QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

# Epsom and St Helier University Hospitals NHS Trust

## Intensive Care Medicine

## Risk-based Review (focus group)

## Quality Review report

**21 November 2017**

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# Quality Review details

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| **Background to review** | In the GMC NTS 2017 results, intensive care medicine (ICM) returned three red outliers (overall satisfaction, educational governance and local teaching) and three pink outliers (supportive environment, induction and adequate experience), Trust-wide. Additionally, one bullying and undermining comment was submitted in relation to a culture of undermining and humiliation by senior staff towards trainees within ICM at St Helier Hospital.<br><br>The findings from the recent Care Quality Commission (CQC) report at the Trust also highlighted ICM as a serious concern. | |
| **Training programme / learner group reviewed** | Intensive Care Medicine | |
| **Attendance** | • CT1 Surgical Trainee<br>• CT1 Clinical Fellow<br>• CT2 Anaesthetics | • ST4 ICM<br>• Trust Grade (Y3) x3<br>• Trust Grade (Y4) x1 |
| **Quality review summary** | Four areas were identified as working well:<br>• The trainees felt that consultant engagement and support were good, and there was a high level of immediate contact between the consultants and the trainees.<br>• The full day intensive care teaching day at St. Georges was praised by all the trainees as being invaluable.<br>• There appeared to be very good teamwork between the team at the ICM. The trainees spoke very highly of the nursing team, and the communication between nurses and doctors.<br>• The quality review team heard that Datix reporting had been actively encouraged, and good feedback had been received by the trainees.<br><br>However, three areas were also identified as requiring improvement:<br>• It was reported that there was no clear escalation policy for junior trainees with regard to managing airways, if an airway-skilled person was not present on the unit. The quality review team heard that this was causing anxiety amongst trainees that there could be patient safety issues in the future. It was noted that this policy needed to be robust and clearly communicated to the trainees.<br>• The quality review team heard that morning ward rounds were not being used as a learning opportunity.<br>• The trainees reported anxieties about very sick patients being managed outside of the unit, and the lack of ownership of acute medical patients after an ICM doctor had been called. The quality review team heard that there was a lack of clarity in regard to which team was responsible for making and initiating the initial treatment plan in the absence of immediate admission to ICM. The quality review team also heard that there was no clear escalation plan for the patients. | |

| Quality Review Team | | | |
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| **HEE Review Lead** | Dr Claire Shannon<br>Head of the London Academy of Anaesthesia | **Deputy Postgraduate Dean** | Dr Anand Mehta<br>Deputy Postgraduate Dean |
| **External Clinician** | Dr Gary Wares<br>Consultant in Critical Care Medicine | **Lay Representative** | Caroline Turnbull |
| **Scribe** | John Forster<br>HEE Quality Support Officer | | |

# 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 |
|---|---|---|
| I1.1 | **Patient safety**<br>The trainees expressed a concern that at night, the unit was run by junior trainees who were not airway trained, and relied on anaesthetists to help in the event of a crisis. They felt that relying on doctors from other departments was unsustainable, as it could not be guaranteed that they would be available, and that there was no robust escalation policy if there was not an airway skilled person on the unit. The trainees stressed that they could easily envisage a situation in the future where this would be a problem.<br>The trainees also reported that when other departments would ask ICM to look at a patient, they would essentially pass over management of that patient to ICM, and would stop taking a proactive role in their treatment. The trainees expressed their frustration at this, as they felt it was unreasonable to be expected to manage a patient that was off their ward, and that the absence of the acute medical team led to serious | Yes, see I1.1a below<br>Yes, see I1.1b below |

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| | patient safety issues. The trainees reported that this led to anxieties that patients were not managed safely outside of the unit. | |
| I1.2 | **Appropriate level of clinical supervision**<br>The review team heard that out of hours support for foundation and trust-grade trainees was good, and that for the first six weeks, a higher trainee would be present on night shifts as a third support, until the junior trainee felt comfortable.<br>The trainees reported that they felt very supported. The quality review team heard that a consultant was always available on the phone, and that they were forthcoming in offering to come in if needed. | |
| I1.3 | **Responsibilities for patient care appropriate for stage of education and training**<br>The quality review team heard that junior trainees were often required to cover the referral bleep. This was the mechanism by which other departments could get in contact for an ICM review opinion - often for advice on whether they needed to be admitted, or whether a resuscitation call should be put out. The trainees felt that this was a big responsibility for F2s and CT1s, and that often the other departments would not realise that they were getting a review from a junior trainee. | |
| I1.4 | **Induction**<br>The trainees praised the unit induction as being well thought out, especially the foundation day-course at St Georges Hospital, which the trainees were heavily encouraged to attend. | |
| I1.5 | **Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience**<br>The trainees reported that there was a very positive learning culture in the department, and that there were opportunities to develop a range of skills. The review team also heard that consultants were consistently supportive, and approachable.<br>However, it was reported that the midday ward round had become less educational since February. Prior to this the Trust had received feedback that some trainees felt bullied and undermined due to an overly interrogative style of teaching during the ward round and in front of a multidisciplinary team. The review team suggested that the changes to ward rounds might have been in response to this feedback. The majority of trainees were happy that the interrogative teaching had ceased, but all agreed that the ward rounds now focused solely on service provision and not on learning. The trainees reported that consultants would not regularly provide explanation steps during the ward round, leading to trainees mirroring behaviour that they had not fully understood. | Yes, see I1.5 below. |
| I1.6 | **Organisations must make sure learners are able to meet with their educational supervisor on frequent basis**<br>Trainees reported that their clinical and educational supervisors had been proactive, helpful and supportive. | |

| Mandatory Requirements | | | |
|---|---|---|---|
| **Req. Ref No.** | **Requirement** | **Required Actions / Evidence** | **GMC Req. No.** |
| I1.1a | The Trust is required to review the airway support offered to the trainees covering ITU. | The Trust needs to provide evidence of an appropriately robust policy to support trainees with limited airway skills when required to perform emergency intubation on critically ill patients at night. | 1.1 |
| I1.1b | The Trust is required to increase the support to the ICM outreach trainee from the referring medical team. | The Trust is required to review ownership of the patients who do not require immediate ITU admission to ensure safe care. | 1.1 |

| Recommendations | | | |
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| **Rec. Ref No.** | **Recommendation** | **Recommended Actions / Evidence** | **GMC Req. No.** |
| I1.5 | The Trust would benefit in reviewing the educational aspects of the daily ward rounds. | The Trust is recommended to review the ward round frequency and its teaching component to maximise training opportunities. | 1.15 |

| Signed | |
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| **By the HEE Review Lead on behalf of the Quality Review Team:** | Dr Claire Shannon |
| **Date:** | 2 January 2018 |

**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.