

School of Anaesthetics Visit to Watford General Hospital Executive Summary 21st October 2013	
Deanery representatives:	Dr Simon Fletcher, Head of School of Anaesthetics, HEEoE Dr Alys Burns, Deputy Postgraduate Dean, HEEoE Dr Emily Simpson, Core TPD, School of Anaesthetics, HEEoE Dr Michelle Hayes, Head of Imperial School of Anaesthesia, London Dr Suhas Kumar, Trainee Representative Tina Suttle-Smith, Quality & Visit Manager, Shared Services, London Dr Ian Barker, GMC RCAT Representative Manjula Das, GMC Education Quality Assurance Manager
Trust representatives :	Samantha Jones, Chief Executive Officer Dr Mike Van der Watt, Medical Director Mark Vaughan, Director of Workforce Dr Srinath Sudunagunta, Acting Anaesthetic College Tutor and Obstetric Lead Dr Valerie Page, Acting Anaesthetic College Tutor Dr Russell Griffin, Anaesthetic Clinical Director Mr Howard Borkett-Jones, Associate Medical Director for Education and Training Dr Ratna Makker, Clinical Tutor Dr Arla Ogilvie, Deputy Clinical Tutor David Goodier, Medical Education Manager Dr Mike Pegg, Acting Clinical Director, Department of Anaesthetics
Number of trainees & grades who were met:	Five core trainees, 2 CT1 and 3 CT2 trainees One higher trainee was present who had previously gained colleagues thoughts.

Purpose of visit and background::
<p>Following the two previous Quality Management School visits that had taken place in November 2012 and May 2013 where mandatory requirements and recommendations had been set, this visit was to formally review the Trust's progress against the updated action plan from July 2013. There was a particular focus on the significant concerns identified in relation to both structural and cultural issues within the Anaesthetic Department, including undermining, departmental induction, supervision of both core and higher trainees, both out of hours and in CEPOD, the escalation of serious incidents and issues surrounding consultants carrying out private practice.</p> <p>This visit also provided an opportunity for the visiting team to meet with the new Chief Executive, Medical Director and Anaesthetic Clinical Director. The GMC had been invited to attend to support the visit process and to offer advice and guidance on any findings.</p> <p>The visit team were made aware that the College Tutor is currently off sick and The Royal College of Anaesthetists is sending a review team to the department on 1st November 2013 to assess the operational aspects of the anaesthetic department.</p> <p>Dr Michelle Hayes informed the visit team and the Trust that she had recently surveyed the higher trainees, who had been in post since August 13 and no concerns had been raised. Similarly, the core trainees based in the East of England had been surveyed at their ARCPs in July. Their feedback was also favourable, with no specific issues</p>

reported.

Progress against action plan: Meeting with Trust Team

The visit team met with Trust representatives and reviewed progress against the action points identified at the previous visits.

Induction Programme

- This had been completely revised and was now both thorough and specific. Feedback from the August cohort of trainees had been excellent. No obvious further revision seemed necessary. This action point is now closed.

Supervision in Obstetrics

- There have been a number of specific measures targeting improved communication, support and relationships in the obstetric environment. Meetings have addressed the issues of poor communication and undermining.
- A new anaesthetic obstetric lead has been appointed.
- Cross specialty simulation sessions have been organised focussing on team working.
- Obstetric anaesthetic practices have been reviewed and updated.
- The written trainee feedback has identified no further episodes of inadequate support or undermining.

Working beyond competence

- All trainees are currently working in a supernumerary capacity during day time.
- More specifically list allocation will be approved by the College Tutor or individual Educational Supervisor; CT2 trainees will not supervise CT1 trainees; only approved SAS doctors will supervise trainees.
- Core trainees will not cover CEPOD lists alone.
- A review of those undertaking 4th on call duties will be performed. This 'floating' role should only be undertaken by CT2 trainees and above, with a named consultant available to support any trainee working alone. A sign-off checklist is being developed to identify required competences to undertake 4th on call duties.

Incident reporting and 'never' events

- Clinical Governance had not been a regular feature of departmental activity.
- A departmental risk manager had been appointed. Monthly governance meetings would allow the presentation of relevant incidents, including near misses, as a constructive learning exercise. A culture of openness would be promoted and the importance of incident reporting would be emphasised.

Exposure and training in Critical Care

- Core training curriculum requirements had been reviewed and a training supervisor had been appointed.
- 3-month modules in ICM are now in place for core trainees, but continuity is disrupted as core trainees participate in the anaesthetic rather than the ICM on call rota. Opportunities for CT2 trainees to participate in the on call rota were now being reviewed.

Private practice conflicts

- The chief executive and medical director were conducting a Trust-wide review of conflicts with private practice.
- Anaesthetic trainees would not cover consultants to allow private practice and private patients would not take precedence.

Raising Concerns and related issues, including trainee engagement.

- These issues have received considerable attention at both Trust and departmental levels.
- The Chief Executive and Medical Director have initiated regular open meetings ('onion' meetings) where issues can be raised and discussed, as well as providing a number of routes, both formal and informal, for trainees to meet with the Executive Team.

Health Education East of England

- An Anaesthetic trainee Forum is now fully supported with the CT receiving minutes and addressing concerns. The Trust Junior Doctor Forum has also been strengthened and is attended by an anaesthetic trainee representative.

Progress against action plan: Meetings with Trainees

The action points above and other outstanding issues were also fully explored in face to face meetings with core trainees and the one ST present.

Trainees commented on how open the Consultant body had been, engaging with them to come up with solutions.

Core Trainees

- Core trainees identified an excellent teaching programme with lots of Primary FRCA exam orientated teaching. The support from Dr Koomson in developing the teaching programme is highly valued.
- Comprehensive Departmental Induction
- CT1 trainees are no longer supervised by CT2 trainees, and CT1 trainees are supervised by Consultants on CEPOD lists.
- Well supervised and supported in Labour Ward
- Trainee forum lead involved in talks with College Tutor regarding role of the 4th on call, which is not now undertaken by CT1 trainees.
- No issues were raised regarding undermining.
- There were some difficulties in getting ICM competences signed off and CT2 trainees are not doing ICM on call.

Higher Trainees

- No concerns raised around undermining or private practice taking priority
- Strong educational supervision, with lots of opportunities to undertake audits and be involved in quality improvement projects as well as gaining management experience
- Strong clinical supervision, including out of hours with good consultant presence when requested. Opportunities to take the lead on theatre cases
- Well organised clinical governance meetings
- Trainees would recommend post to colleagues and would be happy for family members to be treated there.
- Higher trainees would like to be more involved in teaching junior trainees and in the planned multi-disciplinary simulation sessions for obstetrics scenarios/team working.

Patient safety concerns raised by trainees

- An issue of availability of ODP support was raised, with specific reference to delay in proceeding with emergency surgery in a critically ill patient.
- It appears that evening CEPOD lists had been delayed (on one occasion considerably) by over running day time lists.

Summary of progress

1. Progress in planned actions set out in the action plan from July 2013 was evidenced through the meetings described above, with the trainees triangulating the update provided by the Trust team.
2. The visit team were very pleased to confirm that the department had clearly been striving to improve the training environment for both core and higher trainees. This has been demonstrated through a more open culture of trainee engagement and no evidence of bullying and undermining, greatly improved induction, recognition and delivery of appropriate supervision and support for trainees, and transformation of the teaching programme.

Health Education East of England

3. It was evident that change is happening, especially in obstetrics, with up to date practices in place and trainees are well supported and supervised.
4. The pro-active approach being taken by the Chief Executive and the Medical Director in working with the anaesthetic department to address the significant concerns previously identified was welcomed by the visit team, as well as the planned Anaesthetic Review Team (ART) visit and the appointment of an acting CD from outside the Trust.
5. The sustainability of the action plan was a shared concern, and there was a recognised need to maintain the momentum gained in addressing the identified structural and cultural concerns.
6. The outcomes of the ART visit as well as the continued involvement of the Senior Trust team in supporting the anaesthetic department in addressing operational issues including consultant staff levels will in turn support the department in the delivery of high quality education and training.

Requirements:

The visit team identified no new requirements at this visit and were satisfied that the requirements identified in previous visits had either been fully met or were in the process of being addressed.

There is a requirement to demonstrate sustained progress against the action plan with the on-going input and support of the Senior Trust team, with specific reference to both structural and cultural issues and the wider reviews that are being undertaken around these issues including the ART visit and the Trust internal audit in relation to private practice.

Recommendations:

1. The identified patient safety issues reflect operational aspects of the anaesthetic services that we recommend are reviewed as part of the ART visit.
2. The Trust should appoint a second College Tutor to support Dr Koomson.
3. The anaesthetic department should develop opportunities for senior trainees to be more involved in teaching junior trainees and also in the planned multi-disciplinary simulation sessions.
4. The need for a more detailed review of the delivery of training in intensive care has been identified. To support the Trust in this regard, we propose that the School of Anaesthetics liaise directly with HEEoE Intensive Care faculty to arrange this.

Timeframes:	Updated Action Plan to Deanery by:	6 January 2014
	Revisit:	July 2014

Head of School: **Dr Simon Fletcher**

Deputy Postgraduate Dean: **Dr Alys Burns**