QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

# Royal Free London NHS Foundation Trust

## Core Anaesthetics & Intensive Care Medicine

## Risk-based Review (on-site visit)

# Quality Review report

**7 February 2017 (Barnet Hospital site) & 21 February 2017 (Royal Free Hospital site)**

**Final Report**

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# Quality Review details

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| **Background to review** | A Specialty Focused Visit was undertaken to the Royal Free London NHS Foundation Trust on 17 October 2013, including focussed reviews of acute care common stem (ACCS), anaesthetics core and higher, and intensive care medicine (ICM). As a result of the review in 2013, it was found that the intensive care unit (ICU) was busy, particularly at night, and was understaffed at both consultant and trainee levels. ACCS trainees reported that they did not feel safe at night on the ICU due to a lack of adequate support or supervision. The educational supervisors highlighted that the Trust induction was poorly organised. Furthermore, it was reported that the experience of the core ICM trainees was limited to patient transfers.<br><br>The results of the General Medical Council National Training Survey (GMC NTS) 2016 for Barnet Hospital demonstrated six red outliers (overall satisfaction, reporting systems, induction, adequate experience, access to educational resources, local teaching) and three pink outliers (clinical supervision, educational supervision, feedback) for core anaesthetics. There was less than three ICM trainees at the Barnet Hospital site to return results for the survey.<br><br>For core anaesthetics at the Royal Free Hospital site, one pink outlier (educational supervision) was generated. For ICM at the Royal Free Hospital site, two red outliers (clinical supervision out of hours, work load) and seven pink outliers (overall satisfaction, clinical supervision, induction, adequate experience, supportive environment, access to educational resources, local teaching) were generated.<br><br>Given the results of the GMC NTS 2016 survey and that core anaesthetics and ICM had not had a focussed review in over three years, a Risk-based Review was undertaken at the Trust. |
| **Training programme / learner group reviewed** | Core anaesthetics and intensive care medicine. |
| **Number of learners and educators from each training programme** | Barnet Hospital<br><br>The review team met with two college tutors and three clinical directors from both core anaesthetics and intensive care medicine (ICM).<br><br>The review team met with two core anaesthetics trainees (CT2), three acute care common stem (ACCS) trainees and two foundation year one (F1) trainees undertaking a placement in ICM.<br><br>In addition, the review team met with six clinical and educational supervisors.<br><br>Royal Free Hospital<br><br>The review team met with four college tutors and three clinical directors from both core anaesthetics and ICM.<br><br>The review team met with four core anaesthetics trainees (CT1), three higher anaesthetics trainees, one ACCS trainee (CT2) undertaking a placement in ICM and two higher ICM trainees.<br><br>In addition, the review team met with 17 educational supervisors. |

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| **Review summary and outcomes** | Barnet Hospital<br><br>The review team identified the following areas that were working well:<br><br>• The department was committed to delivering teaching and training for trainees.<br><br>• The department had embedded fully the guidance into the trainers' job plans regarding educational supervision, i.e. 0.25 PA (programmed activity) /trainee for educational supervision.<br><br>• The department had recognised that the intensive care unit (ICU) on-call rota was onerous and detracted from training opportunities in anaesthesia. The review team commended the appointment of the clinical fellows to reduce the burden of the ICU rota for trainees.<br><br>• The trainers were responsive to the needs of trainees and were regularly conducting internal surveys to gain trainee feedback.<br><br>However, the review team also noted the following areas for improvement:<br><br>• The trainees and trainers highlighted that there was not adequate time for the local induction. It was also reported that there were inefficiencies in the Trust induction, particularly with identification badges and computer logins.<br><br>• The review team identified that not all trainees had received a local induction. Trainees who rotate out of sync, particularly foundation trainees, should all receive a local induction.<br><br>• The review team heard that during the day, some trainees did not have their initial assessment of competencies (IAC) and were expected to carry the crash bleep at the Chase Farm Hospital site. The trainers reported that this practice had ceased as soon as they were alerted to this issue.<br><br>• The trainees highlighted that they would benefit from a more consistent approach to the assessment and management of patients in the ICU.<br><br>• There were concerns expressed around the level and quality of nursing staff on the wards. At times, patients were admitted to the ICU for increased nursing care and also at times were unable to be discharged from ICU due to a lack of suitable nursing care on the wards.<br><br>Royal Free Hospital<br><br>The review team identified the following areas that were working well:<br><br>• The core anaesthetics trainees were well supported and had exemplary levels of local teaching, which was highly regarded by the trainees.<br><br>• The core anaesthetics trainees had access to good simulation opportunities.<br><br>• The intensive care medicine (ICM) trainees had access to excellent clinical experience and pathology, supported by extremely hard working, committed and knowledgeable consultants.<br><br>However, the review team heard of one serious concern for which an immediate mandatory requirement was issued:<br><br>• It was reported that trainees were giving emergency anaesthetics in the adult cardiac catheterisation laboratory and interventional radiology without trained airway assistance, which contravened national safe practice guidelines.<br><br>Furthermore, the review team noted the following areas for improvement:<br><br>• There was a heavy service workload in the ICU. Rota gaps and a lack of non-career grade ICU trained staff were resulting in missed educational |

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| | opportunities for the more senior trainees and the junior trainees working at the edge of their competence.<br>• There was a lack of clarity between core and higher ICM trainees on the same rota, resulting in a missed opportunity for the higher ICM trainees to develop consultant level skills.<br>• The remit of tasks of the float trainee should be reviewed to reduce the heavy burden for this individual.<br>• It was reported that there was a lack of time allocated in job plans to support the educational leadership responsibilities for some consultants.<br>• It was understood that patients remained in the theatre block for extended periods of time, due to problems with patient flow in the ICU. There was a lack of clarity with regard to the standard operating procedure for these patients and what the immediate plans were to alleviate this. |

| **Quality Review Team** | | | |
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| **HEE Review Lead** | Dr Cleave Gass<br>Head of the London Academy of Anaesthesia<br>(Barnet Hospital site only)<br><br>Dr Claire Shannon<br>Head of the London Academy of Anaesthesia<br>(Royal Free Hospital site only) | **Lead Provider Representative**<br>**(Intensive Care Medicine)** | Dr Charlotte Anderson<br>Consultant Intensivist, Faculty Tutor for Intensive Care Medicine & Training Programme Director for London Intensive Care Medicine<br>King's College Hospital NHS Foundation Trust<br>(Barnet Hospital site only)<br><br>Dr Gary Wares<br>Consultant in ICM, Director of Medical Education & Training Programme Director for London ICM<br>Royal Marsden Hospital NHS Trust<br>(Royal Free Hospital site only) |

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| **Lead Provider Representative**<br>**(Anaesthetics)** | Dr Roger Cordery<br>Training Programme Director for North Central and North East London ACCS and TPMC Chair<br>Barts Health NHS Trust<br>(Barnet Hospital site only)<br><br>Dr Helen Drewery<br>Higher Anaesthetics Visit Lead for UCL Partners & Consultant Anaesthetist<br>Barts Health NHS Trust<br><br>(Royal Free Hospital site only) | **Trainee Representative** | Sarah Muldoon<br>(Barnet Hospital site only)<br><br>Kariem El-Boghdadly<br>(Royal Free Hospital site only) |
| **Lay Representative** | Kate Rivett | **Scribe** | Heather Lambert<br>Quality Support Officer<br>Health Education England London and the South East |
| **Observer** | Saniyyath Chowdhury<br>Quality Support Officer<br>Health Education England London and the South East<br>(Royal Free Hospital site only) | | |

# Findings

## 1. Learning environment and culture

**HEE Quality Standards**

**1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.**

**1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.**

**1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.**

**1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.**

**1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.**

**1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.**

| Ref | Findings | Action required? Requirement Reference Number |
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| C1.1 | **Patient safety**<br><br>Barnet Hospital<br><br>The review team heard that at the Chase Farm Hospital site, there was an enhanced recovery unit that was staffed by nurses post-operatively. It was reported that some core anaesthetics trainees did not have their initial assessment of competencies (IAC) and were expected to carry the crash bleep at the site.<br><br>The review team heard that this practice was reported to the college tutors who agreed that this should not take place. However, the trainees reported that following this, there were still occasions in which this occurred. The trainers advised that previously, it was not deemed important who was carrying the bleep as there were many consultants available to provide support. However, the trainers reported that following complaints from the trainees this practice had now ceased.<br><br>All of the trainees reported that they were clear of the escalation policies within the department. It was reported that when there was a severe staff shortage, trainees would be advised of what to do in an emergency.<br><br>All of the trainees and trainers reported that the wards were significantly understaffed by nurses and the trainees described the wards as sometimes frightening. The trainees reported that at times, patients were admitted to the intensive care unit (ICU) as the wards could not manage the nursing needs of the patients safely. The trainers reported that they had sometimes kept patients in the ICU as they did not feel that the wards were safe. Some of the trainees reported that they had to support core surgical trainees on the wards due to a lack of more senior support.<br><br>Royal Free Hospital<br><br>The review team heard that anaesthetics trainees were giving emergency anaesthetics in the adult cardiac catheterisation laboratory and interventional radiology (IR) without appropriately trained airway assistance. The trainees were aware of who to contact for support when giving emergency anaesthetics if a consultant was not available, but reported that the operating department practitioner (ODP) or outreach nurse were not always able to come when called.<br><br>The core and higher anaesthetics trainees reported that they would not report this practice as a serious incident, due to the lengthy reporting process that was required.<br><br>The educational supervisors reported that they were aware that this practice was taking place and agreed that it was not acceptable. | Yes, see ref C1.1a below<br><br>Yes, see ref C1.1b below<br><br>Yes, see ref C1.1c below |
| | **Serious incidents and professional duty of candour**<br><br>Royal Free Hospital<br><br>The college tutors and clinical directors reported that they could improve their feedback process for serious incidents. However, the trainees stated that when they had reported an incident, they always received feedback on this. All of the core anaesthetics trainees were aware of how to complete a Datix incident report and felt that they would be encouraged to report incidents by the consultants. | |
| C1.2 | **Appropriate level of clinical supervision**<br><br>Barnet Hospital<br><br>Some of the core anaesthetics trainees reported that at core training level two (CT2) they would like to be given more independence to complete tasks, such as administering drugs. Some of the trainees reported that, at times, they could feel too | |

comfortable. However, it was highlighted that all of the trainees had more independence when working out of hours.

In contrast, the trainers highlighted that despite some trainees asking for more independence the trainers felt some were not yet at this level. Furthermore, the review team heard that trainees required a greater level of clinical supervision when at the Edgware Birth Centre, based at the Edgware Community Hospital site, due to the nature of the work.

The review team heard that some core trainees were given lists to complete with indirect consultant supervision available. The trainers reported that this was popular amongst trainees and that this practice would be rolled out more frequently.

Some of the ACCS – ICM trainees reported feeling out of their depth when working in outreach, as they did not have vast ICM experience. It was reported that a consultant would be available, but there was inconsistency between consultants whether this supervision was provided on the phone or in person.

The review team heard that in the ICU there were 23 beds across two units, which were in close proximity of one another. It was reported that in the day the ICU was covered by two trainees, one on each unit, and a float higher trainee. The trainees reported that the unit had some level three patients and that, at times, the workload caused them to be required in more than one place at one time. The review team heard that direct consultant supervision was available in the ICU, but that this was inconsistent and varied between consultants. Despite this, all of the trainees reported that they never felt unable to contact a consultant.

The trainees reported that weekend consultant cover of the ICU was inconsistent. The review team heard of instances whereby three consultants had covered the unit in one day. Furthermore, it was reported that some consultants were on-call for 72 hours at the weekend. Trainees highlighted that as they were required to discuss all ICU referrals and turn downs with a consultant, they would often have to wake the on-call consultant multiple times in the night.

<u>Royal Free Hospital</u>

The review team heard that the ICU had three wings, each wing containing a mix of medical and surgical patients. The clinical directors reported that previously the ICU was covered by two consultants during the day, but that this level of consultant cover was unsustainable. The consultants acknowledged that during this time they were not able to provide sufficient time for teaching due to workload pressures.

The review team heard that consultant cover in the ICU had since increased and at the time of the review, the ICU was covered by three consultants during the day, one of who would be on-call. The college tutors and clinical directors reported that this level of consultant cover allowed for more teaching time. However, the education supervisors reported that as the ICU had expanded alongside service reconfigurations, consultants were still very busy and the high workload merited a fourth consultant.

The review team heard that the trainee cover in the ICU included one higher trainee acting as a float. It was reported that the float trainee would always be a higher trainee who had their IAC completed and a minimum of six months' airway training. The float would undertake a large variety of tasks outside of the ICU such as taking all referrals, attending transfers, line insertion and completing admissions. The review team heard that the on-call consultant would primarily provide supervision for the float trainee but the quality of supervision was less effective when this consultant was very busy. All of the higher trainees reported that when they were assigned to the float role, they were able to call a consultant for support and that they would also receive support from the risk and resuscitation team (PARRT) unless they were busy in another part of the hospital.

The core anaesthetics trainees reported that during the night, cover would be provided by two core trainees and two higher trainees. It was reported that the most senior of the higher trainees would cover theatre and the other would cover obstetrics. The core anaesthetics trainees reported that they were rarely left alone at night. However, the review team heard of one instance in which a core anaesthetics trainee had been left

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| | alone in theatre at night, as the anaesthetics float trainee had been called to attend a transfer. This had resulted in the core anaesthetics trainee carrying two bleeps. The core anaesthetics trainee reported that in this instance if they had been bleeped, this would be covered by the ICU float trainee.<br><br>The review team heard that there were three ODPs at night; two of these positions were recruited to permanently and the third of which was a funded position but was covered predominantly by locums. The educational supervisors reported that the locums varied in quality and often they felt that the locums were not of the right calibre. Despite this being a funded position, the educational supervisors reported that they had difficulty in recruiting permanently to the third ODP position, stating that this was partly due to financial reasons. | |
| C1.3 | **Responsibilities for patient care appropriate for stage of education and training**<br><br>Barnet Hospital<br><br>It was reported that higher trainees would attend a patient transfer between the Barnet Hospital site and Chase Farm Hospital site if the patient was intubated. The review team heard that this occurred approximately once a month. The core trainees confirmed that they were not involved in transferring patients.<br><br>Royal Free Hospital<br><br>All of the ICM trainees met with by the review team reported that the tasks they had undertaken were usually within their competence. | |
| C1.4 | **Rotas**<br><br>Barnet Hospital<br><br>The review team heard that the department operated mostly with one in eight rotas, except for the theatre cover which had a one in seven rota. The college tutor acknowledged that the one in seven rota was not ideal but stated that it was necessary due to staffing levels.<br><br>The trainees reported that there were gaps in the ICU rota. The review team heard that the Trust did not recruit external locums. However, the ACCS – ICM trainees reported that they did not feel pressured into filling these gaps. Some of the trainees felt that they could have been allocated to areas more efficiently to avoid having gaps in the rota.<br><br>The review team heard that at the Barnet Hospital site, the ICU was very busy and the on-call rota was onerous for trainees. The clinical directors reported that they had acknowledged this issue and had worked with trainees to find a solution. Subsequently, the department had reduced the period of time core anaesthetics trainees were expected to be on the on-call ICU rota to six months. Furthermore, to reduce the burden for anaesthetics trainees, five additional clinical fellows had been recruited to staff the ICU.<br><br>The clinical directors reported that the department was very busy at night and at times, staff were stretched. It was reported that night time cover was provided by five trainees, with a further two consultants on-call. The clinical directors reported that they have had issues at night with staff sickness and that the work load could become intense with four trainees.<br><br>The trainees expressed concern regarding a previous suggestion made by the Barnet Hospital site to reduce the night cover. All of the trainees reported that with the current staffing arrangements, it felt safe out of hours and that they were happy that a reduction in staff was not taking place.<br><br>Royal Free Hospital | |

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| | It was reported that there were ten novice core anaesthetics trainees on the same on-call rota. The review team heard that the trainees would be on-call immediately after their induction had finished, but would be supernumerary for the first three months with a higher trainee undertaking the bulk of the work.<br><br>The review team heard that at the time of the review, the rota was short of one core ICM trainee. However, this appeared to be an improvement from the previous year, as the educational supervisors reported that in the summer of 2016 the rota was between five and seven trainees short (30% of all trainees). The trainees reported that they did not feel pressured by consultants to cover these gaps.<br><br>The review team heard that although there were clinical fellows at foundation year three (F3) level to provide additional support, the clinical fellows were not airway trained. | |
| C1.5 | **Induction**<br><br><u>Barnet Hospital</u><br><br>The college tutors reported that there was an ongoing issue with the department not being informed of the arrival of new trainees. It was reported that this was the result of a breakdown in communication at all levels internal and external to the Barnet Hospital site. The college tutors stated that this prevented them from sending information to trainees before they commenced their placements in a timely fashion.<br><br>The clinical directors and college tutors highlighted that there were inefficiencies in the Trust induction. It was reported that identification badges were issued at the Royal Free Hospital site and then transferred to the Barnet Hospital site. This had caused delays for some trainees in receiving these. Furthermore, it was reported that some trainees had to wait two to three days for their computer logins. The review team heard that the Trust induction largely included the completion of mandatory training and that some trainees had completed this multiple times. It was reported that the department had escalated this issue, suggesting that trainees completed mandatory training electronically beforehand. Subsequently, the Trust confirmed that it was not possible to complete mandatory training electronically before starting in the organisation.<br><br>It was reported that the anaesthetics local induction took place over two hours and the ICM local induction over 45 minutes. The clinical directors and college tutors all agreed that this was not an adequate length of time and it was reported that this issue had been raised with the medical education manager. The trainers confirmed that they would spend one additional day with trainees to ensure that they had received the necessary information and had been shown around the facilities.<br><br>All of the core anaesthetics and ACCS – anaesthetics trainees reported that they had been walked around the site during the local induction and advised that the theatre induction was comprehensive.<br><br>The F1s reported that they did not receive a local induction into the ICU. Instead, both trainees had received an informal induction from the core trainees. The trainers reported that the foundation trainees were on the surgical F1 rota and therefore the induction should have been organised by the surgical directorate.<br><br><u>Royal Free Hospital</u><br><br>The core anaesthetics trainees reported that their induction was one day in length, comprising of a half day Trust induction and a half day local induction. The trainees reported that the induction was comprehensive and included information on how to report serious incidents. The trainees reported that they all received computer logins promptly. | Yes, see ref C1.5a below<br><br>Yes, see ref C1.5b below<br><br>Yes, see ref C1.5c below |
| C1.6 | **Handover**<br><br><u>Royal Free Hospital</u> | |

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| | The review team heard that the anaesthetics and ICM departments had separate handovers. It was reported that within the ICU, handover would take place on a consultant to consultant basis and on a float trainee to float trainee basis. The core anaesthetics trainees reported that the ICU handover never involved nursing staff. | |
| C1.7 | **Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience**<br><br>Barnet Hospital<br><br>The college tutor reported that over the last two years, there had been an increase in the number of trainees placed within the department and that they now received trainees from all ACCS stems and from other training programmes. It was reported that for the previous year, the department received 11 novice anaesthetic trainees. The college tutor reported that this had sometimes resulted in the department receiving too many trainees for the clinical, curriculum and individual needs of each trainee to be sufficiently met.<br><br>For example, the review team heard that this had previously resulted in two trainees frequently placed on a list with one consultant. However, this had been acknowledged by the college tutor as potentially decreasing the experience and overall satisfaction of trainees and as a result, there had been a reduction to one trainee per list. All of the trainees met with by the review team agreed that there were only very few occasions in which they had been on a list with another trainee.<br><br>It was reported that the high dependency unit (HDU) at the Chase Farm Hospital site offered little training opportunity. The review team heard that this was previously covered by anaesthetics trainees at day and night, but now had night cover by surgical resident medical officers (RMOs). The review team heard that it was planned for the HDU to be moved onto the general ward and therefore be covered by RMOs at all times. The trainees reported that they felt this proposed arrangement was appropriate.<br><br>The trainees reported that the elective lists at the Chase Farm Hospital were predominately surgical and that they had a high level of operative training opportunities available to them. The ACCS – ICM and F1 trainees reported that they enjoyed working in outreach and the learning opportunities that this provided.<br><br>However, the review team heard that the quality of ward-based teaching was variable in the ICU. The trainees reported that some consultants delivered training within the ward round and some delivered bedside teaching.<br><br>The review team heard that the core anaesthetics and ACCS – anaesthetics trainees were previously being pulled from their duties to cover the ICU. For one trainee, this had reduced the availability of anaesthetics out of hours training opportunities. However, the trainees reported that the frequency of this practice had since reduced.<br><br>All of the core anaesthetics and ACCS - anaesthetics trainees reported that they would recommend the post to other trainees. The F1 trainees reported that the ICM placement was worthwhile but had a very repetitive case mix, with predominantly respiratory cases.<br><br>Royal Free Hospital<br><br>The core anaesthetics trainees reported access to an exemplary level of teaching. The review team heard that teaching was available almost every day and included weekly CT1 local teaching, weekly consultant led journal club, presentation of academic projects such as audits and access to simulation opportunities. This teaching was highly regarded by the trainees. In addition, the core anaesthetics trainees reported that they had access to fortnightly core regional teaching that was targeted at exam topics.<br><br>The ICM trainees reported access to excellent clinical experience and pathology, describing the case mix as varied and exciting. In addition, the trainees had access to five regional teaching sessions per year held by the Intensive Care Society. All of the trainees met with by the review team reported that they would like to come back to the | |

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| | Royal Free Hospital site for future training. However, the ICM trainees identified that the placement was not ideal for trainees who wished to focus specifically on one area of the ICU. | |
| C1.8 | **Protected time for learning and organised educational sessions**<br><br>Barnet Hospital<br><br>The ACCS – ICM trainees reported that they had one afternoon of protected teaching per month that consisted of a journal club and ICU teaching. The trainees reported that they were always able to attend this teaching. Furthermore, the majority of ACCS – ICM trainees reported that during their ICM block they were able to attend anaesthetics teaching.<br><br>The review team heard that the F1 trainees attended weekly F1 teaching and were able to access this easily. The F1 trainees reported that they also received informal teaching from the ACCS – ICM trainees.<br><br>Royal Free Hospital<br><br>The core anaesthetics trainees reported that they were supported in attending offsite teaching days. | |
| C1.9 | **Access to simulation-based training opportunities**<br><br>Royal Free Hospital<br><br>The core anaesthetics trainees reported that simulation-based teaching formed part of their novice teaching programme. The core anaesthetics trainees also reported access to a planned programme of consultant led simulation training most weeks. In addition, the trainees reported that they had access to ultrasound and other simulation opportunities on an ad hoc basis. | |

## 2. Educational governance and leadership

**HEE Quality Standards**

**2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.**

**2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.**

**2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.**

**2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.**

**2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.**

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| C2.1 | **Effective, transparent and clearly understood educational governance systems and processes**<br><br>Royal Free Hospital<br><br>The review team were unclear of the educational structure in place for the college tutors. It was reported that one of the anaesthetics college tutors would lead on most of the education. However, all of the clinical directors and college tutors agreed that there was not a clear divisional education lead. There was a lack of awareness amongst the | Yes, see ref C2.1 below |

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| | clinical directors and college tutors with regard to how education was represented at board level. | |
| C2.2 | **Impact of service design on learners**<br><br>Barnet Hospital<br><br>The review team heard that trainees worked across both the Barnet Hospital and Chase Farm Hospital sites, as well as the Edgware Birth Centre (of which they could opt out of). The core anaesthetics and ACCS – anaesthetics trainees reported that they were usually allocated to one site each day, although were sometimes at multiple sites in a day. It was reported that this was manageable but could pose difficulties for those trainees that relied on public transport.<br><br>The review team heard that following the merger of Barnet Hospital and Chase Farm Hospital and the acquisition of these sites by the Royal Free London NHS Foundation Trust, the reconfiguration of clinical services had impacted upon the training opportunities available to trainees. In particular, it was identified that the availability of paediatric training opportunities at the Barnet Hospital site had previously reduced. It was reported that the day surgery unit had seen a 50% reduction in paediatric patient flow and that the paediatric anaesthesia list was on the Trust's risk register due to a large amount of change. It was reported that the department was beginning to overcome this issue, with a steady increase in paediatric training opportunities coming through to the site.<br><br>Royal Free Hospital<br><br>It was reported that the number of theatre cancellations was very low, with fewer patients cancelled in 2016 than in April 2015 alone. However, all of the clinical directors and college tutors identified that there was a significant issue with patient flow, as post-operative patients were not always able to be immediately admitted due to a lack of beds at the Royal Free Hospital site. It was reported that a patient would stay in theatre for up to 10 – 12 hours whilst waiting for a bed. The clinical directors reported that this issue was exacerbated by the number of post-operative elective patients admitted into the ICU after 6pm. The review team identified that there was a lack of clarity with regard to the standard operating procedure for these patients and what the immediate plans were to alleviate this.<br><br>The review team heard conflicting information from the consultant anaesthetists and trainees with regard to who provided nursing care for patients whilst they were waiting in theatre to be admitted. The consultant anaesthetists and higher anaesthetics trainees both reported that they provided this care. The review team heard that one trainee would stay for up to four additional hours each night to provide this care for patients, although this was of the trainees own accord. However, none of the other trainees reported feeling pressured to stay after their shift or to provide nursing care for these patients.<br><br>The review team heard that there was not a high dependency unit (HDU) at the Royal Free Hospital site. It was reported that a business case for the HDU was a work in progress, but the educational supervisors acknowledged that the addition of a HDU was unlikely to resolve the patient flow issues.<br><br>The clinical directors reported that there was not a separate paediatric recovery unit at the Royal Free Hospital site. It was reported that the old ICU had been earmarked for this use but that financial issues were prolonging this from developing. The review team heard that in the interim, a barricade would be put up within the recovery unit or a designated room at the end of the unit would be used. | Yes, see ref C2.2 below<br><br>Yes, see ref C2.2 below |
| C2.3 | **Appropriate system for raising concerns about education and training within the organisation**<br><br>Royal Free Hospital<br><br>The review team heard that the college tutors had regular meetings with trainee | |

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| | representatives at both core and higher levels to seek feedback regarding clinical and educational supervision. | |
| C2.4 | **Organisation to ensure access to a named educational supervisor**<br><br>Barnet Hospital<br><br>The ACCS – ICM and F1 trainees reported that they had access to a named educational supervisor. The trainees reported that their supervisors were anaesthetics consultants, but they had access to an ICM consultant who would sign off their modules. | |
| C2.5 | **Systems and processes to identify, support and manage learners when there are concerns**<br><br>Barnet Hospital<br><br>The review team heard that the department held regular forums that included trainee representation. In addition, the clinical directors and college tutors reported that they issued internal surveys every three months to seek trainee feedback. | |

## 3. Supporting and empowering learners

**HEE Quality Standards**

**3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.**

**3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.**

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| C3.1 | **Access to resources to support learners' health and wellbeing, and to educational and pastoral support**<br><br>Barnet Hospital<br><br>The trainees highlighted that the anaesthetics consultants were very supportive.<br><br>The review team heard of a number of supportive resources that were available to trainees, including a buddy scheme whereby a senior trainee could buddy up with a junior trainee and individual coaching to support trainees with their exams.<br><br>Royal Free Hospital<br><br>The core anaesthetics trainees reported that they were well supported by the consultant anaesthetists and other members of the team. The core anaesthetics trainees described the consultants as hard working, caring of patients and identified that some were inspirational role models. The ICM trainees identified a number of consultants who they could approach for pastoral support although workload was sometimes a barrier to this. | |
| C3.2 | **Behaviour that undermines professional confidence, performance or self-esteem**<br><br>Barnet Hospital<br><br>The college tutor reported that there had been an instance in which a trainee in the ICU had an external team call them for advice and had been spoken to rudely. The review team heard that there had been a debrief following this instance.<br><br>The trainees were aware of a handful of instances in which anaesthetics trainees covering the ICU had experienced inappropriate behaviour by staff members from | |

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| | other specialties.<br><br>Royal Free Hospital<br>None of the trainees met with by the review team reported instances of bullying or undermining. | |
| C3.3 | **Access to study leave**<br>Barnet Hospital<br>The review team heard that the department had a coordinator for study leave. Both the trainees and trainers reported that study leave was always granted for trainees. However, the ACCS – ICM trainees reported that there had been instances in which the ICU was significantly understaffed as too many trainees had taken leave at one time.<br><br>Royal Free Hospital<br>The core anaesthetics trainees all agreed that they had no difficulty in obtaining study leave.<br>The higher anaesthetics trainees who had completed a rotation within ICM in 2014 or 2015 reported that during this time, the ICU operated on a fixed leave rota and that it was very difficult to take study leave. | Yes, see ref C3.3 below |
| C3.4 | **Regular, constructive and meaningful feedback**<br>Royal Free Hospital<br>The educational supervisors reported that they had sought trainee feedback with regard to the way in which feedback was delivered within anaesthetics at the Royal Free Hospital site, as this was a red flag within the Trust's General Medical Council National Training Survey (GMC NTS) 2016 results. However, the trainees reported that they were happy with the way in which feedback was delivered.<br>The review team was pleased to hear that the educational supervisors had taken further steps in order to improve the way in which they were delivering feedback, including engaging with other departments at the Royal Free Hospital site to share best practice and seeking further trainee feedback through an anonymous survey. | |

## 4. Supporting and empowering educators

**HEE Quality Standards**

**4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.**

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

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| C4.1 | **Access to appropriately funded professional development, training and an appraisal for educators**<br>Barnet Hospital<br>The review team heard that all educational supervisors had completed the necessary training and had an educational appraisal as part of their annual appraisal.<br><br>Royal Free Hospital | |

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| | The educational supervisors reported that they all received an educational appraisal as part of their wider appraisal and also received feedback from the college tutors. The review team heard that educational supervisors were encouraged to seek trainee feedback on their performance as an educational supervisor. | |
| C4.2 | **Sufficient time in educators' job plans to meet educational responsibilities**<br><br>Barnet Hospital<br><br>The review team heard that department had embedded guidance into the trainers' job plans regarding educational supervision. It was reported that the department had a quality assurance process in place to ensure that this occurred.<br><br>Royal Free Hospital<br><br>The review team heard that the guidance of 0.25 of programmed activities (PA) per trainee for educational supervision had not been fully embedded. Although this was adhered to for the majority of educational supervisors, the review team heard of some ICM and anaesthetics consultants who had less than 0.25 PA per trainee allocated within their job plans. | Yes, see ref C4.2 below |
| C4.3 | **Access to appropriately funded resources to meet the requirements of the training programme or curriculum**<br><br>Barnet Hospital<br><br>All of the trainees reported that they had access to study leave funding and login details for OpenAthens. | |

## 5. Developing and implementing curricula and assessments

**HEE Quality Standards**

**5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.**

**5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.**

**5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.**

**5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.**

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| C5.1 | **Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum**<br><br>Barnet Hospital<br><br>The trainees praised the department for their commitment to delivering teaching and highlighted that there were various training opportunities available. The review team heard that trainees were easily able to meet the requirements for their paediatrics, maxillofacial and otolaryngology blocks. The core anaesthetics and ACCS – anaesthetics trainees reported that they were able to get their initial assessment of competencies (IAC) completed. It was reported that for those trainees who did not feel confident despite having their IAC, they would be treated as a novice and have further consultant supervision. | |

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| | All of the trainees reported that they were able to get their workplace-based assessments (WPBA) signed off, although some of the ACCS – ICM trainees reported that consultants were not all proactive in supporting this process.<br><br>Royal Free Hospital<br>The higher ICM trainees reported that the consultants were approachable and supportive of trainees completing their WPBA. However, the higher anaesthetics trainees reported that when they were assigned as the float trainee working in intensive care, the work they were doing was not being witnessed and therefore it could be difficult to get their WPBA signed off. | |
| C5.2 | **Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum**<br>Barnet Hospital<br>The ACCS – ICM trainees reported that the majority of ward rounds were very brief, predominantly focusing on the plan for the day. The trainees identified that they did not have the opportunity to conduct in-depth assessments of patients and felt that this did not provide them with much ownership of patients, or contribute to their learning of intensive care knowledge.<br>The trainers reported that previously the ward round and handover finished at 9.30am, but this was bought forward to 9.00am as trainees were unhappy finishing at the later time. The review team heard of some discrepancies between the trainers regarding the details of the ward round. Some of the trainers reported that trainees used to be able to examine and present patients but this was now rushed due to the shorter ward round. However, other trainers suggested that there was an examination of every patient except for those waiting for a bed, and that trainees were encouraged to be involved in this.<br><br>Royal Free Hospital<br>All of the core anaesthetics trainees reported good access to operative opportunities, with trainees reporting that they had completed approximately 280 – 290 cases within six months.<br>The higher ICM trainees reported that they would like to have more support available to them at a core trainee level, so that they could be freed from routine work in order to develop consultant level skills, such as conducting ward rounds. | Yes, see ref C5.2a below<br><br>Yes, see ref C5.2b below |
| C5.3 | **Opportunities for interprofessional multidisciplinary working**<br>Barnet Hospital<br>The ACCS – ICM and foundation trainees reported that they regularly worked with nurses and physiotherapists. The review team heard that one of the ACCS – ICM trainees had conducted an ultrasound with the radiologists.<br>The trainees praised the work of the nurses in the outreach team (PARRT) and identified the pharmacist who provided support in the ICU as being of particular value. | |
| C5.4 | **Appropriate balance between providing services and accessing educational and training opportunities**<br>Royal Free Hospital<br>The review team heard that the float role was perceived differently by the trainees and consultants. The higher anaesthetics trainees reported that the float role was extremely busy and that sometimes they felt as if there was not enough support, as they needed to be in too many places at once. Although the clinical directors acknowledged that the | Yes, see ref C5.4 below |

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| | float higher trainee was a separate role from the rest of the team, they reported that this system worked well and was highly regarded by the trainees. However, some of the educational supervisors acknowledged that the float role was very busy and that they may need to consider introducing a deputy float.<br><br>The trainees and consultants met with by the review team all agreed that the ICU was very busy. The higher ICM trainees reported that the fast-pace of the department limited their ability to get to know patients well or to follow through with patients. One of the trainees described this as treading on water.<br><br>The review team heard that trainees typically worked on a rotation of long days and night shifts, but that there was also an evening shift (1pm – 8pm) that was alternated between the trainees. The review team heard from the anaesthetics and ICM trainees that the evening and night shifts predominately focused on service provision. The higher ICM trainees reported that they would like more short days so that they could better focus on patient management. | Yes, see ref C5.2b below |

## 6. Developing a sustainable workforce

**HEE Quality Standards**

**6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.**

**6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.**

**6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.**

**6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.**

**6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.**

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| C6.1 | **Appropriate recruitment processes**<br><br>Royal Free Hospital<br><br>The review team heard that a peer-review of the ICU at the Royal Free Hospital site identified the number of trainees in post did not reflect the size of the department. It was reported that the department was following national recruitment strategies for trainees and non-trainee junior medical staff, as well as considering opportunities at F3 and CT4 levels. However, the educational supervisors reported that this was drawn out due to the lengthy recruitment processes required. It was unclear to the review team if the advanced ICM practitioners had been considered to reduce the service burden to trainees. | |

# Good Practice and Requirements

| Good Practice | Contact | Brief for Sharing | Date |
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| **Barnet Hospital** | | | |
| The department had fully adopted the guidance in consultant job planning for educational supervisors. | College Tutor | Please complete the attached proforma and return to the quality and regulation team. | 30 April 2017 |

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| The department had recognised that the ICU on-call rota was onerous and detracted from training opportunities in anaesthesia. The review team commended the appointment of the clinical fellows to reduce the burden of the ICU rota for trainees. | College Tutor | Please complete the attached proforma and return to the quality and regulation team. | 30 April 2017 |
| **Royal Free Hospital** | | | |
| The core anaesthetics trainees had access to exemplary levels of local teaching and good simulation opportunities, which was highly regarded by the trainees. | College Tutor | Please complete the attached proforma and return to the quality and regulation team. | 30 April 2017 |

| **Immediate Mandatory Requirements** | | | |
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| **Req. Ref No.** | **Requirement** | **Required Actions / Evidence** | **GMC Req. No.** |
| **Royal Free Hospital** | | | |
| C1.1b | There is a serious concern that trainees giving emergency anaesthetics in the adult cardiac catheterisation laboratory and interventional radiology are doing so without trained airway assistance, which contravenes national safe practice guidelines. | The Trust to provide appropriate trained airway support, as per the Royal College of Anaesthetists (RCOA) and Association of Anaesthetists of Great Britain and Ireland (AAGBI) guidelines. | R1.1 |

| **Mandatory Requirements** | | | |
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| **Req. Ref No.** | **Requirement** | **Required Actions / Evidence** | **GMC Req. No.** |
| **Barnet Hospital** | | | |
| C1.5b | The Trust to review the time allocated for the core anaesthetics and ICM local inductions, to ensure that they are fit for purpose and provide trainees with sufficient time to be fully inducted into the department. | The Trust to provide a timetable, agenda and summary of feedback from trainees regarding the local induction. | R1.13 |
| C1.5c | The department to liaise with the appropriate directorates to ensure that all foundation trainees receive a local induction before commencing placement in the ICU. | The Trust to confirm via an audit of foundation trainees that each foundation trainee has received a local induction when rotating into the department. | R1.13 |
| C5.2a | The Trust to implement structured and consistent daily senior-led ward rounds which review all patients on the wards. This should include an element of teaching for foundation and core trainees. | The Trust to provide evidence via local faculty group minutes that this is taking place and that the ward round provides a teaching opportunity for trainees. | R1.15 |

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| **Royal Free Hospital** | | | |
| C1.1c | The Trust to ensure that all trainees are aware of their duty to report all serious incidents that they are involved in via Datix. | The Trust to provide copies of communication sent to trainees informing the trainees of their duty. | R1.3 |
| C2.1 | The Trust to appoint a clear divisional education lead for anaesthetics and intensive care medicine, to ensure that education for these departments is represented at board level. | The Trust to provide details of a named divisional education lead for anaesthetics and intensive care medicine, and to provide minutes of meetings to evidence that education is being represented at board level. | R2.2 |
| C2.2 | The Trust to develop a standard operating procedure for patients remaining in the theatre block for extended periods, due to problems with patient flow in the ICU. This should ensure that nursing care is provided for appropriately and that this is not detrimental to the training and education of trainees. | The Trust to provide the standard operating procedure and evidence that this is being adhered to. | R2.3 |
| C4.2 | The department to fully adopt the guidance in consultant job planning for educational supervisors, to ensure that there is sufficient time in job plans to meet educational responsibilities. | The Trust to provide a database of all educational supervisors demonstrating that PA allocation is in line with guidance. | R4.2 |
| C5.2b | The Trust to review the workload in the ICU for higher trainees, to avoid trainees working at the edge of their competence. The Trust to consider the redistribution of routine work in order to prevent missed training opportunities for higher trainees. | The Trust to provide a report of the review and of the subsequent actions taken. | R1.12 |
| C5.4 | The Trust to review the remit of tasks of the float trainee to reduce the heavy burden for this individual. | The Trust to provide a report of the review and of the subsequent actions taken. | R1.12 |

| **Recommendations** | | | |
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| **Rec. Ref No.** | **Recommendation** | **Recommended Actions / Evidence** | **GMC Req. No.** |
| **Barnet Hospital** | | | |
| C1.1a | The Trust to review the nursing staffing arrangements on the wards at the Barnet Hospital site, to ensure that patient safety is upheld and that arrangements are not detrimental to the training and education of trainees. | The Trust to provide a report of the review and the actions taken. | R1.12 |

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| C1.5a | The Trust to review the Trust induction to ensure that all trainees are receiving their identification badges and computer logins without delay.<br>The Trust to consider allowing trainees to complete mandatory training electronically before the Trust induction to avoid repetition for trainees. | The Trust to provide a timetable, agenda and summary of feedback from trainees regarding the Trust induction. | R1.13 |
| C3.3 | The Trust to review their study leave policy and to produce a standard operating procedure. | The Trust to provide a copy of the revised procedure. | R3.12 |

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

| **Signed** | |
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| **By the HEE Review Lead on behalf of the Quality Review Team:** | Dr Cleave Gass<br>Head of the London Academy of Anaesthesia<br>(Barnet Hospital site only)<br><br>Dr Claire Shannon<br>Head of the London Academy of Anaesthesia<br>(Royal Free Hospital site only) |
| **Date:** | 30/03/2017 |

**What happens next?**

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.