

## Health Education East of England

| <b>School of Anaesthesia</b><br><b>Visit to West Hertfordshire Hospitals NHS Trust (Watford)</b><br><b>Executive Summary</b><br><b>Date of visit: 15<sup>th</sup> January 2016</b> |  |
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| <b>Deanery representatives:</b>  | Dr Alys Burns – Deputy Postgraduate Dean (EoE) and Head of Education and Quality (Secondary and Tertiary Care)<br>Dr Helen Hobbiger – Head of EoE Postgraduate School of Anaesthesia and Associate Dean<br>Dr Michelle Hayes – Head of School and Regional Advisor North West Thames School of Anaesthesia<br>Dr Doug Bomford – Trainee representative<br>Mrs Alison Clough – Lay representative   |
| <b>Trust representatives :</b>   | Dr Michael Van der Watt – Medical Director (attended feedback session)<br>Ms Laura Bevan - Associate Director of HR (Education) (attended feedback session)<br>Mr Howard Borkett-Jones – Director of Medical Education<br>Dr Mamatha Kumar – College Tutor<br>Dr Tom Stambach – CD, Anaesthetics Department<br>Dr Thillaiampalam Kathirgamanathan – Educational Supervisor<br>Dr Valerie Page – Educational Supervisor (attended feedback session)<br>Dr Aruna Navapurkar – Educational Supervisor (attended feedback session)<br>Dr Michelle Soskin – Educational Supervisor<br>Ms Jane Barrett – Education, Training and Development Manager<br>Ms Martina Yanga – Medical Education Manager |
| <b>Number of trainees &amp; grades who were met:</b>   | 8 trainees were seen in total:<br>2 CT1<br>2 CT2<br>2 ST3<br>2 ST4   |

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| <b>Purpose of visit :</b>   |
| This was a planned follow up visit from 4 previous visits over the past 3 years to measure progress against agreed action plans. Anaesthetic training at the Trust is currently under enhanced monitoring by the GMC, who have attended previous visits, and have requested feedback from this visit. Further to CQC visits the Trust has been placed in special measures from September 2015. This is driving significant change in practice across the Trust led by the senior executive team and with regard to this visit, includes a requirement for improvement in urgent and emergency services. |

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| <b>Strengths:</b>  |
| There has been a sustained year on year improvement in the delivery of anaesthetic training. <ul style="list-style-type: none"> <li>The 2015 GMC National Training Survey demonstrated no red flag outliers as oppose to 7 in 2013.</li> <li>The Trust had one green flag outlier for local teaching and at Core level two further green flag outliers for clinical supervision and overall satisfaction. This was supported by the 2015 regional trainee survey results and verbal reports from the trainees interviewed.</li> <li>There were no reported incidents of bullying, harassment or undermining behaviour. Information on dealing</li> </ul> |

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with bullying and undermining constitutes part of the Trust induction programme. There was one documented incident in the trainee survey of undermining; the anaesthetic department has resolved this and the trainee concerned felt fully supported throughout

- Both Trust and Departmental induction was reported to be good and provided appropriate information, including timetables and passwords, as well as a welcome and introduction to the department. There is a specific checklist for induction. Core trainees were offered a meeting with the College Tutor prior to starting at the Trust.
- The novice induction programme was working well with all trainees receiving their Initial Assessment of Competency Certificate (IACC) at the expected time.
- All trainees reported very good and appropriate levels of clinical supervision. They feel well supported and the consultants always attend when requested. No trainee had been asked to work outside of their level of competence.
- All trainees knew their Educational Supervisor (ES) and had met with them regularly. All ESs are receiving 0.25 PA/trainee in their job plans. Appraisal for ES is being developed.
- Good pastoral care is demonstrated by all ESs and in particular by the College Tutor, Dr Mamatha Kumar.
- There were no issues relating to the use of the e-portfolio. No trainee reported difficulties in getting work place based assessments signed off.
- The local teaching programme was highly praised, protected half-day weekly sessions occur which address the learning needs for the primary and final fellowship examinations. Watford also participates in the regional core teaching programme, trainees welcomed this opportunity to meet with their peer group. Watford now has an excellent pass rate in the primary FRCA examination.
- There are quarterly Trainee Forum meetings, which are followed by Faculty meetings for the ESs. These were working well and had responded to identified issues.
- There is 24/7 Consultant cover for the CEPD theatre. Operational guidelines are in place and the Consultant Anaesthetist pro-actively manages the list. Minimal activity was reported as occurring after 10pm with the exception being that of 'life and limb surgery'.
- The twice-daily multi-disciplinary (including anaesthetic staff) handover rounds in Obstetrics are now embedded.
- The patient controlled epidural analgesia (PCEA) service has now been established on the labour ward; the visitors were shown supportive records to demonstrate that midwives had received training and attained the requisite competency levels.
- There are regular departmental Clinical Governance and Mortality +Morbidity meetings at which trainees are encouraged to present cases and receive non-judgmental feedback.
- All trainees knew how to report a serious untoward incident (SUI) and had received feedback on those reported.
- There are further plans for Consultant expansion, with the objective to increase from the present number of 32 to a total of 45. The Executive Body has agreed to this in principle and have requested that the division provide a supportive detailed business case. Dr Stambach and the Divisional managers are currently working on this. There is evidence of intent with a new recruitment wave in progress.

### Areas for development:

- All trainees described problems obtaining emergency drugs that had previously been held within the transfer bag. Most Trusts have solved this issue by developing 'grab boxes' which can be safely locked away nearby but are readily available to support emergency/transfer activity. Trainees also expressed concerns about equipment available for inter-hospital transfer of patients. The visitors were assured by the Trust that this issue would be flagged up and addressed by the team currently tasked with reviewing the provision of emergency activity throughout the Trust, including the provision for safe transfer of patients.
- The Trust recognises that the accommodation for the anaesthetic department remains an issue. At present, it was confirmed that the seminar room can now be locked to avoid it being used as a corridor, and if required it is possible to find a room for confidential meetings with trainees. Plans for the redevelopment of the

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Anaesthetic Department have currently been put on hold. Previously identified space is now required to accommodate a new theatre suite for vascular surgery. Alternative plans are being drawn up and it is expected that the department will be re-located in 2017. The visitors stressed the need for the new plans to include room space for teaching, confidential discussions, trainee appraisals and personal study. Consultants also require adequate desk space.

- All trainees were appreciative of the case mix available in Watford but felt that there were some missed educational opportunities.
  - CT 2's coming towards the end of their obstetric module would benefit from holding the obstetric anaesthetic bleep with assistance immediately available if required. There should also be opportunities for CT2's to maintain their skills after completion of their obstetric module but prior to commencement of ST training.
  - Likewise, ST trainees would benefit from some exposure to emergency work; this could include taking the lead in the CEPOD theatre, with direct supervision when required.
- Trainees described receiving feedback and some described excellent practice. This could be developed and better structured so, for example at the start of a supervised list, required learning objectives could be briefly discussed. Feedback at the end of the session could then be better targeted and include a period for reflective learning.
- ST trainees described problems in obtaining funding to cover study leave and travelling expenses. It was felt that this was largely related to the cross-boundary issue between the East of England and London. The London trainers are currently investigating the matter.
- The infrastructure to support Wi-Fi has been put in place in the Trust and the expectation is for the system to 'go live' within the next 6 months.
- The Trust continues to rely on the need for agency staffing. In particular, some agency midwives require additional support for patients using PCEA.

### Significant concerns:

- A single significant concern relates to the management of Obstetric cases requiring urgent surgical intervention. The Visitors were informed of a pattern of behaviour, which involved a high out of hour's request rate for category 1 caesarean sections. Trainees felt that this was being used as a tool to open a second theatre for which there is currently not adequate staffing provision, and should only be used as an exception. One trainee described being put under pressure to start an anaesthetic without an appropriately skilled assistant. Linked to this issue, there was also a recurrent perception from trainees that the rate of GA sections was high, and the Trust noted they had a high overall rate of LSCS. The trainees have raised this matter with the anaesthetic consultants, but the challenge relates to effecting change in obstetric practices.

### Requirements:

- There is a need to review request rates for category 1 caesarean sections and also the rate for GA caesarean section. The visitors understand that there is a new lead for the Labour Ward who is tasked with chairing a multi-disciplinary Labour Ward Forum. This group has an identified mandate to develop and improve the clinical aspects of intra partum care and would be well placed to investigate these concerns. It is recommended that all out of hour's category 1 sections be formally reviewed at the 08:30 handover round and a case summary report then fed back to the Trust Labour Ward Forum.
- The introduction of 'grab boxes' for emergency drugs and the safe provision for patient transfer, including guidelines and equipment, needs to be addressed to enable the safe provision of patient care
- Adequate accommodation for the department of anaesthesia needs to be progressed and built into Trust redesign as a matter of priority.

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### Recommendations:

- Training lists should become more structured and include the time for reflective learning as outlined above.
- The need to maintain skills, particularly in obstetric anaesthesia and emergency work, should be taken into consideration when drafting the weekly rota. Trainees should be encouraged to be pro-active in identifying their training needs.

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| Timeframes: | Action Plan to Deanery by: | 4 <sup>th</sup> April 2016   |
|             | Revisit:                   | In accordance with 3 yearly cycle of school visits, but to be confirmed following review with GMC and subject to satisfactory quality monitoring and trainee survey reports .<br>Ongoing close liaison with the Trust is anticipated due to HEE EoE and London repatriation project. |

Head of School: Helen Hobbiger

Date: 19/1/16

Deputy Postgraduate Dean: