

Barking, Havering and Redbridge University Hospitals NHS Trust

Anaesthetics

Risk-based Review (focus group)



Quality Review report

24 October 2017

Final Report

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Quality Review details

<p>Background to review</p>	<p>The quality review team was keen to explore the results of the 2017 General Medical Council National Training Survey (GMC NTS) within ACCS, anaesthetics and core anaesthetics. Within core anaesthetics, the survey produced eleven red outliers at the Queen’s Hospital site for ‘overall satisfaction’, ‘clinical supervision’, ‘clinical supervision out of hours’, ‘reporting systems’, ‘teamwork’, ‘supportive environment’, ‘induction’, curriculum coverage’, ‘educational supervision’ and ‘feedback’. Furthermore, core anaesthetics produced one pink outlier for ‘local teaching’. The results show a deterioration in the educational experience in the specialty as it had a single red outlier in 2016, zero red outliers in 2015 and four red outliers in 2014.</p> <p>Results in anaesthetics at the Queen’s Hospital site produced four red outliers for ‘curriculum coverage’, educational governance’, ‘educational supervision’ and ‘feedback’. Furthermore, it produced a single pink outlier for ‘reporting systems’. This was an increase on the single red outlier and two pinks generated in 2016, the single pink outlier seen in 2015 and the two red and two pink outliers generated in 2014. At the King George site for anaesthetics, the survey produced a single red outlier for ‘overall satisfaction’ and six pink outliers for ‘clinical supervision’, ‘clinical supervision out of hours’, ‘induction’, ‘adequate experience’, ‘educational supervision’ and ‘study leave’. The results show a deterioration in the educational experience, with results in 2016 showing a single red outlier and four pink outliers, no results in 2015 and a single red outlier and four pinks in 2014.</p> <p>Within ACCS at the Queen’s Hospital site, results for the 2017 GMC NTS showed a deterioration in the educational experience compared with the previous year. Results in 2017 showed pink outliers in ‘clinical supervision’, ‘clinical supervision out of hours’, ‘reporting systems’, ‘teamwork’, ‘induction’, and ‘educational supervision’, compared with the zero red or pink outliers received in 2016. It is also important to note that two green outliers for ‘regional teaching’ and ‘study leave’ were not carried across into 2017, with white outliers produced.</p>
<p>Training programme / learner group reviewed</p>	<p>The review team met with anaesthetics trainees from ACCS, anaesthetics and core anaesthetics at the following grades:</p> <ul style="list-style-type: none"> • Core training year 1 • Core training year 2 • Specialty training year 3 • Specialty training year 4 • Specialty training year 6
<p>Quality review summary</p>	<p>The review team would like to thank the Trust for accommodating the risk-based review (focus group).</p> <p>During the course of the review, the team identified areas that were working well with the anaesthetics training at the Trust, including the following:</p> <ul style="list-style-type: none"> • No trainee felt they were working beyond their level of competence and felt they had adequate clinical supervision at all times.

- All trainees indicated they received a thorough Trust induction, in which they received their ID badges and various IT system logons. The trainees however indicated that the local departmental induction could be improved, and the department should seek to involve the trainees in its design.
- The trainees on ITU felt well supported and well trained.
- The introduction of the new teaching programme seems well received and the department needs to ensure that trainees can attend.

The review team also identified two serious concerns regarding the anaesthetics training, for which two immediate mandatory requirements were issued. The details of these concerns are as follows:

- The review team was informed that often the WHO checklist was completed perfunctorily as a tick box exercise as opposed to having full engagement from the team. There appeared to be a culture where there was little engagement or ownership of the process from senior consultant staff in theatres and obstetrics. Several examples were raised by trainees where the panel had serious patient safety concerns as a consequence. The Trust is required to ensure that the WHO checklist is always completed before each theatre session, that staff are trained in the importance of its utilisation and that this process is led by senior consultant staff.
- The Trust has been issued with a previous Immediate Mandatory Requirement (IMR) at the previous visit on 17 October 2017 regarding the trainees' rotas within medicine and surgery. It appeared to the review team that the trainees within anaesthetics experienced similar issues, and the IMR was therefore extended to include the anaesthetic rota. The rota needs to be reviewed with clinical consultant oversight of its management.

Furthermore, the quality review team highlighted a number of areas for improvement which are outlined below:

- The review team was informed that the trainee had to get every module signed off by their educational supervisor, even if they did not work in the specific module the trainees were completing. The Trust must assign module leads in accordance with the Royal College of Anaesthetists recommendations to sign off the completion of unit training forms. The school will work with the department and trainees to identify and support appropriate individuals in the department who can provide this.
- The review team heard instances of inappropriate feedback being given to trainees. Concerns relating to specific individuals will be discussed confidentially with the Trust.
- The trainees reported that they witnessed instances of unprofessional behaviour between the consultant body. Health Education England (HEE) recommends that the anaesthetic department participate in the HEE team-building pilot scheme that will be taking place, in conjunction with O&G and EM in this Trust.

Quality Review Team			
HEE Review Lead	Dr Cleave Gass, Head of the London School of Anaesthesia	Training Programme Director	Dr Catherine Shaw, Whittington Hospital
Deputy Postgraduate Dean/County Dean	Dr Indranil Chakravorty, Deputy PG Dean, Health Education England North London	Trainee/Learner Representative	Abbie Cole Trainee representative
Lay Member	Robert Hawker	Scribe	Ed Praeger Learning Environment Quality Coordinator Health Education England London and the South East
Training Programme Director	Dr Chris Sadler, Barts Health NHS Trust		

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	<p>Patient safety</p> <p>The higher trainees informed the review team that they felt that the two ITU (Intensive Care Unit) beds available were sufficient in regards to patient flow. The trainees indicated that there was a slight delay when moving patients to the HDU (High Dependency Unit). The trainees confirmed that recovery staff were responsible for the patients until transfer to the HDU was complete.</p>	

	<p>The review team was informed that often the WHO checklist was completed perfunctorily as a tick box exercise before each case as opposed to having full engagement from the team. There appeared to be a culture where there was little engagement or ownership of the process from senior consultant staff in theatres and obstetrics. Several examples were raised by trainees where the panel had serious patient safety concerns as a consequence.</p>	<p>Yes, please see A1.1 below</p>
A1.2	<p>Appropriate level of clinical supervision</p> <p>The core trainees informed the review team that there was always consultant presence when required and that adequate clinical supervision was provided. The trainees indicated that there were always staff grade doctors available to help if needed.</p> <p>The higher trainees informed the review team that they felt the level of clinical supervision was adequate, although the trainees highlighted the fact that they received very little feedback from consultants regarding their progress.</p>	
A1.3	<p>Rotas</p> <p>The core trainees informed the review team that the core training year 1 (CT1) trainees would shadow the CT2 trainees during their novice period, before they started undertaking on-call shifts.</p> <p>The review team was informed by both the core and higher trainees that they felt that the rota had no consultant oversight, and thus had an effect on the clinical experience that they were able to gain whilst in the post.</p> <p>The core trainees highlighted that responsibilities for the coordination of the rota had previously been the responsibility of a consultant, but felt that through lack of support, they were unable to continue this task. This was not communicated effectively to the trainees, who, unknown to them, had continued to email the consultant for rota changes. This led to the rota coordination responsibilities to be picked up by a trainee. The core trainees indicated to the review team that they felt that this had improved the co-ordination of the rota.</p> <p>The core trainees indicated to the review team that they regularly received their rotas in advance, with list allocations posted online two weeks prior and an email sent to trainees one week prior to the date. The higher trainees informed the review team that, although they had emailed a month before they had started their posts, they still received their rota very late. A higher trainee informed the review team that they had had to pay back days when switching shifts in order to take study leave, after the rota had been changed at the last minute.</p> <p>The core trainees informed the review team that they often worked beyond their designated hours when undertaking their ITU modules and working outreaches, by 30-40 minutes per day. The core and higher trainees felt that there was a good culture of supporting exception reports to be filed, although none of the core trainees and only a single higher trainee that the review team spoke to had filled in an exception report at the time of the review.</p> <p>The review team was informed by the core trainees that gaps in the rota though sickness or leave were filled internally or the Trust would bring in staff grades or locums to fill the gaps. The CT1 trainees indicated that they would have to swap amongst themselves to fit leave in to the rota if needed. The trainees highlighted that there was no consultant input to sign off trainee leave.</p> <p>The higher trainees informed the review team that they received their daily lists on the Friday before, and that a number of trainees felt that they had just been placed to fill gaps, rather than basing the lists on the training that they required.</p> <p>The higher trainees informed the review team that there were a large number of staff grades making up the general on-call rota, whose level of experience varied, and felt that the general on-call rota should include more trainees. The higher trainees informed the review team that they thought that they were seeing a disproportionate number of obstetrics on call cases and not enough general theatre on call cases.</p>	<p>Yes, please see M1.1 below</p> <p>Yes, please see A1.3b below</p>

A1.4	<p>Induction</p> <p>The review team was informed that the core trainees felt that they had received a good Trust induction, receiving ID cards, computer logins and pay roll information in a structured and organised way. This sentiment was echoed by the higher trainees, with a good amount of relevant information provided at the Trust induction.</p> <p>Both the core and higher trainees indicated to the review team that the local induction that they received felt rushed and wasn't of great quality. A number of core trainees indicated to the review team that they had not been offered a tour of the hospital, although a number of the trainees indicated that they had been given tours of the department by CT2 trainees already within the department.</p> <p>The review team heard from the core trainees that during the local induction they heard talks by both the clinical leads and programme directors, which the trainees found positive. The core trainees indicated that although they received a hard copy of the induction pack, it was not sent electronically to all of the trainees.</p>	Yes, please see A1.4 below
A1.5	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The core trainees informed the review team that they were unaware if there was a consultant meeting to discuss trainee training and that there was no trainee representative to attend.</p>	
A1.6	<p>Protected time for learning and organised educational sessions</p> <p>The core trainees informed the review team that the protected teaching time on a fortnightly basis was incorporated into their rotas, and that the teaching session lasted the whole day. The core trainees indicated that when they had been placed on lists on study leave days, they had managed to change their shifts easily and with little fuss.</p> <p>The core trainees informed the review team that there was a regular hour long teaching session held on a Friday morning, 30 minutes before the start of shift, with handovers delayed to allow for all trainees to attend. The core trainees highlighted that presentations were only consultant led, with trainees unable to present at the sessions. If the Trust expects trainees to attend these sessions the rota should be adjusted accordingly to accommodate this early start</p> <p>The higher trainees informed the review team that they found it difficult to attend the Friday morning teaching sessions and that other teaching sessions were not publicised adequately. The trainees did indicate that they had no problems in attending regional teaching days.</p>	
A1.7	<p>Adequate time and resources to complete assessments required by the curriculum</p> <p>Both core and higher trainees indicated to the review team that there was a large amount of mandatory training that they had to complete before they could access the study budget. The trainees highlighted that although a large amount of the mandatory training could be completed at home and during their own time, no extra time was allocated to complete the mandatory training during working hours. The trainees also highlighted that a number of the modules within the mandatory training required face-to-face meetings, which were quickly booked up, meaning that some of the trainees the review team spoke with, still had not completed all of their mandatory training as there were no sessions available for them to attend. This then impacted upon their access to the study budget.</p> <p>The higher trainees informed the review team that they were unsure whether study leave costs would be reimbursed.</p>	

	The core trainees informed the review team that they did not feel pressured to rush through their Initial Assessment of Competency (IAC) and a number of the trainees present were still yet to complete the assessment.	
2. Educational governance and leadership		
HEE Quality Standards		
<p>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.</p> <p>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.</p> <p>2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.</p> <p>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.</p> <p>2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.</p>		
A2.1	<p>Organisation to ensure access to a named educational supervisor</p> <p>The core trainees indicated to the review team that they had all been allocated a named educational supervisor.</p> <p>The core trainees informed the review team that they felt there was apathy in the department regarding trainee educational supervision. The trainees indicated that they had often approached other consultants for information and help, rather than their designated educational supervisor, and reported that not all educational supervisors were up-to-date regarding the trainees' e-portfolio and did not have the relevant logins.</p> <p>The core trainees indicated that they would often only approach their designated educational supervisor when they required a module to be signed off.</p> <p>The higher trainees confirmed to the review team that they both knew who their educational supervisor was and had met them. The higher trainees indicated that they thought them capable of performing the job adequately.</p> <p>The trainees informed the review team that their modules could only be signed off by their designated educational supervisor, even though they may not specialise in the module the trainee was undertaking.</p>	Yes, please see A2.1 below
3. Supporting and empowering learners		
HEE Quality Standards		
<p>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.</p> <p>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.</p>		
A3.1	<p>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</p> <p>The higher trainees informed the review team that they felt there was a lack in computers that they were able to use situated in the department, but indicated there were some available to use in the Education Centre.</p>	

A3.2	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The core and higher trainees informed the review team that they felt that a specific member of the faculty would often be rude and belittling towards the trainees in front of patients and colleagues. The core trainees felt that this was more directed at male colleagues over female counterparts.</p> <p>The core trainees informed the review team that they felt that there was unrest and infighting within the consultant body, with episodes witnessed during monthly audit meetings.</p> <p>The higher trainees informed the review team that they did not feel, or had not seen, any in fighting or unrest within the faculty.</p>	
A3.3	<p>Access to study leave</p> <p>The core trainees informed the review team that they did not have trouble in obtaining study leave, with a 6 week notice period required.</p> <p>The core trainees highlighted to the review team that they felt that the multiple systems used to book in study leave made the whole process more difficult than it should be, with a number of trainees commenting that they could have study leave approved on one system whilst being rejected on another.</p>	
A3.4	<p>Regular, constructive and meaningful feedback</p> <p>A core trainee informed the review team that although they had submitted a Datix regarding a situation at the King George site over six months ago, they had yet to receive any feedback based on it.</p>	

Good Practice and Requirements

Good Practice

No trainee felt they were working beyond their level of competence and felt they had adequate clinical supervision at all times.

All trainees indicated they received a thorough Trust induction, in which they received their ID badges and various IT system logons. The trainees however indicated that the local departmental induction could be improved, and the department should seek to involve the trainees in its design.

The trainees on ITU felt well supported and well trained.

The introduction of the new teaching programme seems well received and the department needs to ensure that trainees can attend.

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
A1.1	<p>The review team was informed that often the WHO checklist was completed perfunctorily as a tick box exercise as opposed to having full engagement from the team. There appeared to be a culture where there was little engagement or ownership of the process from senior consultant staff in theatres and obstetrics.</p>	<p>The Trust to confirm this has taken place.</p>	<p>R1.1</p>

	Several examples were raised by trainees where the panel had serious patient safety concerns as a consequence. The Trust is required to ensure that the WHO checklist is always completed before each theatre session, that staff are trained in the importance of its utilisation and that this process is led by senior consultant staff.		
M1.1	The Trust has been issued with a previous Immediate Mandatory Requirement (IMR) at the previous visit on 17 October 2017 regarding the trainees' rotas within medicine and surgery. It appeared to the review team that the trainees within anaesthetics experienced similar issues, and the IMR was therefore extended to include the anaesthetic rota. The rota needs to be reviewed with clinical consultant oversight of its management.	The Trust to confirm this has taken place.	R1.12

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
A1.4	<p>The Trust to review the departmental induction and create timetable, agenda, register and summary of feedback from trainees.</p> <p>Departmental induction must be provided for any trainee starting any post at any time of year. The departmental inductions developed must be sustainable, of high quality and must include:</p> <ul style="list-style-type: none"> • orientation and introductions • details of rotas and working patterns • clinical protocols 	<p>Trust to submit copy of departmental induction handbook.</p> <p>Trust to supply timetable, agenda, register and summary of feedback from trainees.</p> <p>Trust to confirm, via audit of trainees, or through Local Faculty Group (LFG) meetings that each trainee has received an induction and that this was considered fit for purpose.</p>	R1.13
A2.1	The Trust must assign module leads in accordance with the Royal College of Anaesthetists recommendations to sign off the completion of unit training forms. The school will work with the department and trainees to identify and support appropriate individuals in the department who can provide this.	The Trust to confirm that designated consultants have been assigned for each modules. Feedback from trainees should be submitted, demonstrating that this issue has been resolved.	R2.3

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
A1.3b	The Trust should look to provide a more even distribution of out of hours on-call duties between training grade doctors and	Trust to confirm, via audit of trainees, or through Local Faculty Group (LFG) meetings that trainees are receiving an	R1.15

	staff grade doctors, across both obstetrics and general theatre, to allow for enhanced learning opportunities.	even balance of duties in both obstetrics and general theatre out of hours.	
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Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Cleave Gass
Date:	02 November 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.