NHS
Health Education England

Developing people for health and healthcare

Quality and Regulation Unit (London and South East)

Chelsea and Westminster Hospital NHS Foundation Trust
West Middlesex University Hospital
Core Anaesthetics
Specialty Focused Visit

Quality Visit Report

17 November 2015

Final Report

THE NHS CONSTITUTION
the NHS belongs to us all

Visit Details	
Trust	Chelsea and Westminster Hospital NHS Foundation Trust – West Middlesex University Hospital
Date of visit	17 November 2015
Background to visit	Chelsea and Westminster Hospital NHS Foundation Trust acquired West Middlesex University Hospital in September 2015 and since then an integration of services and education and training had been on-going. It was felt that a review of how the integration was progressing and where education was fitting into the realigned services was necessary. This was especially relevant with the increase in patient numbers due to the reconfiguration of service in North West London under Shaping a Healthier Future. The 2015 GMC National Training Survey (NTS) had five red outliers in core anaesthetics training, including 'overall satisfaction' and 'clinical supervision' (plus out of hours). Although the department was visited in 2014 and training was progressing quite well, this was obviously a set back and needed to be investigated and assistance offered. There were three open actions on the anaesthetics action plan from the Specialty Focused Visit on 21/01/2014. The three actions related to trainee log in information, trainees not assigned to lists for teaching and a lack of consultants. These actions require evidence to be provided by the Trust before they could be closed.
Visit summary and outcomes	The visit team met with four core anaesthetic trainees, ST5 trainee representative, college tutor, clinical lead and eight educational and clinical supervisors. The visit team noted the areas that were working well. The trainees reported that they had good access to their educational supervisors and they were always contactable. The trainees commented that the joint paediatric and anaesthetic simulation centre activity was incredibly beneficial. The range of clinical experience was excellent and very appropriate for core training. However, the visit team noted the following areas for improvement. The visit team heard that the trainees could find it difficult to have their work place based assessments signed off. The department needs to review the formal teaching provided to trainees. There were insufficient consultant numbers, particularly in the labour ward despite the increase in activity in this area. The trainees were not introduced to anaesthetic equipment sufficiently at induction and this was not a robust enough process. The department needs to provide more explicit guidelines as to how trainees access operating department practitioner's support if they were asked to give anaesthetics in outlier ward areas.

Visit team			
Lead Visitor	*Dr Claire Shannon, Head of the London Academy of Anaesthesia*	**External Representative**	*Dr Joanne Norman, Training Programme Director, St Georges University Hospital's NHS Foundation Trust*
Trust Liaison Dean	*Dr Chandi Vellodi, Trust Liaison Dean, Health Education England North West London*	**External Representative**	*Dr Roger Cordery, Training Programme Director, Barts Health NHS Trust*
Lead Provider Representative	*Dr Ros Bacon, Regional Advisor for North West London*	**Lead Provider Representative**	*Dr Michelle Hayes, Chelsea and Westminster Hospital NHS Foundation Trust*
Lay Member	*Caroline Turnbull, Lay Representative*	**Trainee Representative**	*Dr Douglas Blackwood, Trainee Representative*

Visit Officer	*Victoria Farrimond, Quality and Visits Officer*		

Findings			
Ref	**Findings**	**Action and Evidence Required.** **Full details on Action Plan**	**Requirement**
GMC Theme 1) Learning environment and culture			
CA1.1	**Patient safety** The trainees commented that there could be very sick children and there was not always a anaesthetic consultant with paediatric expertise immediately available, when anaesthetic consultants were called they did come and support. This occurred a couple of times a week and has been audited. The trainees reported that there was not always an operating department practitioner (ODP) in the emergency department. This resulted in some core trainees providing anaesthetics without an ODP present.	The Trust is to provide more explicit guidelines as to how trainees access ODP support when necessary.	Mandatory Requirement
CA1.2	**Serious incidents and professional duty of candour** The college tutor and educational supervisors informed the visit team of the process of reporting serious incidents. When there was a serious incident an investigator was appointed who would review evidence and interview the staff involved. From this they would write a report with recommendations, which the trainee would receive if they were involved. The trainees reported that they understand the process of reporting serious incidents. The trainees commented that the online feedback could be slow. The educational supervisors reported that there was varying feedback from serious incidents. There were lessons of the week and month, direct feedback to trainees and everybody as a whole and a word document which could be read and discussed. The trainees were unaware of clinical governance meetings within the department.	The department is to ensure that trainees are aware of the clinical governance meetings and are sent copies of the minutes.	Recommendation
CA1.3	**Appropriate level of clinical supervision** The college tutor reported that there were six consultants delivering intensive care. This covered a week of day and night service, whilst working in intensive care the consultants do not cover theatre lists.		
CA1.4	**Rotas**		

	The visit team heard that the trainees were on a one in eight rota. The core trainees would be on the theatre rota and look after high dependency unit (HDU) patients if there were any at that time. They would not look after the intensive care unit, unless they were on the intensive care rotation. The clinical lead informed the visit team that the Trust had a full complement of trainees; three trainees were less than full time. This could mean there were gaps on the rota, which were covered through internal locums. The staff grade doctor covered the theatre rota on weekends 9am to 5pm and the trainees worked in the HDU. Within intensive care the core trainee that was undertaking their three month intensive care unit (ICU) block would be on that rota. Out of hours a senior staff grade doctor or speciality trainee would cover the ICU. The trainees reported that there were gaps within the rota, however most of the gaps were covered in house and consultants had stayed late if needed. The trainees did not feel pressured to cover extra shifts within the rota. The visit team was told that there were many gaps within the consultant rota. The clinical lead commented that currently there were 14 substantive consultants and five locum consultants. The department had recently received approval to recruit two fixed term consultants. 50% of the lists were being carried out by specialty and associate specialist (SAS) doctors; there were 12 SAS doctors in the department. The clinical lead reported that there were plans to expand emergency medicine and trauma and orthopaedic theatre lists. The department did not have an appropriate level of consultants for this to happen. The educational supervisors reported that they were understaffed and were lucky to have 70% consultant cover out of hours. With an increase in consultant numbers the educational supervisors felt they would be able to offer trainees more support out of hours.	The Trust is to review the consultant numbers to ensure there are sufficient consultants to supervise trainees.	Mandatory Requirement
CA1.5	**Induction** The college tutor reported that the trainees had a full day of departmental induction. The induction involved meeting the department staff, head of intensive care and a guided tour of the department. The trainees stated that they were not shown how to use the anaesthetic machines in theatre within induction. The machines and layout differ depending on the theatre which could make it easier for errors to be made. The trainees had fedback this information to the department. The trainees commented that they were shown the difficult airway trolley; however they were not taken through the trolley. The trainees stated that it was a good airway trolley and was clearly labelled.	The department is to ensure all trainees are introduced to the anaesthetic machines and how to use them at induction. The department is to ensure trainees are familiar with the difficult airway trolley and theatre layout prior to starting in the department.	Mandatory Requirement Recommendation
CA1.6	**Handover**		

	The college tutor reported that the handover was carried out in a seminar room so that it was quiet and focused. The trainees reported that the handover was a formal process in a meeting room.		
CA1.7	**Adequate time and resources to complete assessments required by the curriculum** The trainees reported that they had to be proactive and organised to ensure they were able to get their work placed based assessments (WPBA) signed off. The trainees commented that it could be difficult to get WPBAs signed off in theatre if the staff grade doctors supervising had not undergone any supervisors training to carry out WPBAs. The educational supervisors commented that they were happy to observe and supervise trainees to sign off WPBAs. The visit team heard that some clinical supervisors were not registered on the ePortfolio system. The visit team heard that it would be easier to complete WPBAs if there was WiFi access in the theatre. The educational supervisors stated that it could be hard for trainees to observe general anaesthesia for obstetrics. The trainees reported that it took them three months to complete the initial assessment of competence.	The department is to ensure trainees are able to get their WPBAs signed off without difficulty. We expect that 75% of WPBA are signed off by consultants.	Mandatory Requirement
CA1.8	**Access to simulation-based training opportunities** The trainees commented that they had attended a joint anaesthetics and paediatrics simulation session which covered a paediatric resuscitation scenario. The trainees found this incredibly beneficial and allowed them to familiarise themselves with an emergency environment. The educational supervisors reported that obstetrics do simulations in general anaesthesia which trainees could attend. If a trainee was unavailable for simulation sessions the consultants would arrange impromptu learning sessions, this required the trainee to contact the educational or clinical supervisor.		
GMC Theme 2) Educational governance and leadership			
CA2.1	**Impact of service design on learners** The Senior Management team reported that the acquisition of West Middlesex University Hospital by Chelsea and Westminster Hospital NHS Foundation Trust took place on 1 September 2015 and was still very new. The visit team heard that West Middlesex University Hospital and Chelsea and Westminster Hospital NHS Foundation Trust had been working together over the past three years so a lot of clinical and operational alignment had already happened or was in the process of being finalised. The Trust commented that they hoped to build on the significant educational opportunities that		

	were available across the two sites. This could be to allow internal rotation through departments and joint simulation sessions. The educational supervisors commented that they would like to link up with Chelsea and Westminster Hospital trainees for training and education opportunities.		
CA2.2	**Appropriate system for raising concerns about education and training within the organisation** The college tutor informed the visit team that the department ran a detailed survey of trainees in June 2015 following the GMC National Training Survey (NTS) 2015 results. This was very beneficial as it highlighted areas that trainees felt needed more development within the department. The college tutor commented that the local faculty groups (LFGs) were useful and was a good platform for discussing areas that could be improved. The department trainee representative (ST5) attended these meetings. The trainees were unaware of the LFGs; however the trainee representative was formally invited and sent the minutes of the meetings. The visit team heard that the department had an open door policy for raising concerns. If a trainee had any concerns they could approach their education supervisor or college tutor. The department trainee representative had recently been made a pastoral advocate.	The department is to ensure all trainees received the minutes of the LFGs	Recommendation
CA2.3	**Systems and processes to make sure learners have appropriate supervision** The clinical lead informed the visit team that the trainees had a list of consultant contact information which was provided at induction.		
CA2.4	**Organisation to ensure access to a named educational supervisor** The visit team heard that the trainees were assigned their educational supervisor within the first few days at the Trust. The trainee would then meet with the educational supervisor to discuss a learning agreement. The college tutor confirmed that no trainee will be carrying out lists alone unless they were ST6+. The theatre lists show whom the educational or clinical supervisor was so that the trainee would be probably supervised. The trainees reported that the educational supervisors were all accessible and contactable.		
GMC Theme 3) Supporting learners			
CA3.1	**Access to study leave and budget** The trainees reported they had no problems accessing the study budget. They did comment it		

	could be hard to fund courses upfront. The educational supervisors confirmed that they were flexible on booking study leave and the trainees did not have to provide much advance warning.		
CA3.2	**Regular, constructive and meaningful feedback** The trainees reported that the supervisors gave informal feedback when they had observed a trainee or worked alongside them. The trainees commented that the consultants were happy to discuss cases and topics.		
GMC Theme 4) Supporting educators			
CA4.1	**Access to appropriately funded professional development, training and an appraisal for educators** The educational supervisors commented that Lara Higginson and the post graduate medical education centre team were great at ensuring the portfolios were well maintained. The educational supervisors all commented that they had their educational appraisal.		
CA4.2	**Sufficient time in educators' job plans to meet educational responsibilities** The visit team heard that all educational supervisors receive 2.5 supporting professional activities (SPA) although consultants on new contracts received 2 SPAs and locums received 1 SPA. The educational supervisors commented that they had heard the job plans would change to 1 SPA and the trainers would have to justify additional SPAs following the acquisition. The educational supervisors were unsure how they would be able to maintain teaching and training if the SPAs were lowered. The educational supervisors reported that the time resource was not always there to meet educational responsibilities. Due to the small number of consultants in the department it could be difficult to find time to teach trainees.	The Trust is to support the educational supervisors in ensuring they have sufficient time to teach the trainees.	Recommendation
GMC Theme 5) Developing and implementing curricula and assessments			
CA5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** The college tutor commented that West Middlesex University Hospital was a good hospital for trainees to come too. The trainees received three hours of protected teaching every Friday afternoon. The teaching covers four general topics that are beneficial to the training grade of the trainee. The visit team heard that the department ran mock exams and objective structured clinical examinations (OSCEs) for the trainees.	The department needs to review the formal teaching provided to trainees. Through this the department needs to engage trainees in redesigning the formal teaching and developing new opportunities for methodology focused teaching towards the primary exam.	Mandatory Requirement

	The visit team was informed that within the obstetrics department trainees never managed a patient in a serious condition out of hours. The trainees meet their emergency experience by managing emergency calls 9am till 5pm. The trainees commented that the broad aspects of the curriculum were delivered though the teaching was of a more clinical focus rather than textbooks and basic principles. The trainees reported that the teaching on Friday afternoon was variable due to the small size of the department. The teaching was not as exam focused as the core trainees would prefer. The trainees commented that most of the teaching was a trainee delivering a presentation and they would prefer the teaching to be more interactive. The trainees stated they would like to see more case based discussion, presentations on people's experiences across the team and more evidenced or research based areas. The educational supervisors reported that they produced audits and always involved trainees in these which were a great learning opportunity. The educational supervisors confirmed that they taught technical and clinical skills during the theatre list. The educational supervisors suggested that there were not always enough core trainees at teaching which could be a challenge. The college tutor reported that in response to the red outliers in clinical supervision in the GMC NTS 2015. The department had introduced clinical outcomes for trainees at the start of a theatre list. These were then reviewed on the day of the theatre list. The clinical outcomes were made clear to all consultants in the theatres. The trainees commented that it could be hard to select clinical outcomes from the list as they could only see the surgeons name and theatre number not what procedures the list would entail. The educational supervisors commented that in the past few months the department has had its own morbidity and mortality (M&M) meetings. This meeting was summarised and sent to all staff should they be unable to attend.		
CA5.2	**An educational induction to make sure learners understand their curriculum and how their post or clinical placement fits within the programme** The visit team heard that the core trainees had orientation sessions in obstetrics so were used to the department.		
CA5.3	**Opportunities to develop clinical, medical and practical skills and generic professional capabilities through technology-enhanced learning opportunities, with the support of trainers, before using skills in a clinical situation** The trainees reported that the library was very proactive and they received a lot of emails from the library team. The library does not have many anaesthetic specific books however it was a great quiet place to study. The trainees commented that the anaesthetics department had a collection of books which		

	trainees could borrow.		
CA5.4	**Other** The trainees reported that they had difficulty with HR and being paid correctly. One trainee in particular reported they had not been paid properly since September and HR had not been supportive in helping ensure the trainee was paid the correct amount.		

Good Practice	**Contact**	**Brief for Sharing**	**Date**

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**

Signed	
By the Lead Visitor on behalf of the Visiting Team:	*Dr Claire Shannon, Head of the London Academy of Anaesthesia*
Date:	*21 December 2015*