

Imperial College Healthcare NHS Trust (St Mary's Hospital and Charing Cross Hospital) Intensive Care Medicine Risk-based Review (Education Lead Conversation)



Quality Review report

05 February

Final Report

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Quality Review details

Training programme	Intensive Care Medicine
Background to review	<p>Four red outlier results were generated for Imperial College Healthcare NHS Trust in the General Medical Council National Training Survey (GMC NTS) 2019. These were for the following indicators:</p> <ul style="list-style-type: none"> - Overall Satisfaction - Curriculum Coverage - Educational Governance - Educational Supervision <p>The Intensive Therapy Unit at St Mary's Hospital had expanded, the review team wished to understand any negative or positive impacts of this on the training environment.</p>
HEE quality review team	<p>Dr Bhanu Williams Deputy Postgraduate Dean Health Education England (London)</p> <p>Dr Claire Shannon Head of School of Intensive Care Medicine for London and the South East Health Education England (London)</p> <p>Dr Charlotte Anderson External Clinician Consultant in Intensive Care Medicine</p> <p>Emily Patterson Learning Environment Quality Coordinator Health Education England (London)</p>
Trust attendees	<p>Clinical Director Postgraduate Education Manager Consultants in Intensive Care Medicine at Charing Cross and St Mary's Hospital Clinical Lead for Intensive Care Medicine Associate Director of Medical Education Divisional Director of Medical Education Head of Medical Education</p>

Conversation details

	Summary of discussions	Action to be taken? Y/N
ICM1	<p>Background St Mary's Hospital</p> <p>The review team heard that the Intensive Therapy Unit at St Mary's Hospital had expanded to double its capacity in June 2018, going from a 16 to a 32-bed unit. Before the expansion workload had been flagged as a red indicator on the 2018 General Medical Council National Training Survey (GMC NTS) results, when explored with trainees it was reported that workload had been too low. Discussion following the expansion of the unit found that workload was felt to be too high by trainees. Trust representatives advised that with the growth of the unit the patient case mix had changed from a level three individualised presentation to mixed volume, high acuity presentations and variable elective patients. It was discussed that the changes had led to a highly changeable and unpredictable workload for trainees, where admissions per a day varied from none to 10. The change in patient presentations was felt to have affected job satisfaction due to perceived greater learning opportunities with the previous high complexity of patients. It was further advised that inefficiencies within the hospital, such as IT systems, put pressure on trainees as processes took longer and at times had to be duplicated.</p>	
ICM2	<p>Background Charing Cross Hospital</p> <p>The review team commended the Trust representatives from Charing Cross Hospital on the significant improvement in the 2019 GMC NTS results compared to the previous years. Trust representatives discussed interventions they had implemented to improve the quality of the training environment.</p> <p>The review team heard that changes to the rota had had the biggest impact on the training environment. It was advised that the number of higher trainees rostered had increased, from one higher trainee rostered 24 hours a day 7 days a week to two being rostered. It was advised that second post had been covered by locums. It was further discussed that work had been done to operate the rota six months in advance, rather than three months in an effort to identify known gaps. It was advised that locum take up was higher and that previous trainees had come back to cover shifts.</p> <p>The Trust representatives reported that changes to the rest facilities had occurred, and new rest area for trainees had been created.</p>	
ICM3	<p>Workload</p> <p>The review team enquired as to whether there were factors other than the busyness of the unit that had led to trainees feeling that the workload was too high. It was discussed that at the time of the 2019 GMC NTS survey at St Mary's Hospital five higher trainees out of a department of 13 had been on leave. It was reported that gaps within the rota due to long term leave had added stress to the department and that if the rota was fully staffed there would be fewer problems.</p> <p>It was advised that the physical layout of the department at St Mary's Hospital had affected the trainee workload. 50% of the unit was made up of side rooms, which had</p>	

	<p>caused difficulties in navigating the unit and used additional resource. The side rooms took more nurse input and the extra resource required from the nursing staff had had an impact on the medical workforce.</p> <p>Trust representatives further discussed that changes in the new junior doctor contract had caused some problems in staffing the unit.</p>	
ICM4	<p>Staffing</p> <p>The review team heard that the department at St Mary's Hospital had reviewed the workload and had a number of interventions planned. It was discussed that there were consultant gaps that had been covered locally and that these gaps equated to the need for one additional consultant. A business case to create an additional consultant post and to make four regular locum consultant posts substantive was going through the approval process. It was advised that the regular locum consultants were well regarded and imbedded into the team.</p> <p>It was discussed that the department was running in accordance to the Guidelines for the Provision of Intensive Care Services (GPICS) with two consultants staffed on a ward of 28 patients. Trust representatives advised that there was an outreach service, however that it was not consultant led. The review team heard that a consultant led outreach service was something the department would like to expand.</p> <p>It was advised that at St Mary's junior doctor rota gaps were usually covered by locum staff. Trainees received emails advising them of shifts that required cover, however it was reported that pressure was not put on trainees to cross cover.</p> <p>Trust representatives advised that the minimum junior doctor staffing at St Mary's Hospital during the day was two long day higher and two long day junior trainees, in addition to two short day trainees. At night two higher trainees and two junior trainees were rostered. It was discussed that trainees would be expected to work a 1:2.6 weekend rota. Trust representatives advised that an additional two higher and two junior trainees were required to complete their rota. This would reduce the number of weekends on the trainees' rota.</p> <p>The minimum junior doctor staffing level for the team at Charing Cross Hospital was two higher and two junior trainees rostered 24 hours a day. It was advised that two additional higher trainees were required to fill the rota. At present one higher trainee was rostered Friday, Saturday and Sunday, the additional post was filled by locum cover. The post was reported to be successfully filled by a locum 90% of the time.</p> <p>The review team heard that information from Health Education England about trainees due to rotate into the department had been incorrect. It was discussed that this had caused problems in the preplanning of the workforce and rota.</p>	<p>Yes, please see action ICM4a</p> <p>Yes, please see action ICM4b</p> <p>Yes, please see Other Actions</p>

ICM5	<p>Overall Satisfaction</p> <p>Trust representatives advised that there was a variation in perception between trainees and consultants in the level of teaching that was provided. It was discussed that at times bedside teaching was not seen as teaching by trainees. The review team heard that work had been done to ensure trainees knew that teaching sessions could include bedside teaching.</p>	
ICM6	<p>Adequate Experience</p> <p>Trust representatives discussed that adequate experience had been flagged as a pink indicator on the 2019 GMC survey and that this may have been due to a disconnect in expectations. It was advised that there was a comprehensive handbook for trainees and that expectations were discussed between trainees and their educational supervisors. Trust representatives were aware that Acute Care Common Stem trainees had not met certain competencies that they had expected to and discussed that more could be done around expectation management. It was also reported that certain procedures on the trainees' competency lists were performed less often within the department, which made it hard to meet all competencies.</p>	Yes, please see action ICM6
ICM7	<p>Curriculum Coverage</p> <p>The review team heard that trainees had exposure to quality improvement, research and leadership and management opportunities. It was discussed that there was an academy tool kit for leadership and that anaesthetics trainees had designed a leadership passport, which was something that could be adapted to ICM.</p> <p>Trust representatives advised that the research opportunities available to trainees varied between placements. A lot of research took place in the unit; however, trainees could be in placement at the time certain projects were running that did not involve trainees. High workload and the short time the trainees were on placement within the department were further felt to affect the research opportunities available.</p> <p>Trust representatives advised that trainees had been able to attend teaching sessions, with teaching sessions rescheduled if they were unable to attend. It was discussed that trainees had requested for teaching sessions to be moved from 16:00 to 14:00 at the Local Faculty Group (LFG) meeting, this had been implemented. It was further advised that training was protected time, with bleeps being held by consultants.</p>	
ICM8	<p>Service Design</p> <p>The review team heard that trainees, especially junior trainees had an administrative heavy workload. It was discussed that this may have affected their overall satisfaction and learning opportunities.</p> <p>It was discussed that the department were looking at putting in more administrative support. Trust representatives advised that there were administrative tasks that required medical input, however there were others that may be delegated. The review</p>	Yes, please see action ICM8a

	<p>team heard that the medical review form had recently been reviewed in collaboration with trainees to reduce its size.</p> <p>It was advised that LFGs occurred quarterly at St Mary's Hospital and every two months at Charing Cross Hospital.</p>	Yes, please see action ICM8b
ICM9	<p>Educational Governance</p> <p>The review team heard that trainees were informed clearly at induction and at their LFG meetings who they could speak to to raise issues or give feedback if required. It was advised that there were trainee representatives at the foundation, core and higher training level and that no concerns had been raised to date. It was discussed that the department could consider having somebody outside of their consultant body to be a nominated person for trainees to approach.</p>	
ICM10	<p>Exception Reporting</p> <p>The review team heard that trainees within the department had not exception reported. It was discussed that the process and reasons for exception reporting were explained to trainees at induction. It was reported that it was rare for a trainee to leave late after a shift and that the trainees' may not have thought they were required to exception report for other reasons. It was further advised that as trainees were only in placement for three to four months, this may have resulted in less motivation to exception report as they were not likely to see the benefits. An additional barrier to exception reporting was thought to be the trainees' perceived view that the process was lengthy, however Trust representatives advised that it was not.</p>	Yes, please see action ICM10
ICM11	<p>Facilities</p> <p>It was advised that at Charing Cross Hospital a new rest area for trainees had been opened, which had improved the on-call experience.</p> <p>Trust representatives reported that at St Mary's Hospital there were two on call rooms, however both required refurbishments. It was advised that all patient alarm bells could be heard in the on-call rooms, which was disruptive for trainees. It was further discussed that there was inadequate space for multidisciplinary team meetings and restricted office space.</p>	Yes, please see action ICM11
ICM12	<p>Trust Wide Support</p> <p>Trust representatives advised that there were plans for more collaborative working across the three hospitals within Imperial College Healthcare NHS Trust. It had been proposed that an education lead would be appointed to help bring the three teams together to discuss issues and improvements. It was hoped that this would help with planning ahead and workforce challenges.</p> <p>The review team heard that it was also proposed that teaching sessions be shared between hospitals via video links. There were plans to buy a Skype licence and for a library of online teaching sessions to be saved.</p>	

Next steps**Conclusion**

The review team thanked the Trust for accommodating the review and acknowledged the commitment shown to improving the quality of the training and work environments. HEE will continue to monitor training in the department through the action plan process and the 2020 GMC NTS results

Good Practice and Requirements**Good Practice**

The review team commended the commitment of the medical education team, educators and department in improving the learning environment. It was acknowledged that a lot of work had been done prior to the quality visit for both sites.

The protection of training time was felt to be good practice, with consultants holding the trainees' bleeps.

The development of cross site teaching via video links was felt to be innovative and a positive step forward.

Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
ICM4a	The Trust to review its current workforce at both Charing Cross and St Mary's Hospital to ensure there are sufficient staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities.	Please provide evidence that a review of the current workforce has taken place.	R1.7
ICM4b	The Trust to review the trainee rota at St Mary's Hospital to ensure it is European Working Time Directive (EWTD) compliant and in accordance to the new junior doctor contract.	Please provide evidence that the rota is EWTD compliant and in accordance to the new junior doctor contract.	R1.12
ICM6	The department to review how placement expectations are set at the start of the rotation.	Please provide evidence that placement expectation setting has been reviewed and that trainees are provided with clear	R1.19

		information about their roles and responsibilities at the start of their rotations.	
ICM8a	The department to review the administrative workload of the trainees to ensure that learning opportunities are not affected.	Please provide evidence that the trainee administrative workload has been reviewed and that trainees are not prevented from accessing learning opportunities by routine administrative tasks.	R1.15
ICM10	The department to review the culture around exception reporting and to ensure that trainees are aware of when they are required to exception report.	Please provide evidence that the trainees have been informed of when they should exception report.	R1.6
ICM11	The Trust to review the rest areas at St Mary's Hospital to ensure that it is fit for purpose.	Please provide evidence that the rest areas at St Mary's Hospital have been reviewed and improved where necessary.	R1.19

Minor Concerns

Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
ICM8b	The department at St Mary's Hospital to review the frequency of the Local Faculty Group (LFG) meetings, given the short duration trainees are placed within the department.	Please provide evidence that the frequency of the LFGs has been reviewed.	

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

Requirement	Responsibility
Health Education England to feedback internally that errors have occurred when communicating future trainee placements.	Quality, Patient Safety and Commissioning team.

Signed

By the HEE Review Lead on behalf of the Quality Review Team: Dr Bhanu Williams

Date:

14 May 2020

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.