

# Kings College Hospital NHS Foundation Trust (Princess Royal University Hospital)

Anaesthetics

Risk-based Review (on-site visit)



## Quality Review report

4 June 2019

Final report

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healthcare

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## Quality Review details

<b>Background to review</b>	<p>Health Education England (HEE) planned this quality review based on the poor results for anaesthetics in the General Medical Council National Training Survey (GMC NTS) 2018.</p> <p>The Trust received red flags at Princes Royal University Hospital (PRUH) for anaesthetics in overall satisfaction, clinical supervision, induction, adequate experience and educational governance. The Trust also received pink flags in handover and rota design.</p>
<b>Training programme / learner group reviewed</b>	<p>Anaesthetics</p>
<b>Number of learners and educators from each training programme</b>	<p>The review team met with trainees and educational supervisors (ESs) from the anaesthetic department.</p> <p>The review team also met with a number of the senior management within the department including:</p> <ul style="list-style-type: none"> <li>- Director of Medical Education (DME)</li> <li>- Senior Medical Education Manager (SMEM)</li> <li>- Deputy Medical Education Manager (DMEM)</li> <li>- Educational Lead (EL) for Anaesthetics</li> <li>- Consultant Rota Lead (RL)</li> <li>- Lead for Critical Care</li> </ul>
<b>Review summary and outcomes</b>	<p>The quality review team would like to thank the Trust for accommodating the onsite visit and for ensuring that 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"> <li>– The consultant support was valued by trainees who described consultant educational and clinical supervision as excellent. It was noted the department was extremely supportive of trainees accessing study leave and providing cover as necessary.</li> <li>– Regular fortnightly teaching held alternately between Kings College Hospital (KCH) and Princess Royal Hospital (PRUH) which all trainees were able to attend unless they were on-call.</li> <li>– The trainees valued the improvements made in the coordination and timely distribution of the rota. The review team heard that the Trust had mapped the allocation of theatre lists to curriculum modules.</li> <li>– The Trust took educational responsibilities seriously and ensured time in job plans for educational supervisors.</li> </ul> <p>The review team also identified the following areas for improvement:</p> <ul style="list-style-type: none"> <li>– Whilst all trainees received a comprehensive Trust and local induction, the review team felt that clarification of the Learning Education Appraisals Platform (LEAP) was required.</li> <li>– The review team recognised the difficulties in staffing Intensive Care (ITU) on call rotas but felt that trainees were spending disproportionate time on call for intensive care which was distracting from acquisition of</li> </ul>

competencies in anaesthetics. The review team advised that the Trust look at models which would enable trainees to gain day time competencies in anaesthetics whilst still being available to cover ITU out of hours.

- The review team felt that there was an opportunity for the Trust to encourage cohesive team working out of hours to support the workload across theatres, obstetrics and ITU.

### Quality Review Team

<b>HEE Review Lead</b>	Anand Mehta Deputy Postgraduate Dean for South London	<b>Head of School</b>	Cleave Gass Head of the London Academy of Anaesthesia
<b>Training Programme Director</b>	Oliver Rose Training Programme Director for South East London	Lay Member	Ryan Jeffs Lay Representative
<b>HEE Representative</b>	Bindiya Dhanak Learning Environment Quality Coordinator Quality, Patient Safety & Commissioning Team (London)	<b>Observer</b>	Jessica Hylton Quality, Patient Safety and Commissioning Officer Quality, Patient Safety & Commissioning Team (London)

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

The educational lead (EL) presented to the review team what the Trust had done since the GMC NTS 2018 results. It was heard that trainees had issues with the distribution of rotas prior to starting at the Trust as they were not circulated in a timely manner.

The review team heard that the consultant rota lead (RL) had taken over the organisation of the rotas. It was confirmed that the trainees rotating in August 2019 had received their rotas and that rotas had been compiled for until July 2020. When asked about the allocation of theatre lists, the EL informed the review team that the allocation of theatre lists was managed separately by two anaesthetists one month in advance and in line with trainee curriculum requirements.

When asked about educational governance, the CT informed the review team that regular local faculty group (LFG) meetings took place with educational supervisors (ESs) with good senior and junior trainee representation. It was noted that the anaesthetic administrator took minutes with action plans which were circulated to all trainees. With regards to clinical supervision in hours, the EL informed the review team that there was a consultant on site between 08:00 – 20:00 and there would be a named first and second consultant if trainees required additional support.

In an on-site visit which took place in early 2015, the trainees reported to have had difficulty in getting operating department practitioners (ODP) out of hours in the cardiac catheterization laboratory (Cath Lab). It was noted by the senior management team that there had never been a Cath Lab at the PRUH, and the comments must have been related to the main KCH site.

# 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><b>Patient safety</b></p> <p>The review team was pleased that note that no patient safety issues had been reported by the trainees within the department.</p> <p>The review team was pleased to hear that all trainees would feel comfortable having friends and family treated within the department and would recommend the post to colleagues.</p>	
A1.2	<p><b>Serious incidents and professional duty of candour</b></p> <p>The trainees reported that they all knew how to report on Datix and received detailed responses and email correspondence for the more serious incidents. It was heard that feedback was variable and depended on the seriousness of the incident being reported.</p>	
A1.3	<p><b>Appropriate level of clinical supervision</b></p> <p>The review team heard that consultant support was valued by trainees who described consultant educational and clinical supervision as excellent. The educational supervisors (ESs) informed the review team that there was a first and second on call consultant which would generally include an obstetric anaesthetic consultant between 08:00 – 20:00.</p> <p>The trainees reported no issues with day time clinical supervision in obstetrics and maternity however, minor issues were reported around out of hours' supervision with a small proportion of the team dependant on which consultant or staff grade doctor was on-call. The review team heard that out of hours' supervision in the labour ward was variable but trainees were always able to call the second consultant.</p>	Yes, please see A1.3

A1.4	<p><b>Rotas</b></p> <p>The educational lead (EL) informed the review team that since the release of the General Medical Council National Training Survey (GMC NTS) 2018, the consultant rota lead (RL) for anaesthetics compiled the rotas for the next year. It was noted that those trainees who would be rotating in August 2019 had received their six month rotas in advance of starting. The trainees reported that they had received their rota less than six weeks previously before starting but had recognised the significant improvement in the organisation of the rotas. The EL informed the review team that specialty trainees level three (ST3s) rotated in three-month blocks between intensive care unit (ITU) and then obstetric and ITU on-calls.</p> <p>The trainees informed the review team that the level of training was taken into account with the allocation for lists. It was heard that the EL for anaesthetics would allocate trainees to lists according to their curriculum needs. The EL informed the review team that two consultants had management over the allocation of lists.</p> <p>The review team heard that there were rota gaps which were filled with regular locums. It was noted that trainees were first offered the gaps as extra shifts but it was not required for them to do so. The trainees indicated they felt no pressure from consultants to cover rota vacancies and informed the review team that locums had covered rotas whilst the trainees took study leave. The review team heard that consultant also acted down to fill gaps where needed and received time of in lieu (TOIL) or were paid. It was noted this was an informal arrangement as there was not currently a policy for acting down.</p>	
A1.5	<p><b>Induction</b></p> <p>The trainees reported that they had received a comprehensive Trust and local induction which included a presentation from the Guardian of Safe Working Hours (GoSWH) on exception reporting and confirmed that they had all been allocated a named educational supervisor (ES). It was also noted that a local orientation happened at the beginning of each three-month block. Whilst all trainees received a comprehensive Trust and local induction, the trainees were unsure of the requirements of the Learning Education Appraisals Platform (LEAP).</p>	Yes, please see A1.5
A1.6	<p><b>Protected time for learning and organised educational sessions</b></p> <p>The review heard that there were regular fortnightly teaching sessions held alternately between KCH and PRUH which all trainees were able to attend. The trainees described the teaching programme as good but felt that the level the teaching was pitched at could be slightly variable at times due to being aimed at all grades of trainee.</p> <p>The DME informed the review team that all senior trainees were offered leadership and management programmes which were held internally and organised by the postgraduate medical education (PGME) department.</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.**

**A2.1 Effective, transparent and clearly understood educational governance systems and processes**

The CT reported to the review team that regular local faculty group (LFG) meetings took place every two months with a junior and senior representative. It was noted that minutes were taken by the anaesthetic administrator where actions were formulated and circulated to the department. The trainees confirmed they were aware that the meetings were taking place and had access to the minutes.

### 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 Behaviour that undermines professional confidence, performance or self-esteem**

All trainees reported to the review team that they had not experienced any bullying or undermining behaviour within the department nor had they witnessed any.

**A3.2 Access to study leave**

It was noted by all trainees that the department was extremely supportive of trainees accessing study leave and for providing cover as necessary. This was also reported to be the case for trainees being released for local teaching.

### 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.**

**A4.1 Access to appropriately funded professional development, training and an appraisal for educators**

The review team heard that all ES' were trained, approved and appraised for their educational roles. The ES' indicated to the review team that the PGME department arranged internal courses and advertised external courses available. It was noted by the CT that lunchtime forums took place monthly for all ES' within the department however the ESs the review team met with felt that it was often difficult to attend because of their daily work duties, especially as the clinical work is spread across three sites for many of the ESs.



A4.2	<p><b>Sufficient time in educators' job plans to meet educational responsibilities</b></p> <p>All ESs confirmed to the review panel that they had time allocated in their job plans to meet educational responsibilities.</p>	

## 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.**

A5.1	<p><b>Appropriate balance between providing services and accessing educational and training opportunities</b></p> <p>When asked about how service in ITU and anaesthetics was managed, the CT informed the review team that there was a strain on the senior tier with regards to the on-call rota but noted that there would always be a consultant who could be contacted if needed. The review team heard of the difficulties in staffing ITU on-call rotas but felt that trainees were spending disproportionate time on call for ITU which was impacting upon their ability to gain anaesthetic competencies. It was indicated by the trainees that theatre days were affected during the three-month block of ITU on-calls during a theatre block particularly in relation to when trainees felt able to take annual leave and zero days.</p> <p>It was also noted by the group of trainees that they would only rotate between ITU and obstetric on calls, but not the general theatres on calls.</p>	<p>Yes, please see A5.1</p>
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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 was pleased to hear of the consultant support which was valued by trainees who described consultant educational and clinical supervision as excellent.

It was noted the department was extremely supportive of trainees accessing study leave and provided cover as necessary.

### 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.
A1.5	The Trust is required to provide clarification to trainees of what is required from them in regards to the learning education appraisals platform (LEAP) in addition to induction.	The Trust are to provide HEE with evidence that communication has taken place with trainees in the clarification of LEAP. Please provide HEE with an update in two months.	R1.13

### Recommendations

Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
A1.3	The review team felt that there was an opportunity for the Trust to encourage cohesive team working out of hours to support.	The review team suggests the Trust look at ways to encourage consistent team working within the department to support workload across theatres, obstetrics and ITU.	R1.7
A5.1	The review team advise that the Trust looks at models which would enable trainees to gain day time competencies in Anaesthetics whilst still being available to cover ITU out of hours.	The review team recommends that the Trust reviews medical staffing models and considers incorporating other staff groups such as physician associates (PAs) or advanced nurse practitioners (ANP) into the wider anaesthetic team which would support the service and enhance training opportunities. The Trust may also consider looking at having rotations between its sites	R1.12



		which would make the post attractive to trust grade and Medical Training Initiative (MTI) doctors.	
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#### Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility
N/A	

#### Signed

**By the HEE Review Lead on behalf of the Quality Review Team:**

Dr Anand Mehta, Deputy Postgraduate Dean, Health Education England

**Date:**

20 June 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.