. The trainees reported that they generally attended two to three teaching sessions per week. They also reported that some consultants checked the scans with them and they found this to be a useful teaching opportunity.		
6	CR6.3	**Training** The visit team was pleased to note that the Trust had addressed the lack of neuroradiology training and was now in the process of doing the same for head and neck training. The trainees reported that they received good multi-disciplinary training. Some trainees bemoaned the narrow range of specialty training available at the Trust compared with other hospitals, but other trainees, particularly in paediatrics and MSK reported that they would recommend their jobs. The trainees reported that some of the attachments to outlying sites were better than others. The trainers reported that there was a policy in place that once the trainees had passed their Fellowship of the Royal College of Surgeons (FRCS) examination they were able to report on CT scans, but magnetic resonance (MR) scans would always be checked by a consultant.		
6	CR6.4	**Bullying and undermining** The trainees reported that at times colleagues from other departments could often be quite demanding when requesting scans, but in general they found their own department to be very supportive.		

Good Practice	Contact	Brief for Sharing	Date

Health Education
North West London

SPECIALTY-FOCUSED VISIT REPORT

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 Jane Young*
Date:	*8 July 2015*