

<b>School of Anaesthesia</b> <b>Re-Visit to West Hertfordshire Hospitals NHS Trust (Watford)</b> <b>Executive Summary</b> <b>Date of visit: Monday 7<sup>th</sup> July 2014</b>	
<b>HEEoE representatives:</b>	<p><b>Dr Alys Burns</b> - Deputy Postgraduate Dean (EoE) and Head of Education and Quality (Secondary and Tertiary Care)</p> <p><b>Dr Simon Fletcher</b> - Head of EoE Postgraduate School of Anaesthesia and Associate Dean</p> <p><b>Dr Michelle Hayes</b> - Head of Imperial School of Anaesthesia</p> <p><b>Dr Helen Hobbiger</b> - Regional Advisor, The Royal College of Anaesthetists</p> <p><b>Dr Suhas Kumar</b> - Trainee representative</p> <p><b>Dr Ian Barker</b> - GMC Enhanced Monitoring Associate</p> <p><b>Manjula Das</b> - GMC Education Quality Assurance Programme Manager</p>
<b>Trust representatives :</b>	<p><b>Ms Samantha Jones</b> - Chief Executive [attended the feedback session]</p> <p><b>Dr Michael Van der Watt</b> - Medical Director [on arrival]</p> <p><b>Dr Anna Wood</b> - Associate Medical Director</p> <p><b>Mr Howard Borkett-Jones</b> - Associate Medical Director for Education and Training</p> <p><b>Dr Ratna Makker</b> - Clinical Tutor</p> <p><b>Dr Michael Pegg</b> - Clinical Director of Anaesthesia</p> <p><b>Dr Mamatha Kumar</b> - College Tutor</p> <p><b>Dr Valerie Page</b> - Educational Supervisor</p> <p><b>Dr Paul Hart</b> - Educational Supervisor</p> <p><b>Dr Ajoy Pandit</b> - Educational Supervisor</p>
<b>Number of trainees &amp; grades who were met:</b>	<p>5 trainees were seen in total:</p> <p>2 CT1</p> <p>2 CT2</p> <p>1 ST 3</p>

**Purpose of visit:**

This was a planned follow up visit from 3 previous visits over the past 2 years to measure progress against an agreed action plan.

**Strengths:**

There has been a fundamental change in the way anaesthetic training has been delivered.

- This is reflected in the 2014 GMC National Training Survey (NTS) outcomes, where there is now only one red outlier across core and higher training compared to 7 in 2013, as well as in the results of local satisfaction surveys and the verbal reports of the trainees interviewed.
- The Trust has one red flag for access to educational resources in core anaesthesia and is a positive outlier for the induction programme for higher trainees. There has been an improvement across the majority of GMC domains as highlighted in the NTS for both core and higher training in anaesthetics when compared to other Trusts in East of England. All trainees reported an excellent atmosphere within the department with comprehensive clinical supervision and support (see below).
- The local teaching programme, largely the work of Dr Albert Koomson, is now excellent.
- Many other aspects of training have improved and most of the previously identified concerns with undermining and private practice conflict are substantially better.
- Two reported incidents of undermining were dealt with rapidly and effectively by the CD and the department.
- There have been a number of new consultant appointments with others planned, which has already had a positive effect within the department.

**Areas for development:**

1. Inevitably, where concerns regarding supervision have been identified, the pendulum has swung a little in the other direction. It is an important part of training to allow a considered and appropriate increase in responsibility, even at CT1 level. As the experience, ability and confidence of trainees grows their supervision for some cases, and where appropriate even whole lists, should be indirect (but not remote). More senior trainees should be delivering service as part of their training and the complexity of their workload should reflect their increasing competence. This is a view endorsed by both HEEoE and the Royal College of Anaesthetists.
2. The Educational resources within the Trust remain a problem. The Library was reported to be good, with excellent staff but its location made access from the main hospital difficult. IT is generally poor with old, slow computers. We were told that a hospital-wide Wi-Fi is soon to be introduced
3. Feedback is variable; all would appreciate some comments at the end of sessions
4. Trainees at West Herts are a little isolated and would benefit from interaction with other trainees. They will be invited to tutorials at Imperial
5. Clinical Governance has been introduced at departmental level but this could be more structured, particularly when reviewing mortality and serious adverse events

**Significant concerns:**

1. **Immediate Patient Safety Concern:** Urgent investigation is required of the patient safety concern identified in relation to the clinical practice for epidural top-ups.
2. While handover was reported as excellent within Critical Care, handover in Obstetrics and for CEPOD workload requires development.
  - Multidisciplinary hand over within obstetrics is clearly not a regular feature of daily life. All would benefit from its formal introduction.
  - Of greater concern was handover of CEPOD workload: With one notable exception, emergency work planning was dealt with in a passive way; Consultant surgeons seem to dictate the priorities with little regard for clinical priority. Indeed surgeons seem to continue to dictate many aspects of theatre activity and there were examples given where appropriate staff sensibilities were ignored to the detriment of patient care.
3. Anaesthetic departmental accommodation is poor:
  - The 'seminar' room seems to be used as a corridor as it allows access to Critical Care bypassing the security system. This makes classroom teaching difficult. The IT systems in the seminar room are inadequate. Computers are very slow.
  - There are no rooms available within the department or theatre complex for private discussions with trainees.
  - There is limited availability of office space for consultants.
  - There is insufficient room for trainees to store their belongings.

**Requirements:**

1. **Immediate requirement:** Urgent investigation of the patient safety concern identified in relation to the clinical practice for epidural top ups, including confirmation by **Friday 11<sup>th</sup> July** that immediate action has been taken to address the concerns if confirmed by the investigation.
2. A more balanced approach to trainee supervision, as outlined above, should be gradually reintroduced
3. Multi-disciplinary hand-over round in Obstetrics should be normal practice
4. The senior anaesthetist responsible for the CEPOD list should be much more proactive in the overall management of the case load, resisting demands of some surgical colleagues
5. We understand that a review of accommodation is underway across the Trust and the issues noted above must be addressed within this.

**Recommendations:**

1. Feedback, whether positive or negative, should become normal practice
2. Trainees should join colleagues for exam preparation and teaching if the opportunity arises, and the Trust should facilitate this. Dr Hayes has suggested they may join teaching at Imperial. There may also be opportunities to link more closely with East of England core training teaching programmes.
3. The structure of Governance and mortality meetings needs reviewing; it should be multi-disciplinary and should include routine review of serious incidents such as a death in theatre.

<b>Timeframes:</b>	<b>Response to Immediate Concern:</b>	Friday 11 <sup>th</sup> July [Received]
	<b>Action Plan to HEEoE by:</b>	Monday 20 <sup>th</sup> October
	<b>Revisit:</b>	November / December 2015

**Head of School:** Dr Simon Fletcher

**Date:** 14 July 2014

**Deputy Postgraduate Dean:** Dr Alys Burns