

Imperial College Healthcare NHS Trust

Risk-based Review (Education Lead Conversation)



Quality Review report

29 September 2017

Final Report

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Quality Review details

Training programme	Anaesthetics, Intensive Care Medicine
Background to review	<p>The Risk-based Review (education lead conversation) (ELC) was arranged in response to the poor results received in the 2017 General Medical Council National Training Survey (GMC NTS). The Head of the London Academy of Anaesthesia had also been made aware of serious concerns raised by trainees in relation to Anaesthetics and Intensive Care Medicine (ICM) at Charing Cross Hospital.</p> <p>By programme group, the Trust received outliers in the following areas:</p> <ul style="list-style-type: none"> • ACCS (Charing Cross Hospital) – 7 red outliers (overall satisfaction, clinical supervision, clinical supervision out of hours, work load, adequate experience, curriculum coverage, study leave) and 3 pink outliers (supportive environment, educational governance, feedback) • ACCS (Hammersmith Hospital) – 1 red outlier (local teaching) and 1 pink outlier (clinical supervision). Further investigations found that the results were from core anaesthetics trainees, and the Trust confirmed that there were no ACCS trainees at Hammersmith Hospital. • Core Anaesthetics (Hammersmith Hospital) – 4 pink outliers (supportive environment, induction, educational governance, educational supervision) <p>By post specialty, the Trust received outliers in the following areas:</p> <ul style="list-style-type: none"> • Anaesthetics (Hammersmith Hospital) – 2 red outliers (local teaching, regional) and 2 pink outliers (induction, feedback) • Intensive Care Medicine (Charing Cross Hospital) – 4 red outliers (overall satisfaction, work load, feedback, regional teaching) and 4 pink outliers (clinical supervision, supportive environment, induction, educational supervision). <p>Anaesthetics and ICM at Charing Cross Hospital was under GMC enhanced monitoring at the time of the review.</p>
HEE quality review team	<ul style="list-style-type: none"> • Dr Claire Shannon, Head of the London Academy of Anaesthesia • Dr Orla Lacey, Deputy Postgraduate Dean, Health Education England, North West London • Elizabeth Dailly, Deputy Quality and Reviews Manager, Health Education England London and the South East • Adora Depasupil, Learning Environment Quality Coordinator, Quality and Regulation Team (London and the South East)
Trust attendees	<ul style="list-style-type: none"> • Danielle Bennett, Head of Operational Management, Medical Education • Dr Scott Kemp, College Tutor at Hammersmith Hospital • Dr Lorraine Hamlyn, College Tutor for Queen Charlotte's and Chelsea Hospital

- Dr Roseanne Meacher, Clinical Director for Directorate of Critical Care
- Mr Raymond Anakwe, Director of Medical Education

Conversation details

Ref No	Summary of discussions	Action to be taken? Y/N
1	<p>Overview</p> <p>The aim of the education lead conversation (ELC) was to offer the Trust an opportunity to discuss and create a joint action plan to address the on-going poor General Medical Council National Training Survey (GMC NTS) results, especially the red outliers for workload and local teaching in Intensive Care Medicine (ICM) at Charing Cross Hospital.</p> <p>The quality review team was keen to explore the areas of concerns raised and the action plan the Trust had implemented to address these, especially as the Trust was under enhanced monitoring by the General Medical Council (GMC) who required further feedback and evidence that the issues were being adequately resolved. The quality review team also emphasised the importance of providing robust evidence in response to the Health Education England (HEE) and GMC action plans, such as an analysis of the rota gaps, exception reporting, local faculty group (LFG) meetings, and end of placement survey feedback surveys.</p>	
2	<p>Workforce</p> <p>The Trust reported that the main issues in relation to ICM at Charing Cross Hospital stemmed from the high workload that trainees faced. The review team was informed that there were gaps in the department at the consultant level, which had further impacted upon trainees as it reduced the trainers' ability to teach and provide adequate clinical supervision.</p> <p>The Trust indicated that to address this, there was a recruitment drive underway. From next week the core tier was increasing from 10 to 11 posts, with a further twelfth post also starting soon. The middle grade rota was increasing from 6 to 9 posts through the recruitment of trust grades or fellows and that the Trust was also looking at Tier 2 Work Permit sponsorship. In addition, the Trust was advertising and recruiting to three locum consultant posts. These posts were to be advertised as substantive appointments in February/March 2018.</p> <p>The Trust anticipated that this workforce expansion would reduce the pressures of the workload within the ICM department and expand the opportunities for training.</p>	
3	<p>Workload</p> <p>The Trust identified the two acute sites at the Trust as St. Mary's Hospital and Charing Cross Hospital. In relation to ICM, the St Mary's Hospital site had no red or pink outliers on the GMC survey and in fact had one green for handover, and one green for curriculum coverage. In the course of the discussion, it became apparent that the departments of anaesthesia and ICM worked in a cohesive way. In comparison, the review team was informed that this was not the case at Charing Cross Hospital, where for both historical and geographic reasons, the two departments typically worked separately, but this model was changing.</p>	

	<p>The Trust recognised that there were still significant problems within ICM at Charing Cross Hospital in relation to the workload. The Trust explained that the workload now included extra beds within the new High Dependency Unit, and increasing service pressures from the thrombectomy and stroke services were the predominant contributors to the red outliers. The Trust’s proposed workforce expansion should significantly improve the junior doctor rota, and increase their supervision, support and training opportunities.</p> <p>The Trust recognised that previously, the core trainees did not feel they had immediate support from the higher trainees within the department. The quality review team heard that there was a core trainee on each ward and two higher trainees during the day: one to manage the referrals and the other to manage the unit. In addition, there were two consultants allocated to oversee the department throughout Monday to Friday, since October 2016 and planned to go to two consultants at weekends. However, the Trust reported that the core trainees had previously reported, that when the higher trainees took leave it often meant there was only one higher trainee available to provide support and clinical supervision, who was typically off the ICM unit seeing referrals. The Trust informed the review team that the rota had been redesigned to ensure that in addition to the higher trainees, there would also be two consultants who were based on the unit and therefore able to provide clinical supervision and on the ground teaching. The plan was for this model to be implemented 7 days a week.</p> <p>It should be noted that the Trust felt that the expansion of the consultant body and trust grade numbers within the ICM department at Charing Cross Hospital would have a significant positive impact upon the trainees’ workload.</p> <p>The quality review team also heard that the nurses in the department were also utilised to help reduce workload, and further support the consultants and the trainees. A new system was in place by which all bleeps at night were screened by the lead nurse on the ward who then created a list of tasks for the trainees to undertake, which stopped the trainees’ being continuously beeped. The Trust also reported that the nurses had been keen to expand their roles for tasks such as the insertion of cannulas. So far 10 nurses were able to deliver this service and more were being trained.</p> <p>The quality team also noted that there had been no exception reporting from the trainees on the ICM at Charing Cross Hospital. The consultants were aware of one possible breach of hours and had encouraged the trainee to submit a report, but this had not yet gone to the Guardian for Safe Working.</p>	
4	<p>Educational supervision</p> <p>The Trust reported that expanding the consultant posts will make a significant improvement to the teaching provided, and the reported missed bedside training opportunities within the department. The quality review team heard that the trainees often felt that they could not take study leave due to difficulties in finding suitable cover, but that this would also be resolved with the additional recruitment of trust grade doctors and consultants.</p> <p>The quality review team highlighted that there seemed to be a lack of attendance of educational supervisors at the LFGs. The Trust explained that although adequate time to undertake educational responsibilities and supervision was included within the educational supervisors’ job plans, in practice it was often difficult to secure the adequate time. However, the Trust assured the quality review team that all trainees had been allocated an educational supervisor who met with the trainees and had a beginning, middle (dependent on length of attachment and trainee requirements) and end meeting throughout their rotation in the department.</p>	

	<p>The quality review team also highlighted that the educational supervisor system should be utilised more effectively to support trainee requests and improve engagement. The quality review team heard that the successful recruitment to three locum consultants would contribute to a significantly more positive learning environment for the trainees. The Trust hoped that the locum consultant posts would eventually become substantive to ensure a continued support system for the trainees was in place.</p> <p>The review team was informed that the Trust provides specific training sessions for the various educational and clinical supervisors, including teaching tips, for example how to conduct a teaching ward round.</p>	
5	<p>Administrative support</p> <p>The quality review team heard that there was a lack of administrative support from the Human Resources (HR) department. The Trust explained that despite being a large organisation across multiple sites they only had two HR officers allocated to doctor recruitment. As a result, finding locum or bank cover for rota gaps fell to the individual department, for example the consultants, rota coordinator and departmental secretaries use a Whatsapp™ group of potential bank staff and ringing around. The consultants had to be proactively involved with the recruitment process such as contacting and chasing HR to enable timely appointment to the consultant posts.</p> <p>The Trust also informed the quality review team that there was a struggle to find locum cover especially if notification of any gaps in trainee allocations came at very short notice from the Healthcare Education Team. The quality review team acknowledged this and assured the Trust that feedback was given to HEE to ensure this did not occur again in the future.</p>	
6	<p>Shared learning</p> <p>The Trust acknowledged that there may have been some cultural differences between the two very busy, acute sites (Charing Cross Hospital and St Mary's Hospital) as well as the other sites that received better GMC NTS results (Hammersmith Hospital and Queen Elizabeth Hospital). Therefore, it was discussed whether the anaesthetic and ICM department at the Charing Cross site would benefit from some shared learning and a meeting with the educational leads from other sites to share areas of best practice.</p> <p>The quality review team heard that the structure and atmosphere in St Mary's Hospital felt more cohesive and there was constant presence of consultants on the wards and units. The Trust reported that the communication between consultants and trainees were more consistent at St Mary's site which made the trainees feel that they could easily approach the consultants.</p> <p>Furthermore, the quality review team suggested that the consultants in the department should consider being more proactive in reviewing the clinical workload with the trainees during shifts and offer support such as sending the trainees for a coffee break to reduce stress and pressure. If the consultants provide the leadership in engaging with the trainees directly to ensure their wellbeing, the quality review team strongly believe that this change in approach will build a more cohesive relationship between consultants and trainees.</p> <p>The Trust reported that the Charing Cross ICU had just delivered its first multi-professional simulation training session, based on the simulation programme developed at St Mary's ICM.</p>	

7	<p>Rest facilities out of hours</p> <p>The review team suggested that a bleep free rest area should be available for the trainees, as feedback had been received that at the time of the review the facilities were inadequate and overcrowded at times when the trainees were able to rest.</p> <p>The Trust confirmed the resting facilities for the trainees had been reviewed and improved with reclining chairs.</p>	
8	<p>Queen Charlotte's and Chelsea Hospital</p> <p>The educational lead for Queen Charlotte's and Chelsea Hospital indicated that further work could be undertaken in order to improve the educational supervision and maximise training opportunities on the labour ward. Although there was distant supervision from labour ward, there was currently no allocated consultant anaesthetist covering the elective C-section lists at the time of the review, which was at odds with the OAA guidelines.</p>	
9	<p>Hammersmith Hospital</p> <p>The educational lead at Hammersmith Hospital stated the importance of recruiting appropriate consultants to the post who did not only meet the job description, but also had the aptitude required to build good professional relationships with the trainees including being approachable and supportive. It was further reported that the Hammersmith Hospital now had a dedicated consultant in the department with protected time for teaching and the feedback from the recent LFG regarding the local teaching sessions was very positive, which was further evidenced by improved attendance. The quality review team heard that in order to gain consistent feedback from the trainees, a specific item was added on the LFG agenda that allowed anonymous feedback to be gathered.</p>	
10	<p>Importance of evidence</p> <p>The quality review team reiterated the importance of providing robust evidence for the HEE action plans. Examples of this may be LFG minutes, trainee attendance records, and trainee feedback - this is not an exhaustive list. The evidence must show that changes made were actually happening. It was discussed that the Trust was to present clear timelines along with the evidence provided.</p> <p>The quality review team informed the Trust that the evidence provided was used to assist with forming the recommended actions for the Trust to undertake especially as this department was already under GMC enhanced monitoring.</p> <p>It was agreed that the following exemplar documents would help to provide evidence of the initiatives put in place by the Trust. It was agreed to provide any evidence by the end of October 2017:</p> <ul style="list-style-type: none"> - Any handover process and protocols (three-month rotation) - The Multi-Professional Simulation Programme recently introduced to the Charing Cross ICM: Evidence of its implementation and attendance, encouraging trainees to attend (study leave provided or time off in lieu arranged) - Local induction feedback - Exception reporting - Evidence of the expansion of rota, and evidence of management of rota gaps - Recruitment plans: locum and substantive - Evidence of shared learning across sites - Feedback from trainees that there had been improvement in rest facilities. 	

	<ul style="list-style-type: none"> - Recognition of trainees' hard work and dedication <p>The quality review team explained that the GMC produced a separate report but the aforementioned forms of evidence were shared with GMC to support closing HEE's recommended actions.</p>	
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Next steps

Conclusion
<p>As a result of the above discussions, it was agreed by both the Trust and the quality review team that a further Risk-based Review (focus group) or attendance at a relevant Local Faculty Group to gain further feedback from the trainees would be beneficial, to provide reassurance that adequate steps had been taken to address the highlighted issues in the Anaesthetics and ICM departments, in particular at the Charing Cross site.</p>

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

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Claire Shannon, Head of the London Academy of Anaesthesia
Date:	12 October 2017