

St George's University Hospital NHS Foundation Trust

Anaesthetics

Risk-based Review (on-site)



Quality Review report

22 January 2019

Final report

Developing people
for health and
healthcare

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Quality Review details

<p>Background to review</p>	<p>Health Education England (HEE) felt that with the release of the 2018 General Medical Council's (GMC) National Training Survey (NTS) results and an Educational Leads Conversation (ELC) which took place in September 2018, that a conversation with the higher trainees in Anaesthetics was required.</p>
<p>Training programme / learner group reviewed</p>	<p>Anaesthetics</p>
<p>Number of learners and educators from each training programme</p>	<p>The review team met with a number of higher trainees in anaesthetics.</p> <ul style="list-style-type: none"> - Specialty Trainee Level 2 (ST2) - Specialty Trainee Level 4 (ST4) - Specialty Trainee Level 6 (ST6) - Specialty Trainee Level 7 (ST7) <p>As well as meeting with the trainees, the review team also met with a number of the senior management within the department including:</p> <ul style="list-style-type: none"> - Associate Director of Medical Education - Medical Education Manager - Clinical Director for Intensive Care Unit (ICU) - College Tutor for Anaesthetics - Training Programme Director (TPD) for Anaesthetics - Service Manager for Anaesthetics
<p>Review summary and outcomes</p>	<p>The quality review team would like to thank the Trust for accommodating the on-site visit and for ensuring that all sessions were well-attended. The quality review team was pleased to note the following areas that were working well:</p> <ul style="list-style-type: none"> - The review team commended the excellent leadership from the college tutors and the very supportive culture for educational and training - The review team was pleased with the ability for trainees to feedback through multiple well led local faculty group meetings and trainee forums - The review team heard that senior trainees had excellent training opportunities and a very good balance of support from consultants and autonomy and felt well prepared to move into consultant jobs - The review team was pleased that all consultants felt highly valued as supervisors with had appropriate time in their job plans and were supported by the Trust in their educational duties <p>However, the quality review team also noted a number of areas for improvement:</p> <ul style="list-style-type: none"> - The review team was disappointed to hear the overwhelming imbalance of work in the ST4 year which was disproportionately weighted towards ICU work. The problem was worsened as trainees were not permitted to take annual and study when working on the ICUs - The review team was disappointed to hear that in an acute trust of this size that there was not a critical care outreach team and this was reported to be affecting trainee experience - The review team was disappointed to hear that when the trainees were on a two tier rota that this had resulted in training opportunities being missed.

- The review team was disappointed to hear that the escalation plan from resuscitation or wards to the critical care unit was variable.

Quality Review Team

HEE Review Lead	Claire Shannon Head of London School of Anaesthetics and ICM Health Education England	External Clinician	Roger Cordery Consultant in Cardiothoracic Anesthesia and Critical Care Deputy Regional Advisor Barts and the London School of Anaesthesia
Trust Liaison Dean/County Dean	Anand Mehta Health Education England, South London local office	Trainee/Learner Representative	Douglas Blackwood Higher Trainee Representative Central London School of Anaesthesia
Lay Member	Robert Hawker Lay Representative	HEE Representative	Bindiya Dhanak, Learning Environment Quality Co-ordinator, Health Education England (London)
Observer	Andrea Dewhurst Quality, Patient Safety & Commissioning Manager Health Education England (London)	Observer	Emily Paterson Quality, Patient Safety & Commissioning Officer Health Education England (London)

Educational overview and progress since last visit – summary of Trust presentation

The College Tutor (CT) for Anaesthetics gave an update of the progress made since the previous HEE educational leads conversation on 13 September 2018. The review team heard that the overall experience for all trainees had improved since the release of the 2018 General Medical Council's (GMC) National Training Survey (NTS) results. It was highlighted to the review team that the department conducted two internal surveys annually and conducted them separately for the Specialty Trainee Level 4 (ST4s) and senior trainees. The review team learnt that the results from the ST4 survey undertaken in January 2019 were generally positive with regards to the friendly environment and the support received from consultants within anaesthetics and Intensive Care. The CT highlighted to the review team that they had received extremely positive comments in regards to Educational Supervisor (ES) support and all modular training had been well received in paediatrics, cardiac, neurology and Intensive Care Medicine (ICU). The CT informed the review team that the concerns raised from the ST4 survey were minimal, but it was noted that even though study leave had been approved locally, some of these study days had limited capacity resulting in higher trainees not being able to attend their mandatory regional teaching days.

It was heard by the review team that the results from the senior trainee survey conducted in January 2019 had many positive comments regarding the excellence of clinical and non-clinical learning experience with regards to consultant support. It was noted from the survey that in terms of adequate experience, the senior trainees felt that more solo lists and more non-clinical opportunities for consultant development would be beneficial.

The CT highlighted to the review team that a new lead for Induction had been appointed to focus on the newly tailored anaesthesia induction programme which occurred every six months. The Induction lead conducted a survey on induction for the August 2018 intake which had been very positive and the lead also confirmed they

would be conducting the same survey for the February 2019 intake. The CT informed the review team that a new generic critical care induction programme had been held every six months followed by an induction to the individual Intensive Care Units (ICU). All trainees confirmed to the review team that they had attended corporate and departmental induction.

The review team heard that a new in-house lead for local teaching had been appointed to focus on the teaching programme for trainees and for ensuring that trainees were able to attend. The CT informed the review team that local teaching was advertised to trainees through the electronic teaching diary, noted on the departmental notice board and an email alert was sent the day before and on the day of teaching. The review team noted that the schedule would be emailed in advance to ICU and anaesthetic rota coordinators.

The review team was pleased to hear that most trainees would recommend the Trust as a place of work and that all trainees felt comfortable for family and friends to be treated at the 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
AN1.1	<p>Patient safety</p> <p>The review team was pleased to hear that no trainees spoken to on the day of the review indicated that they had issues that related to patient safety being directly compromised.</p> <p>It was noted to the review team that the senior trainees were sometimes concerned with the amount of time patients would wait for an available bed to be ready in the emergency resuscitation waiting area and were particularly critical of delays caused by the system of referring patients to the ICU which was considered unnecessarily complex.</p>	

AN1.2	<p>Appropriate level of clinical supervision</p> <p>The ST4s confirmed that they had been allocated a separate Clinical Supervisor (CS) whilst on general ICU, neurosurgery ICU and cardiac ICU blocks and knew how to contact them if needed. The ST4s informed the review team that if they had any issues they felt comfortable to contact the College Tutor (CT) for anaesthetics.</p> <p>The review team heard from the Speciality Trainees Level 7 (ST7s) that they all felt supported and comfortable to contact all consultants for advise if needed. The Specialty trainees Level 6 (ST6s) indicated that if there was an anaesthetic issue they would contact the on-call buddy or the general consultant if they were busy. The ST6s noted to the review team that if there was an ICU issue they approached the intensivist or the ICU registrar.</p> <p>The ST7s informed the review team that there was a duty floor anaesthetist 8am to 8pm to facilitate patient flow, but out of hours this was a role carried out by them. The senior trainees all confirmed to the review team that the consultants on-call were always willing to come in if needed. It was noted by the review team that ST4s covered only ICU out of hours for the whole of the year and they felt deskilled in emergency anaesthesia by the end of the year.</p>	
AN1.3	<p>Rotas</p> <p>The ST6s informed the review team that senior trainees were not required to cover the Intensive Care Unit (ICU) but covered emergency anaesthesia on an eight-person rota. It was heard by the review team that rota swaps were not difficult to arrange amongst the eight on the rota.</p> <p>The Training Programme Director (TPD) for anaesthetics informed the review team that there were two ICU consultants on each of the units. The senior trainees indicated to the review team that the rotas had been designed to a two-tier rota with occasional three tier rotas depending on staffing levels. They found that the workload was high and difficult to manage with the two-tier rota. The three-tier rota has been highly valued and vastly improved their training experience, although it was noted that this had only been implemented on some rotas. The senior trainees indicated that when there had been sick leave or maternity leave, those trainees on the third tier rota filled the gaps. The senior trainees noted that a three tier rota for all units would be highly beneficial to the overall anaesthetic experience as it provided flexibility.</p>	<p>Yes, please see AN1.3a</p> <p>Yes, please see AN1.3b</p>
AN1.4	<p>Induction</p> <p>It was noted to the review team by the CT that a lead for Induction had been appointed who had introduced a new tailored anaesthesia induction programme which took place every six months. The CT for anaesthetics informed the review team that there was a new generic critical care induction programme every six months followed by an induction to the individual ICUs. All trainees confirmed to the review team that they had attended corporate and departmental induction.</p> <p>It was noted by the induction lead for anaesthesia that there were plans to produce podcasts and videos on the trust website to reduce the need for face-to-face induction which the induction lead hoped to be in place for February 2019.</p>	

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.

AN2.1	<p>Impact of service design on learners</p> <p>The ST4s indicated to the review team that the training year was divided into four training blocks which consisted of speciality modules in ICU, cardiac ICU, paediatrics ICU and neurosurgery ICU. It was heard by the review team that the training opportunities and support had been good for the daytime experience, but due to the required cover of the ICUs out of hours, the trainees were unable to take annual leave and study leave on nights and long days which created an imbalance in experience and they were losing valuable theatre days and found it hard to meet module objectives. The ST4 trainees reported that they were able to attend the relevant specialty theatres on some of the days.</p> <p>The ST6s informed the review team that training was meeting their expectations and confirmed that they had very good exposure to anaesthetics and training opportunities. It was noted that the ST6 year was a similar training pattern to the ST4 year as the ST6s.</p> <p>The senior trainees indicated that a lot of their work out of hours involved calls to the resus bay in A&E. They informed the review team that they sometimes found it difficult to manage the appropriate ongoing care of patients after they had been called to resuscitate and intubate patients. It was noted to the review team this was at the same time as negotiating the complex process of referring patients to the ICU team, the logistics around organising an ICU bed and the safe transfer of these critically ill patients. In addition, the escalation pathway for these patients was not always clear or predictable and the senior trainees often felt had to use short cuts to get around the system.</p> <p>The senior trainees indicated to the review team that the frequency of being called into A&E was getting better but confirmed that they were still primarily being called to the A&E department and wards to tube patients. The senior trainees noted to the review team that there would be improvements to the management of the patient if ICU had an outreach team. The CT for anaesthetics informed the review team that a business case for a critical care outreach team was being put together but was yet to be submitted.</p> <p>The ST4s informed the review team that they were able to attend local teaching and attended all regional teaching which took place between four south west London hospitals once a month. The CT informed the review team that local teaching was advertised to trainees through the electronic teaching diary, listed on the departmental notice board and an email alert was sent the day before and on the day of teaching. The CT informed the review team that the schedule was emailed in advance to ICU and anaesthetic rota coordinators.</p> <p>The Training Programme Director (TPD) for anaesthetics noted that the escalation policy was presented to trainees at departmental induction but commented that the practicality of this depended on how busy the department was. All trainees confirmed to the review team that they were aware of the escalation process, however, the review team was disappointed to hear the escalation plan from resuscitation or wards to critical care was variable.</p> <p>When asked about the communication between ICU consultants, the Clinical Director (CD) for ICU indicated that communication between the units was good and they held a daily huddle to discuss bed pressures and were able to tentatively plan for the day. The CD for ICU informed the review team that there were 22 beds in ICU and 21 beds within the cardiac department.</p>	<p>Yes, please see AN2.1a</p> <p>Yes, please see AN2.1b</p> <p>Yes, please see AN2.1c</p>
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	<p>When asked if the issues within cardiac surgery had any impact on anaesthetic trainees, the ST4 trainees advised that although they were aware of the issues, the atmosphere was friendly. The ST4 trainees confirmed to the review team that they had cardiac workload when working on ICU and that the cases were appropriate for their level.</p>	
AN2.2	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The review team was pleased to hear that regular Local Faculty Group (LFG) meetings took place with good trainee representation. The review team heard that regular trainee forums took place where the CTs attended and trainees were able to raise any issues.</p> <p>The senior trainees indicated to the review team that they had also been able to discuss issues and concerns directly with the CT and were given opportunities to make suggestions.</p>	
AN2.3	<p>Organisation to ensure time in trainers' job plans</p> <p>All Educational Supervisors (ES) confirmed to the review panel that they have time allocated in their job plans to meet educational responsibilities. The CT informed the review team that all ESs were job planned to 1 PA. It was noted that each ES could have a maximum of three trainees and were allocated 0.25 PA per trainee. It was noted by the review team that ESs received an additional 0.25 PA for additional roles aside from supervision.</p>	
AN2.4	<p>Organisation to ensure access to a named educational supervisor</p> <p>All trainees confirmed that they had been allocated an ES and knew how to contact them if needed.</p> <p>The review team was pleased to hear that all ESs felt supported and valued. It was noted by the induction lead for anaesthesia that there was competition amongst the consultant for a role as an ES. The CT informed the review team that due to the amount of interest interviews had to be held to appoint ESs.</p>	

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.

AN3.1	<p>Access to study leave</p> <p>All trainees indicated to the review team that they had access to study leave. It was noted by the ST6s that although locally approved study leave was not an issue, the mandatory regional teaching days were often fully booked so trainees were unable to attend.</p>	
AN3.2	<p>Regular, constructive and meaningful feedback</p> <p>The review team was pleased to hear that regular Local Faculty Group (LFG) meetings took place with good trainee representation. It was also noted by all trainees that regular trainee forums took place where the CTs attended and trainees were able to raise any issues.</p>	

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.

AN4.1

Access to appropriately funded professional development, training and an appraisal for educators

All Educational Supervisors (ESs) confirmed to the review team that they had access to funded supervisory training whereby they attended external courses; details of which were circulated to them by the CT for anaesthetics.

The TPD for anaesthetics informed the review team that educational appraisals were conducted every three years. It was noted that a new section on the consultant annual appraisal had an educational section so supervisory responsibility was reviewed annually and trainers decided whether they would continue as an ES.

AN4.2

Sufficient time in educators' job plans to meet educational responsibilities

All ESs confirmed to the review team that they had time allocated in their job plans to meet educational responsibilities. The review team was pleased to hear all ESs felt valued and supported as trainers.

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.

AN5.1

Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum

The CT informed the review team that ST4s had their guaranteed number of theatre days required by their curriculum but that this could only just be achieved with the current working pattern and commitment to ICU out of hours. The ST4s indicated to the review team that whilst they had been scheduled to theatre days as part of their curriculum, they felt that more theatre days would be educationally beneficial for them.

It was noted by the CT that there was agreement within the anaesthetics department that all trainees were not required to swap to attend regional teaching days and leave had been approved for this. The senior trainees informed the review team that whilst study leave was locally approved by the department, it proved difficult to attend their mandatory regional teaching days as part of their curriculum due to limited spaces on the regional teaching days. The CT informed the review team that trainees had been encouraged to exception report when this had occurred.

AN5.2	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The ST4 trainees indicated to the review team that they felt they had gained educational value and experienced a supportive environment from their ICU training block, however, they felt the balance between ICU and theatre experience could be improved.</p> <p>The TPD for anaesthetics informed the review team that the ST4s completed their Specialty Trainee Level 5 (ST5) rotations at Croydon University Hospital and Epsom and St Helier University Hospital. Both hospitals had fed back that the ST5s felt less confident conducting anaesthetics when first joining the department and the review team considered whether this could be a result of the lack of exposure to general anaesthetics within their ST4 year. The ST4s noted to the review team that they felt there would need to be an initial adjusting period when starting ST5 year but none of the ST4s seen felt that this would be an issue.</p> <p>The CT for anaesthetics indicated to the review team that they had a proposed rota which would enable ST4s with more training in anaesthetics and confirmed that this would be presented at the next trainee forum meeting.</p>	Yes, please see AN5.2
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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.

	N/A	
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Good Practice and Requirements

Good Practice

The review team commended the excellent leadership from the college tutors and the very supportive culture for educational and training

The review team was pleased with the ability for trainees to feedback through multiple well led local faculty group meetings and trainee forums

The review team heard that senior trainees had excellent training opportunities and a very good balance of support from consultants and autonomy and felt well prepared to move into consultant jobs

The review team was pleased that all consultants felt highly valued as supervisors and had appropriate time in their job plans and were supported by the Trust in their educational duties

Immediate Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
AN2.1a	Trust is to ensure that annual and study leave do not primarily fall within ST4s theatre days.	Trust is to provide evidence to show ST4s have not missed out on theatre days when taking annual and study leave. This could be recorded within the trainee forum meetings. Please provide an update within two months.	R3.12
AN2.1b	Trust is to have completed the business case for a critical care outreach team for submission.	Trust is to submit the business case for a critical care outreach team and update HEE on the progress made within two months.	R2.3
AN2.1c	Trust is to ensure there is a robust escalation plan for patients who are moved from resuscitation or wards to critical care.	Trust is to update the current escalation policy and distribute this amongst all trainees. Please provide evidence of this within two months.	R1.6
AN5.2	Trust is to ensure there is an appropriate balance between ICU and anaesthesia during the ST4 year.	Trust is to provide evidence of the potential rota for ST4 trainees attending more theatre days whilst on their ICU training block. Please provide an update within two months.	R5.9

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
AN1.3b	HEE recommends that the implementation of a three-tier rota for all units would be highly beneficial and equal to all senior trainees.	Trust to provide meeting minutes highlighting discussions around the implementation of a three-tier rota. Please provide an update within two months.	R1.12
AN1.3a	HEE suggests the trust could work with the south london workforce transformation team to look at how units are staffed.	Trust to provide meeting minutes or emails highlighting discussions with the south london workforce transformation team. Please provide an update within two months.	R1.12

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

N/A	
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Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Claire Shannon
Date:	26 February 2019

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.