

# **Epsom and St Helier University Hospitals NHS Trust**

## **Anaesthetics**

### **Risk-based Specialty Review**



## **Quality Review report**

**Date:** 07 June 2016

**Final Report**

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## Quality Review details

<b>Background to review</b>	<p>The General Medical Council National Training Survey (GMC NTS) in 2015 generated one red outlier in anaesthetics for 'access to educational resources'. In addition, pink outliers were generated for 'induction' and 'adequate experience' within anaesthetics.</p> <p>Following a meeting on Thursday 21 January 2016 regarding Intensive Care Unit (ICU), HEE SL heard that there were changes following the CQC inspection resulting in the ICU consultant rota being two consultants down. Trainees reported that since the change the ICU was busier which presented additional learning opportunities. It was reported the consultants were willing to teach informally and supervise procedures. The visit team wanted to review the current situation and ascertain whether the quality of teaching had been continued since the meeting.</p>
<b>Specialties / grades reviewed</b>	<p>The visit team met with the college tutor, clinical director, educational supervisors, as well core and higher trainees.</p>
<b>Number of trainees and trainers from each specialty</b>	<p>The visit team met with seven core and four higher trainees across the specialty. The visit team also met with the clinical director, college tutor and six educational supervisors.</p>
<b>Review summary and outcomes</b>	<p>The visit team thanked the Trust for accommodating the quality review and for ensuring a good level of attendance at all sessions. The trainees reported that the department was well organised and that they felt well supported. The supervision was reported to be very good at all levels of training.</p> <p>The visit team found that training in anaesthesia and ICM was managed well and there was good educational supervisor engagement and support. The trainees had the opportunity to feed back on their training and there was an open culture of discussion.</p> <p>It was reported the anaesthetics department conducted a mock GMC survey and the visit team was encouraged that there were innovative ideas to improve the quality of teaching.</p> <p>It was reported that the following areas were working well :</p> <ul style="list-style-type: none"> <li>• The Trust was commended on the high level of engagement in training both from the management and consultant body. Particular examples were the appointment of an Associate Medical Director for Education in the Trust, the appointment of clinical fellows with specific interests in simulation and in consultant job planning.</li> <li>• The simulation facilities and the range of courses provided by the Trust were impressive and valued by the trainees.</li> <li>• All of the trainees felt very well supported by their consultants, receiving good clinical supervision. There were no reports of undermining or bullying behaviour from any member of staff in the Trust.</li> <li>• The library facilities were well regarded by the trainees with good access to journals and computer facilities.</li> </ul> <p>However, the visit team noted the following areas for improvement:</p> <ul style="list-style-type: none"> <li>• The visit team felt that rota design in ICU care should incorporate adequate time for adequate handover. There were some questions around European Working Time Directive (EWTD) compliance. The visit team recommended that the Trust should complete a diary card exercise to demonstrate compliance.</li> </ul>

	<ul style="list-style-type: none"> <li>The visit team suggested that the anaesthetics department should look at providing supported solo lists for the more senior higher trainees so that they could develop skills in list management and autonomous working.</li> <li>When asked if the trainees would recommend the hospital to their family and friends, they stated that they would recommend it.</li> </ul> <p>Overall, the impression given was that the college tutor, clinical director and educational supervisors were educationally focused and were proactive in improving teaching for anaesthetics and ICM. The visit team heard that the majority of the trainees thought the learning environment at the Trust was good and supportive and the trainees were complimentary about their supervisors. All of the trainees in anaesthetics reported that they would recommend the Trust as a good place to train to colleagues.</p>
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Quality Review Team			
<b>Lead Visitor</b>	Dr Cleave Gass, Head of the London Academy of Anaesthesia	<b>Lay Representative</b>	Diane Moss, Lay Representative
<b>External Representative</b>	Dr Joanne Norman, Training Programme Director	<b>Trainee Representative</b>	Dr Sarah Muldoon, Trainee Representative
<b>Scribe</b>	Azeem Madari, Quality Support Officer	<b>Scribe</b>	Jannatul Shahena, Quality Support Officer

## Findings

GMC Theme 1) Learning environment and culture		
<b>Standards</b>		
<p><b>S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.</b></p> <p><b>S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.</b></p>		
Ref	Findings	Action required? Requirement Reference Number
A1.1	<p><b>Patient safety</b></p> <p>There were no patient safety concerns reported.</p>	
A1.2	<p><b>Serious incidents and professional duty of candour</b></p> <p>Both core and higher trainees reported they knew the process for reporting serious incidents. The trainees informed the visit team they would use the Datix system to log any incidents.</p>	

	<p>The trainees reported that in the event of a serious incident they would receive support from consultants and other senior members of staff. Furthermore, learning from serious incidents reported via Datix was discussed at the weekly teaching. In addition, the trainees reported that serious incidents were encouraged to be discussed during the Friday morning departmental meetings.</p> <p>The educational supervisors reported to the visit team that there was a good mechanism in place for the trainees to report serious incidents and that these were discussed during the local faculty group meetings (LFGs).</p> <p>It was reported that the educational supervisors were not aware of the mechanism for escalating trainee involvement to Health Education England through the reporting portal. The Director of Medical Education (DME) should ensure that all consultants were made aware of the local reporting process to HEE.</p>	
<p>A1.3</p>	<p><b>Appropriate level of clinical supervision</b></p> <p>The trainees in anaesthetics reported to the visit team that there were no issues with the clinical supervision provided by the Trust and trainees at all levels felt adequately supervised. The higher trainees reported that there would be someone accessible at all times and that they were never put in a vulnerable position. The core and higher trainees both informed the visit team that they knew who to contact to escalate concerns regarding clinical difficulties experienced when they were on call.</p> <p>The core trainees within the intensive care unit (ICU) reported that there were 13 beds in the unit with two core trainees present at all times during the day. It was reported that there were plans to expand the bed capacity within the ICU by an extra three beds.</p> <p>The college tutor informed the visit team that as a result of cross-site cover, supervision could suffer at the Epsom Hospital site. It was reported that the core trainees at the St Helier Hospital site received more comprehensive clinical supervision. It was reported that the Epsom Hospital site was more focused on learning and that trainees were exposed to a varied case mix. The clinical director reported that the Trust took pride in clinical supervision and that it was always consultant led. The college tutor reported that in the ICU the consultants would help the trainees to obtain beds if they were not easily accessible and patients would always be accompanied by appropriately trained staff during transfers.</p>	
<p>A1.4</p>	<p><b>Responsibilities for patient care appropriate for stage of education and training</b></p> <p>The visit team heard from all the trainees that they did not have to carry out duties beyond their level of competence and experience. It was reported that they were able to achieve all of their required competencies, appropriate to their level of training.</p>	

A1.5	<p><b>Rotas</b></p> <p>The visit team heard from the trainees that the rota was given in advance and that the majority of trainees were happy with these arrangements. However some trainees reported that their rotas may not be ETWD compliant. The core trainees in ICU reported that they would have long periods of intense workload but then would have rostered two weeks off to compensate for this and trainees were allowed to book an additional week off as annual leave. The core trainees in ICU reported that the rota could be excessive at times, as the shifts could vary between days and nights. In addition, it was reported that annual leave could be difficult to take during busy periods but the educational supervisors reported they would try their best to accommodate any leave. The educational supervisors reported that the rota was good and flexible but did agree that there were intense periods.</p> <p>The visit team heard from the trainees that as there were gaps in the rota they were sometimes offered the option of doing extra shifts as a locum but that they did not feel under pressure to do so. Some higher trainees reported they would voluntarily work the extra shifts and were paid for doing so. The trainees reported that there were gaps in the rota and the Trust would always find locum doctors to cover any gaps. The trainees felt this was really helpful and appreciated that the Trust were not only focused on service provision but also on education. The core trainees in anaesthetics reported that they would do one in eight night shifts but stated that nights were quiet. The higher trainees reported that the Trust had employed clinical fellows and medical fellows to fill the rota gaps, which was appreciated. The educational supervisors reported that further anaesthetics fellow appointment had been delayed due to funding.</p> <p>The trainees reported that during the Care Quality Commission (CQC) visit in 2015 they were affected by changes made by the Trust. It was reported that the rota was changed in ICU, which increased workload and made the environment more stressful. The core trainees in the ICU reported that the unit was running to full capacity and had been busier since the beginning of the year. The core trainees reported that the ICU rota was a busy rota and they would do longer days but would get longer rest days. The clinical director reported that the higher trainees had more clinical exposure with the busier rota.</p> <p>It was noted that core trainees in the ICU worked 12 hour shifts and would come in early for their teaching which meant trainees would stay late to complete the handover. The trainees reported that handover was not factored into their rota and meant that they consistently worked over their rostered hours. The visit team felt that the rota was not European Working Time Directive (EWTD) compliant and stated that handover should be scheduled into the rota. The clinical director was in agreement that the rota should include the time taken for handover.</p> <p>All of the trainees that the visit team interviewed reported that a diary card exercise had not been carried out at the Trust and they would appreciate this taking place. The clinical director and college tutor both agreed that a diary card exercise had not been completed and would ensure that it was carried out as soon as possible.</p> <p>The clinical director reported that they anticipated that the ICU would be 30% busier and that plans were in place to move the ward to a bigger unit which would consist of an eight man rota.</p>	<p>Yes - See A1.5a below.</p> <p>Yes - See A1.5b below.</p>
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<p>A1.6</p>	<p><b>Induction</b></p> <p>The trainees reported that they received a Trust induction and also a departmental induction on the first day of their placement.</p> <p>The trainees reported that the department induction was comprehensive and included a walk around the department and introduction to the equipment being used on the wards. The trainees also met with the college tutor and administrative team. It was reported that parts of the induction were completed online which would take half a day to complete; some trainees felt that this was too long. The higher trainees reported that they had not given any feedback on their induction. The trainees reported the educational supervisors and college tutor were exceptionally supportive and were always there if they were not sure about something.</p> <p>The college tutor informed the visit team that it was explained to the trainees on their first day that the placement would offer the basic foundation for anaesthetics training</p> <p>The clinical director explained to the visit team that there were protocols in place for transferring patients from the Epsom Hospital site to St Helier Hospital site. It was reported that trainees underwent an induction in transferring patients from both the Epsom Hospital and St Helier Hospital sites. The clinical director reported that if there was a critical patient, the consultants would oversee the transfer of the patient and that the trainees would not be involved.</p>	
<p>A1.7</p>	<p><b>Handover</b></p> <p>The visit team heard from the trainees that the only issue with the handover was that this was happening outside of their allocated working hours.</p>	
<p>A1.8</p>	<p><b>Protected time for learning and organised educational sessions</b></p> <p>The trainees reported that they were able to attend fortnightly teaching sessions which were bleep-free. The core trainees in the ICU reported that they appreciated the organised educational sessions, as they had the opportunity to learn about initiatives such as ACSA - Anaesthesia Clinical Services Accreditation.</p> <p>The higher trainees reported that they had a half day teaching session in anaesthetics on a Wednesday and that they would be released from their duties to attend these sessions. All the trainees stated that they had protected teaching time but some higher trainees stated that departmental teaching could be excused so they could attend more relevant teaching.</p> <p>The college tutor informed the visit team that they encouraged the higher trainees to present during the teaching sessions.</p>	
<p>A1.9</p>	<p><b>Adequate time and resources to complete assessments required by the curriculum</b></p> <p>The trainees reported the library at the Trust had good facilities and good access to medical journals. Additionally, it was reported that computers were easily available for the trainees and that the library staff were helpful.</p> <p>The clinical director and college tutor reported that the video conferencing equipment could prove to be troublesome for cross-site training. It was reported that video links would not work and would sometimes hinder teaching.</p>	<p>Yes - See A1.9 below.</p>
<p>A1.10</p>	<p><b>Access to simulation-based training opportunities</b></p> <p>The visit team heard from all the trainees that they received simulation-based training and were very complimentary about the level of teaching at the Trust.</p> <p>The anaesthetics higher trainees reported that the sessions were very well structured and helpful with good simulation centres. The trainees were all impressed by the energy shown by the college tutor and educational supervisors. The trainees stated</p>	

	<p>that the consultants and supervisors were helpful and supportive.</p> <p>The core trainees in the ICU reported that they were not exposed to much obstetrics and gynaecology (O&amp;G) experience but that they were encouraged by the consultants to gain this experience which would help them to sign off their learning objectives.</p> <p>The visit team heard from the college tutor that the trainees were encouraged to participate in the simulation sessions and that they would do their best to make the sessions interesting and constructive for the trainees.</p>	
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**GMC Theme 2) Educational governance and leadership**

**Standards**

**S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.**

**S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.**

**S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.**

<p>A2.1</p>	<p><b>Effective, transparent and clearly understood educational governance systems and processes</b></p> <p>The core trainees reported that they had regular clinical governance meetings which usually took place on Friday mornings and they received the agenda in advance. The trainees reported that there were monthly audit meetings and everyone was encouraged to attend.</p> <p>The visit team heard from the trainees that they had quarterly and monthly departmental meetings which were implemented after the CQC inspection. In addition there was a monthly surgery meeting which the trainees were encouraged to attend.</p> <p>The trainees reported that medical education committee meetings were held four times a year and that there was anesthetic trainee representation. However, it was noted that there was no trainee representation at these meetings for critical care.</p> <p>The visit team heard from the trainees that there was trainee representation at the local faculty group meetings (LFG) and that they felt their input was valued and listened to. All the trainees stated that they were invited to attend the LFG meetings but sometimes it was difficult to attend if the wards were busy. The visit team was informed that the minutes were circulated to all of the trainees.</p> <p>The higher trainees reported that they attended regular governance meetings for mortality and morbidity (M&amp;M) on a Thursday which were bleep-free. It was reported that during these meetings, there were discussions about complex cases and that the sessions were mostly attended by the trainees in the ICU. The trainees reported that feedback on serious incidents was channeled through the M&amp;M meetings.</p> <p>The clinical director informed the visit team that the meetings had helped the department to learn from the trainees and believed that the trainees had enjoyed their time at the Trust.</p>	
<p>A2.2</p>	<p><b>Organisation to ensure access to a named clinical supervisor</b></p> <p>All the trainees reported to the visit team they were informed about what who their clinical supervisor was during their induction.</p>	

A2.3	<p><b>Organisation to ensure access to a named educational supervisor</b></p> <p>All the trainees reported to the visit team they were informed about who their educational supervisor was during their induction.</p>	
A2.4	<p><b>Systems and processes to identify, support and manage learners when there are concerns</b></p> <p>The visit team heard from the educational supervisors that the LFG meetings were the platform to voice any concerns. It was reported that the meetings covered both the Epsom Hospital and St Helier Hospital sites.</p>	
<p><b>GMC Theme 3) Supporting learners</b></p>		
<p><b>Standards</b></p> <p><b>S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.</b></p>		
A3.1	<p><b>Behaviour that undermines professional confidence, performance or self-esteem</b></p> <p>There were no reports of undermining or bullying behaviour from any member of staff in the Trust.</p>	
A3.2	<p><b>Access to study leave</b></p> <p>The educational supervisors reported that the trainees were usually given study leave but during busy periods this proved difficult. It was reported that regional teaching was encouraged and that the trainees were removed from the rota to allow them to attend these sessions.</p>	
A3.3	<p><b>Regular, constructive and meaningful feedback</b></p> <p>All the trainees interviewed reported they had received constructive feedback from their supervisors and had good access to learning opportunities within the Trust.</p> <p>The core trainees stated that they met their educational supervisor every three months, where learning objectives were reviewed and new objectives were set. The visit team heard from the core medicine trainees that learning plans were agreed when trainees commenced training placements.</p> <p>The visit team heard from the higher trainees that they had regular meetings with their educational supervisors which they found useful and felt this was a great learning and feedback opportunity.</p> <p>The educational supervisors commented that the trainees were proactive in arranging feedback meeting sessions.</p>	



**GMC Theme 4) Supporting educators****Standards**

**S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.**

**S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.**

A4.1	<p><b>Access to appropriately funded professional development, training and an appraisal for educators</b></p> <p>Educational supervisors reported to the visit team that the Trust culture was supportive and they received additional support if needed. It was reported to the visit team that supervisors had completed educational portfolios to fulfill their duties as supervisors.</p> <p>All the trainers reported that they had adequate SPA time and manageable workloads.</p>	
A4.2	<p><b>Sufficient time in educators' job plans to meet educational responsibilities</b></p> <p>The trainers reported to the visit team that the previous DME encouraged that job plans for supervisors had the appropriate level of SPA time within them to fulfill their role and this had been continued. All of the trainers reported that they could balance service pressures with their educational duties.</p>	

**GMC Theme 5) Developing and implementing curricula and assessments****Standards**

**S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.**

**S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.**

A5.1	<p><b>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</b></p> <p>All the trainees informed the visit team that regional teaching was helpful and of a high standard.</p>	
A5.2	<p><b>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</b></p> <p>The core trainees reported they were able to get their workplace-based assessments signed off and had no issues with these.</p> <p>The higher trainees informed the visit team that the priority lists at the St Helier Hospital site would sometimes consist of many people and there were a minimum of three anaesthetists in that theatre. It was reported by the trainees that they were often overstaffed and they would not have enough work to do whilst on duty. The visit team felt the anaesthetics department should look at providing supported solo lists for the more senior higher trainees. The clinical director reported that the priority clinic was well staffed due to service reasons as there had to be someone immediately available to release the consultant if required. The visit team was also informed that the higher trainees did not participate in the high dependency unit during the day but were exposed to different types of cases.</p> <p>The clinical director informed the visit team there had been immense progress made but the Trust would be keen to look into reassessing the allocation to lists to cater for</p>	Yes - See A5.2 below.

	the trainee needs and to give the higher trainees more solo list exposure.	
A5.3	<b>Regular, useful meetings with clinical and educational supervisors</b> All the trainers reported they met their clinical and educational supervisors on a regular basis and found the meetings very useful and helpful to further their career.	
A5.4	<b>Appropriate balance between providing services and accessing educational and training opportunities</b> All the trainees reported to the visit team that there was a healthy balance between providing services and accessing educational and training opportunities.	

## Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The Trust should be commended on the high level of engagement in training both from the management and consultant body. Particular examples were the appointment of an Associate Medical Director for Education, the appointment of clinical fellows and in consultant job planning.	College Tutor	Please complete the attached pro forma and return to the Quality and Regulation Team at Health Education England.	10 August 2016
The simulation facilities and the range of courses provided by the Trust were impressive and valued by the trainees.	College Tutor	Please complete the attached pro forma and return to the Quality and Regulation Team at Health Education England.	10 August 2016

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
A1.5a	The Trust is required to revise the ICU rota to instate a formal handover with a specified time and place. This rota should be EWTD compliant	Trust to submit a copy of the revised rota and evidence that this has been communicated to the trainees.  Compliance with this action should be monitored through LFG meetings.	1.12
A1.5b	The Trust should complete a diary card exercise of trainees in the ICU to ensure EWTD compliance.	Trust to submit copies of the outcome of the diary card exercise.  Compliance with this action should be monitored through LFG meetings.	1.12
A1.9	The Trust should attempt resolve the issues with the video conferencing equipment to enable cross-site teaching and training.	Trust to submit copies of communications evidencing how this is being resolved as well as copies of communications informing staff and trainees that these issues have been resolved.  Compliance with this action should be monitored through LFG meetings.	2.6

A5.2	The Trust is required to revise the rotas to ensure that higher trainees in anaesthetics can attend regular, dedicated solo lists.	Trust to submit copies of the revised rotas for higher trainees in anaesthetics, which clearly indicate access to solo lists.  Compliance with this action should be monitored through LFG meetings.	2.6
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<b>Other Actions (including actions to be taken by Health Education England)</b>	
Requirement	Responsibility

<b>Signed</b>	
<b>By the Lead Visitor on behalf of the Visiting Team:</b>	Dr Cleave Gass, Head of the London Academy of Anaesthesia
<b>Date:</b>	27 July 2016