QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Imperial College Healthcare NHS Trust

Anaesthetics, Core Anaesthetics, ACCS and Intensive Care Medicine

Risk-based Review (Focus Group)

Quality Review report

24 March 2017

Final Report

Developing people for health and healthcare

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Quality Review details

Background to review	The Charing Cross Hospital site of Imperial College Healthcare NHS Trust was entered into General Medical Council (GMC) Enhanced Monitoring on 29 July 2015 due to receiving quadruple red outliers in intensive care medicine (ICM) for overall satisfaction. Health Education England (HEE) visited the Charing Cross Hospital site on 3 November 2015 where one immediate mandatory requirement was issued during the visit regarding the escalation policy being unfit for purpose. This related to trainees carrying out nursing duties outside their competence to patients in escalation beds.. The Trust revised this policy with immediate effect and monitored the results of this revision. The Trust had been engaged with the action plan. The Trust confirmed the revision of the escalation policy and also presented local faculty group minutes as evidence that there had been no need for the escalation policy to be used but the trainees were all aware of the policy. Based on the evidence provided the action was closed. The GMC National Training Survey (NTS) 2016 survey results showed a number of red flags, including a red outlier for overall satisfaction for the fifth consecutive year and a red outlier for workload for the third consecutive year. Subsequently, a Risk-based Review (Focus Group) was conducted on 24 March 2017 where it was planned that a number of sub-specialties would be reviewed over the course of the review. This included Anaesthetics, Core Anaesthetics, ACCS and Intensive Care Medicine. A plan was put in place to meet trainees across all specialties due to the patient safety concerns raised. The focus group was also instigated due to a number of red outliers received in the 2016 GMC NTS results for training in the above specialties generated by post specialty. The Trust received five red outliers and one pink outlier in anaesthetics at the Charing Cross Hospital site, two red outliers and two pink outliers at the Hammersmith Hospital site, one red outlier and one pink outlier at the Queens Charlotte Hospital and one pink outlier at the St Mary's Hospital site. The Intensive Care Medicine (ICM) unit at the Charing Cross Hospital site generated two red outliers and four pink outliers; two pink outliers and two green outliers for Hammersmith Hospital and St Mary's Hospital received three pink outliers and one red outlier. The quality review team was keen to explore these areas in order to ascertain if progress had been made in addressing them and whether the trainees knew about the escalation policy and if they were performing any duties outside their clinical skills.
Training programme / learner group reviewed	The review panel had the opportunity to meet with four trainees from the anaesthetics department. The review was held at an external venue at King's Cross to allow a good attendance rate from an adequate number of trainees from the Charing Cross Hospital site. At this review, the following grades were interviewed: • Acute Care Common Stem (ACCS) ST3 level • ACCS ST2 level trainee • ACCS CT2 level • Anaesthetics ST4 trainee
Quality review summary	The review panel would like to thank the Trust for releasing trainees from the anaesthetics and ICM department to attend the focus group session. Unfortunately, there were only four trainees present at the focus group, despite the

ample amount of notice the Trust received in preparation to this review. As a result, the quality review team was disappointed to meet so few trainees.

During the course of the review, the quality review team was informed of some areas that were working well with regard to the education and training in anaesthetics and ICM as outlined below:

- The review panel was pleased to discover the revision of the escalation policy following the quality visit in November 2015, and trainee reporting of incidents was not of concern.
- The trainees were very complimentary of the consultant body and universally praised them. It was reported that consultants were approachable, hardworking and knowledgeable. The quality review team felt that there was an excellent case mix, although they felt that there were missed training opportunities due to service and workload pressures.
- Trainees expressed concerns to the review team about the increase in capacity within the unit by opening a High Dependency Unit (HDU) without any increase in staffing.

In addition, areas for improvement within the training of anaesthetic and ICM trainees at the Trust were highlighted as follows:

- The quality review team acknowledged that although there was a great shortage of staff across the Trust, it was not appropriate for trainees to carry out HR duties and felt that there needed to be direct consultant involvement around rota planning and staffing in general. It was reported that trainees were not clear who the consultant they should contact for advice particularly with general issues.
- The quality review team noted that a negative culture existed within the ICM department and heard trainees who required special requirements i.e. pregnant trainees often felt that they were not able to approach their educational supervisors due to tight service pressures and workload. All trainees felt that there was often an expectation of them to be at work despite feeling unwell and all trainees felt that they should return to work earlier than they should.
- Trainees expressed concerns that F2 trainees were overstretched and were at risk of working beyond their competency levels. It was reported that the rota was not compliant to European Working Time Directive (EWTD) as a lot of trainees were staying longer than they should when they worked a 13-hour shift.
- It was noted that there needed to be a policy put in place to ensure that trainees who were required to intubate patients on the ward had assistance from personnel with appropriate skilled airway training at all times.
- The review panel heard that rest facilities were reported to be inadequate particularly when trainees worked the night shift.
- It was reported that trainees were not able to attend weekly teaching sessions due to staff shortages in the rota. In addition, trainees did not feel confident leaving the unit for more than an hour at a time and felt their teaching and learning opportunities were being impacted as a result of working in a busy unit.

Quality Review Team			
HEE Review Lead	Dr Claire Shannon, Head of the London Academy of Anaesthesia	**Regional Advisor and Head of Imperial School of Anaesthesia**	Dr Michelle Hayes Consultant Anaesthetist Chelsea and Westminster Hospital NHS Foundation Trust
Training Programme Director	Dr Gary Wares, Consultant Anaesthetist in Intensive Care Medicine and Anaesthesia, The Royal Marsden NHS Foundation Trust	**Trainee Representative**	Dr Jon Perry, Trainee representative for South East School of Anaesthesia
Trainee Representative	Dr Jamie McCanny, Intensive Care Medicine Trainee representative	**Scribe**	Jannatul Shahena, Quality Support Officer, Health Education England

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
A1.1	**Appropriate level of clinical supervision** The quality review team heard that trainees were sometimes required to intubate patients without an Operating Department Practitioner (ODP) and that they would have to call for clinical assistance from the anaesthetic higher trainees who would have to leave theatre sessions to provide support. Some ODPs were not as helpful as others with some willing to help and others obstructive.	Yes, please see A1.1 below

A1.2	**Rotas** When discussing the rota, the trainees stated that there was a great shortage of staff across the Trust. There was a consultant covering each ward with up to twelve patients on each. It was reported that there were some surgical trainees and neurological trainees on the core-level rota. The trainees advised the review panel that the rota was not compliant to European Working Time Directive (EWTD) guidelines, as a lot of anaesthetic and ACCS trainees stayed longer than they should when they worked a 13 hour shift from 8:30am to 9:30pm, often leaving very late. Regarding staff numbers, it was reported that there was standard staffing on the rota with one core trainee per ward. In terms of airway training, the quality review team heard that a respiratory trainee was not able to offer airway assistance so was moved off the higher trainee out-of-hours rota. The trainees informed the review panel that although the rota was EWTD compliant, the eight-person rota was running on a six-person one. Therefore, as a result trainees had difficulties in organising study leave, as they were only able to take leave when rostered to work short days of their working week. In addition, trainees expressed concerns to the review team about the increase in capacity within the unit by opening a High Dependency Unit (HDU) without any increase in staffing. The quality review team heard that adequate rest breaks were not factored into trainee timetables particularly when trainees were on the night shift. The trainees commented on seeing pieces of cardboard on the floor with a towel around it, when some arrived at induction and stated that they used this during the night shift to take some rest. The review team felt that it was essential that trainees had some appropriate facility to rest during night shifts, as there was usually an hour between 5am to 6am that was usually quiet enough to allow some rest. The trainees reported that they would be happy for their friends and families to be treated at the Trust. However, the only reservation they had was the pressure of staff workload at both trainee and consultant level. Concerns were also expressed that there was a potential for things to be unrecognised by such junior trainees, as there was a high number of agency nurses on the night shift who did not offer much support to the very junior trainees. It was also very difficult for the higher trainee on the night shift to keep up with what was going on in both wards during the night as they were both very busy wards.	Yes, please see A1.2a below Yes, please see A1.2b below Yes, please see A1.2c below
A1.3	**Induction** When asked about the induction process at the Trust, the trainees reported that they did not receive any induction material or information from their departments prior to starting their training placements. A trainee informed the review team that they had the advantage of addressing this issue, as they worked internally, however stated that not all trainees had this benefit, as they were coming from other Trusts. Some of the current trainees working at the Trust stated that they received an exhaustive tour of the unit where they were shown practical things i.e. places to put their bags etc. Some of the former trainees informed the quality review team that because of sending chaser emails to a consultant; they received the rota three months prior to starting their training placement. The review panel heard that the F2 trainees did not always receive an induction, airway training or any additional support when working on nights, where they normally had twelve patients to see. The F2 trainees often called the anaesthetic senior trainee for both airway support and for other clinical procedures including insertion of chest drains.	Yes, please see A1.3 below

A1.4	**Handover** The quality review team heard from the current trainees that although the ward rounds were good, the handovers were sometimes very lengthy and often took over an hour to finish therefore trainees sometimes found themselves staying behind more than an hour longer than they were meant to. The trainees informed the review team of a particular consultant who took an extremely long time conducting the handover and often obtained very descriptive details about the patients, which were not always necessary. As a result, trainees felt, that the handover, which was supposed to be quite brief, often turned into a ward round and felt that this was something that could be avoided.	Yes, please see A1.4 below
A1.5	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The quality review team heard from the current trainees that they initially dreaded the job before they started their training placements, but felt very well supported and were fortunate to have a core trainee at ACCS level supporting them at times. The trainees commented on the continuous support received from some of their senior anaesthetic and ACCS colleagues, who were praised and thought to have been fantastic. The former trainees reported that they received a good case mix when asked about adequate experience and stated that although it was difficult to have appropriate clinical supervision, they felt that they received enough clinical exposure. However, this varied on a case-by-case basis, as some trainees felt they were able to ask someone to supervise them if they did not feel confident in completing some clinical duties and others did not. The quality review team heard from the current trainees at the Trust that the clinical experience they gained at the Charing Cross Hospital site was good.	
A1.6	**Protected time for learning and organised educational sessions** The review panel heard that due to service and workload pressures, trainees felt that there was no capacity for genuine teaching opportunities such as bedside teaching, as there was too much demand for clerical duties, which was impinging on their teaching and learning. The quality review team heard that Serious Untoward Incident (SUI) and Mortality and Morbidity meetings (M&Ms) took place, which trainees were encouraged to go to. However, some trainees stated that they were not able to attend these, as it was hard to leave the unit for an hour and half each time.	Yes, please see A1.6 below
A1.7	**Organisations must make sure learners are able to meet with their educational supervisor on frequent basis** The trainees reported that some educational supervisors were thought to be more engaged in teaching and training than others, and some needed more reminding than others. The review panel heard that due to a busy workload, consultants did not always find the opportunity to meet with the trainees at the beginning of the week. However, despite this, trainees felt consultants were receptive, although at times reminder emails needed to be sent before they had a response. The current trainees working at the Trust stated that there was a general feeling of franticness in the working environment and felt that consultants were overworked. Some were thought to be going into work on their days off and were at work much later than they should be to complete paperwork which significantly impacted teaching and learning opportunities.	Yes, please see A1.7 below

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.

A2.1	**Appropriate system for raising concerns about education and training within the organisation** The trainees reported that they were aware of the escalation policy. When asked about exception reporting, the trainees reported that they understood the role of the Guardian and felt they were able to approach them if they felt they were not meeting their educational requirements. The review team heard that they reported to them if they worked more hours than their normal working hours, and missed potential teaching and learning opportunities as a result. They informed the review panel that they were under the impression that they could take time off in lieu, but due to workload, they were unable to do this in practice.	
A2.2	**Organisation to ensure time in trainers' job plans** The review panel heard that due to tight service pressures within the intensive care department, the consultants did not have enough time within their job plans.	Yes, please see A2.2 below

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.

A3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** On an overall basis all trainees were very complimentary of the consultant body both in the anaesthetic and ICM department. They felt that all consultants were a motivated and driven team whose workload was unfortunately so high due to the service being so stretched that it was not allowing them to fulfil the educational and teaching elements of their role. The review team heard that despite the staff shortages the department was operating under, it was still a great unit to work in, although it was very exhausting working and training at the Trust. The review panel heard that the anaesthetic and ICM	

	department could be a fantastic place to work if there was a full team of staff working within the departments. It was reported that trainees who were pregnant felt that they were unable to express any concerns regarding their health to senior colleagues and often stood for prolonged times during ward rounds and at handover. Trainees were not clear who was responsible for work covered when they were off work due to ill health and there was often a feeling amongst all trainees that they should return to work earlier than they would have liked. The review panel heard that the management of personal health issues was not dealt with appropriately as trainees stated their pregnant colleagues found it exhausting completing ward rounds with a particular consultant who led extremely lengthy ward rounds. Some trainees felt that this was a grey area, as they felt it was not clear what was appropriate to escalate regarding ill health. The quality review team was concerned to hear that trainees received little support and empathy regarding ill health and were told that they would not receive any special treatment and that there was an expectation to just continue as normal. The review panel was further concerned to hear that trainees were expected to contact their sick colleagues at home and to cover their shifts when they were unwell and were off for three or four days.	Yes, please see A3.1 below
A3.2	**Behaviour that undermines professional confidence, performance or self-esteem** The quality review team heard that the overall atmosphere at the Trust was very good and that all the intensive care consultants were very friendly and approachable and trainees reported that there was a great feeling of wanting to provide support and to help each other. However, they felt there was a real feeling of tension due to excessive workload because of staffing issues. The review panel heard that the only time the trainees got together as a group was when weekly teaching sessions took place, where they were each allocated a topic to deliver teaching on. It was reported that this was supervised by consultants but was trainee led. The trainees reported that they found this useful. The higher anaesthetic trainees reported that this was useful and that they managed to attend twice in three months, which was standard for the department.	
A3.3	**Regular, constructive and meaningful feedback** The trainees reported that they did not have any problems obtaining feedback and felt the supervisors were very proactive.	

Good Practice and Requirements

Good Practice
None

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
A1.1	The Trust is required to ensure that adequate clinical supervision is provided to all trainees when intubating patients or performing clinical duties that require a senior member of staff present.	Compliance with this action should be monitored through Local Faculty Group (LFG) meetings and follow-up actions taken. We will also need to see evidence of an SOP outlining provision of skilled airway assistance to trainee.	R1.9

A1.2a	The Trust is required to ensure all rotas are compliant to EWTD guidelines.	The Trust is required to submit copies of trainee rotas to HEE.	R1.12
A1.2b	The Trust is required to ensure that the trainees' rota particularly at the Charing Cross Hospital site permits them to take study leave, when needed. The Trust is required to plan timetables to ensure that training opportunities are not lost due to predictable rota gaps.	Provide confirmation that trainees are able to take study leave, if sufficient notice is given, when requested. Compliance of this action should be monitored through the anaesthetic, ICM and ACCS LFGs.	R1.7, R1.8, R1.15,
A1.2c	The Trust is required to ensure that adequate rest periods and facilities are factored into rota planning, when trainees work the night shift.	The Trust is required to submit copies of the on-call rota to HEE and the information provided to trainees about rest periods	R1.12
A1.3	The Trust is required to ensure that all trainees working across all sub-specialty departments receive an adequate local induction when commencing training placements at all hospital sites.	The Trust is required to submit confirmation of induction arrangements as well as induction material. The Trust is required to circulate an induction survey to trainees and submit feedback received. Performance of induction should be monitored through LFG meetings.	R1.13
A1.4	The Trust is also required to ensure that daily, formalised ward rounds are conducted in the Intensive Care department across all hospital sites. The Trust is to ensure that these offer a good learning opportunity and are conducted in a timely manner. The Trust is required to review the handover processes at the Charing Cross Hospital site. The Trust is required to create standard operating procedures for handover sessions and implement set times for the night and day handover.	The Trust is required to submit evidence that educational daily ward rounds are conducted at all sites. The Trust is required to submit standard operating procedures document and night and day handover timetable, including records of attendance.	R1.14
A1.6	The Trust is required to ensure that all ICM trainees at all hospital sites are able to attend protected teaching and that they are organised and relevant to the curriculum. The Trust is required to ensure trainees have the ability to attend Serious Untoward Incident (SUI) and Mortality and Morbidity meetings (M&Ms) on a frequent basis.	The Trust is required to submit evidence that trainees are able to attend teaching sessions, e.g. copy of teaching register. Compliance with this action should be monitored through LFG meetings and follow-up actions taken.	R1.12
A1.7	The Trust is required to ensure that all trainees across all hospital sites have access to a named educational supervisor, and have the opportunity to meet with them on a frequent basis, despite the shortages in the rota.	The Trust is required to submit copies of one to one sessions of these meetings with trainees across all hospital sites.	R1.8, R1.18

A3.1	The Trust is required to ensure that all trainees are able to approach their supervisors regarding personal health problems. Pregnant trainees should not feel that they are required to stand for long periods of time at handover and not feel confident to address this.	The Trust is required to monitor this and provide a plan of action regarding how the Trust intends to address this problem. Compliance with this action should be monitored through LFG meetings and follow-up actions taken.	R1.14

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

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Claire Shannon
Date:	10 May 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.