

HEE Quality Interventions Review Report

**Imperial College Healthcare NHS Trust (Charing
Cross & Hammersmith Hospitals)
Intensive Care Medicine
Learner and Educator review**



North London

11 November 2021

21 December 2021

Review Overview

<p>Background to the review:</p>	<p>A risk-based learner and educator review was requested following the 2021 General Medical Council (GMC) National Training Survey (NTS) results.</p> <p>Five red outliers and three pinks were generated for Charing Cross Hospital (post specialty by site). These outliers were in overall satisfaction, induction, adequate experience, curriculum coverage, feedback, local teaching, study leave and rota design. Four red outliers and one pink outlier were also generated for Hammersmith Hospital (post specialty by site). These outliers were in reporting systems, induction, educational governance, educational supervision and feedback.</p>
<p>Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)</p>	<p>Intensive Care Medicine</p>
<p>Who we met with:</p>	<p>15 trainees working in the department from the following programmes:</p> <ul style="list-style-type: none"> • Internal Medicine Training (IMT) • Core Surgical Training • Foundation • Respiratory Medicine • Acute Care Common Stem • Anaesthetics • Intensive Care Medicine (ICM) <p>The review panel also met with the following Trust Representatives and Educators:</p> <ul style="list-style-type: none"> • Associate Medical Director for Education • Head of Medical Education • Divisional Director of Medical Education • Medical Education Manager • Deputy Medical Education Manager • Guardian of Safe Working Hours • Education Lead - ICM and Unit Training Lead St Mary's Hospital • Unit Training Leads for Hammersmith Hospitals and Charing Cross Hospital • Clinical Director • Head of Specialty • Deputy General Manager • Intensive Care Unit Consultants • Deputy Chief of Staff • Divisional Director of Surgery, Cardiovascular and Cancer services • Director of Operations for Surgery, Cardiovascular and Cancer services • ICM Clinical and Educational Supervisors

Evidence utilised:	<p>The review panel received the following information and documents from the Trust in advance of the review:</p> <ul style="list-style-type: none"> • Action plans for Charing Cross & Hammersmith Hospitals • ‘Deep Dive’ feedback from Trainees (June 2021) • Local Faculty Group (LFG) minutes for Charing Cross (June 2021) & Hammersmith Hospitals (September 2021) • Pre- Local Faculty Group survey results • Rota information, including a gap overview for Charing Cross & Hammersmith Hospitals • Journal club and local teaching timetables for Charing Cross & Hammersmith Hospitals • Letter from Directorate Lead for Medical Education regarding local teaching attendance lists • Freedom to Speak Up Guardians report • Intensive care unit (ITU) supervisors and trainee list • Supporting evidence overview • HEE Quality Visit ITU Nov 21- Background PowerPoint <p>The review panel also considered information from the GMC NTS 2019 and 2020 and Health Education England’s (HEE) National Education and Training Survey (NETS) 2019 and 2020.</p> <p>This information was used by the review panel to formulate the key lines of enquiry for the review. The content of the review report and its conclusions are based solely on feedback received from review attendees.</p>
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Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Dr Bhanu Williams Deputy Postgraduate Dean, north west London Health Education England
Specialty Expert	Dr Aasifa Tredray Head of the London School of Anaesthetics and Intensive Care Medicine Health Education England
Specialty Expert	Dr Charlotte E. Anderson Deputy Head of London School of Anaesthesia & Intensive Care Medicine Health Education England
Learner Representative	Dr Zoe Brummell Intensive Care Medicine Learner Representative
HEE Quality Representative(s)	Rebecca Bennett Learning Environment Quality Coordinator Health Education England (London)
Lay Representative	Jane Gregory Lay Representative Health Education England
Supporting roles	Ummama Sheikh Quality, Patient Safety and Commissioning Officer Health Education England (London)

Executive summary

The review panel would like to thank the Trust for accommodating the review. The review panel was particularly impressed and appreciative for the extensive pre-review evidence and preparation that the Trust had done prior to the review.

The Trust representatives informed the review panel that there had been long term plans that had been put in place prior to the COVID-19 pandemic following a previous review. The Trust representatives confirmed that the Trust had already started working on the issues raised in the GMC NTS and the department was liaising with Trusts who had received good feedback in the survey to share best practice. It was acknowledged by Trust representatives that there had been a period of change and transition which may have contributed to the deterioration of the results.

The review panel acknowledged that there was evidence of several areas of good practice to note including supportive and approachable supervisors and good internal teaching programmes. The review panel was also pleased to hear that trainees would unreservedly recommend posts at Hammersmith Hospital (HH) to their colleagues, with some noting it was the best post they had experienced. Feedback indicated that the training experience at HH was significantly better than at Charing Cross Hospital (CXH). On the whole trainees reported vastly positive feedback for HH whereas it was noted by trainees that improvements were required at CXH. These improvements include better access to opportunities for senior decision making and autonomous working, improvement of communication within the department at CXH and improved support for dual training programme trainees.

Trainees also raised concerns about the lack of sufficient information technology (IT) across both sites, which had caused a great deal of frustration and advised that their experience would have been greatly improved with access to better IT.

This report includes a number of requirements and recommendations for the Trust to take forward, which will be reviewed by HEE as part of the three-monthly action planning timeline. Initial responses to the requirements below will be due on 1 March 2022.

Review findings

The findings detailed in the sections below should be referenced to the quality domains and standards set-out towards the end of this template. Specifically, mandatory requirements should be explicitly linked to quality standards. Not all of HEE's domains and standards have been included, only those that have a direct operational impact on the quality of the clinical learning environment, which a quality review will be most likely to identify (although this does not preclude other standards outlined in the Quality Framework being subject to review, comment and requirements where relevant).

Mandatory requirements

Mandatory requirements and Immediate Mandatory Requirements (IMRs) should be identified as set out below. IMRs are likely to require action prior to the draft Quality Review Report being created and forwarded to the placement provider. The report should identify how the IMR has been implemented in the short term and any longer termed plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the

'Review Findings' section. Requirements identified should be succinct, SMART and not include the full narrative from the detailed report. Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider.

Immediate Mandatory Requirements

Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales

Requirement Reference number	Review Findings	Required Action, timeline, evidence
N/A	N/A	
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
N/A	N/A	

Mandatory Requirements

The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.

Requirement Reference number	Review Findings	Required Action, timeline, evidence
ICM1.2	The relationship between the anaesthetics and intensive care medicine (ICM) teams at Charing Cross Hospital (CXH) was perceived to be challenging. It was reported that there was a disconnect between the teams and that communication was not optimal which had impacted training.	<p>Please provide evidence that communication between the anaesthetics and ICM teams at CXH has improved and how it is being addressed, for example through training, workshops or discussion forums.</p> <p>Please also provide feedback from trainees on this topic, via Local Faculty Group (LFG) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>
ICM1.5	All groups of trainees reported significant information technology (IT) issues, that they felt prevented them from doing their jobs effectively and efficiently. It was noted that there were frequent issues with computers on wheels, printers and systems which made it difficult to access patient information.	<p>The Trust must ensure that trainees are always able to access patient records in and out of hours. Please provide evidence that the IT issues have improved and how they are being addressed.</p> <p>Please also provide feedback from trainees on this topic, via LFG meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>
ICM1.6	<p>It was reported that the staffing issues at CXH had caused issues with communication across the multi-professional workforce.</p> <p>It was noted that the one-way system at CXH had also contributed to the issues and that communication across the different units within the CXH intensive care unit (ITU) was also an issue. The review panel was</p>	<p>Please provide evidence that communication between the different units in ITU at CXH and between the multi-disciplinary team has improved and is being addressed, for example through training, workshops or discussion forums.</p> <p>Please also provide feedback from trainees on this topic, via LFG meeting minutes or other evidence.</p>

	informed that the trainees found these issues could have potentially put patient safety at risk.	Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.
ICM4.2	Several trainees raised concerns that educators were not familiar with their curriculum. This appeared to be related to both the ICM and anaesthetic curriculum. It was also reported that trainees did not feel well supported with planning their learning for the new curriculum.	<p>Educators should be familiar with the curricula of the learners they are educating, and trainees must be adequately supported by their Educational Supervisors (ES) to plan their learning in line with the new curriculum. Please provide evidence that this issue has improved and how it is being addressed.</p> <p>Please also provide feedback from trainees on this topic, via LFG meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>
ICM4.4	<p>It was reported that the department would benefit from consultants being allocated more time in their job plan to train and upskill the workforce.</p> <p>The review panel heard that sometimes there was an over-reliance on trainees to do procedures which caused them to miss other training opportunities.</p>	<p>The Trust must ensure supervisors are allocated more time to adequately support and train the workforce. Please provide evidence that this issue is being addressed and that supervisors are being adequately supported to carry out their educational roles.</p> <p>Please also provide feedback from trainees and supervisors on this topic, via LFG meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>
ICM5.1a	Some higher trainees reported that they felt they were not afforded sufficient opportunities at CXH to make decisions and work autonomously in line with their capabilities. The trainees felt this made it challenging to gain experience in autonomous practice and management responsibilities.	<p>The Trust should develop an environment in which trainees can function at the appropriate level including the final years of the programme in preparation for consultant jobs. Please provide evidence that this issue has improved and how it is being addressed.</p> <p>Please also provide feedback from trainees on this topic, via LFG meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>
ICM5.1b	Some trainees reported that whilst they had been allocated an ES and were engaging well with them, it had been more difficult to arrange a second ES for their partner specialty. The review panel noted that better collaborative working across specialties was needed to ensure that trainees on dual training programmes and other specialty training programmes were supported across all areas of their curriculum.	<p>Please provide evidence that all dual training programme trainees and trainees from other specialty training programmes have been allocated educational supervisors for both specialties where applicable.</p> <p>Please also provide feedback from trainees on this topic, via LFG meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>
ICM5.1c	There was mixed feedback reported to the review panel regarding	The Trust must support trainees to attend dual specialty or programme specific education

	<p>attendance at relevant programme teaching for non-ICM trainees, some reported they had no issues attending whilst others reported some difficulty.</p> <p>In particular trainees reported difficulty in attending their relevant programme teaching if they were scheduled for a long day at CXH.</p>	<p>activities as necessary. Please provide evidence that this issue has been addressed and trainees are enabled to attend.</p> <p>Please also provide feedback from trainees on this topic, via LFG meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>
ICM5.1d	<p>The review panel was concerned that feedback suggested assessments were being conducted disproportionately by higher trainees or senior LEDs rather than consultants.</p>	<p>Please provide evidence that consultants are available to complete assessments for trainees in addition to higher trainees or senior LEDs.</p> <p>Please also provide feedback from trainees on this topic, via LFG meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.</p>

Recommendations

Recommendations are not mandatory but intended to be helpful, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Recommendation	
Related Domain(s) & Standard(s)	Recommendation
ICM3.1a	Some trainees reported that they were not aware of the support options available at CXH. The department should consider reviewing the induction materials to ensure support options are covered thoroughly and also ensure that trainees are reminded of their support options regularly.
ICM3.1b	The review panel advised that the Trust review the changing facilities available within the department and ensure that trainees have access to sufficient facilities.
ICM5.1e	Trainees reported that they would have found it helpful to have had simulation training for lines and drains at the start of the placement, particularly for trainees who have not had any ITU exposure. It was reported by the higher trainees that the workload had improved after more junior staff had developed their clinical and procedural skills. The review panel advised that the Trust explores incorporating this feedback into the departmental induction.

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review Team, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)
Hammersmith Hospital & Charing Cross Hospital	All learners reported that they would be happy to have their friends and family treated at both sites.	6.1
Hammersmith Hospital	The review panel was pleased to hear that trainees would unreservedly recommend posts at Hammersmith Hospital to their colleagues, with some noting it was the best post they had experienced.	6.1
Hammersmith Hospital & Charing Cross Hospital	The trainees reported that senior colleagues were supportive, friendly, and approachable.	1.2

HEE Quality Standards and Domains for Quality Reviews

Domain 1 - Learning environment and culture		
<p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p> <p>1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.</p> <p>1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence-based practice (EBP) and research and innovation (R&I).</p> <p>1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.</p> <p>1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.</p> <p>1.6. The learning environment promotes interprofessional learning opportunities.</p>		
HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.2	<p>Bullying and undermining</p> <p>The trainees reported that senior colleagues were supportive, friendly, and approachable.</p> <p>The relationship between the anaesthetics and intensive care medicine (ICM) teams at Charing Cross Hospital (CXH) was perceived to be challenging. It was reported that there was a disconnect between the teams and that communication was not optimal which had impacted training. Trainees reported that these issues had existed prior to the COVID-19 pandemic but it was felt that the issues had been exacerbated by the pandemic.</p>	Yes, please see ICM1.2
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>Trainees informed the review panel that consultants were supportive and supervision out of hours was good. Some trainees reported that the supervision at CXH site had not been an issue.</p> <p>It was noted by junior trainees that supervision from consultants and higher trainees was good at Hammersmith Hospital (HH). The higher trainees informed the review panel that consultants at the HH site were very friendly and approachable both in and out of hours.</p>	
1.5	<p>Access to Technology enhanced and simulation-based learning</p> <p>All groups of trainees reported significant information technology (IT) issues, that they felt prevented them from doing their jobs effectively and efficiently. It was noted that there were frequent issues with computers on wheels, printers and systems which made it difficult to access patient information. Trainees reported there had been situations where they were hesitant to prescribe medication as they were not able to document it on the system at the time. The review panel was told that trainees found it difficult to prescribe quickly due to slow IT systems, which was particularly difficult in emergency situations. It was reported that this had increased the risk of drug errors, particularly among the more junior staff. The trainees informed the review panel that the frequent IT issues had caused a great deal of frustration and advised that their experience would have been greatly improved with access to better IT.</p>	Yes, please see ICM1.5
1.6	<p>Multi-professional learning</p>	

	<p>Some trainees reported that they had not experienced any issues with colleagues in the multi-professional workforce. However, others reported that the staffing issues at CXH had caused issues with communication across the multi-professional workforce. It was reported that the CXH intensive care unit (ITU) was divided into several units with a one-way system in place which had also contributed to the issues. Trainees noted that communication across the different units within the CXH ITU was challenging. The review panel was informed that the trainees found these issues could have potentially put patient safety at risk.</p> <p>It was also noted that higher trainees felt communication was not working optimally and they felt that they check things that they had expected other colleagues to report to them, for example escalating noradrenaline requirements. The trainees at HH advised the review panel that this was not an issue they had experienced and that the communication with the multi-disciplinary team was very good, particularly the nursing staff. It was noted that the trainees had regular patient reviews with the nursing staff.</p> <p>The review panel heard from higher trainees that there were quite a few junior nurses at the CXH site which had been a challenge to coordinate in addition to the junior doctors. It was noted that ward rounds and care for unwell patients had taken longer due to delays from having to explain a lot of different things to the more junior members of the team.</p>	<p>Yes, please see ICM1.6</p>
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Domain 2 – Educational governance and leadership

- 2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.
- 2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.
- 2.3. The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.
- 2.4. Education and training opportunities are based on principles of equality and diversity.
- 2.5. There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The Trust representatives reported that a new Directorate Educational Lead had been appointed and that there were Faculty Tutors for each site. These Tutors were supported by additional educational roles responsible for simulation and the teaching and induction programme. Trust representatives confirmed that these roles were included in job plans and that the roles were split up as described because the work was time consuming.</p> <p>The review panel was informed that the HH local faculty group meetings (LFGs) occurred quarterly and that the frequency of the CXH LFGs had been changed to monthly meetings. The supervisors informed the review panel that the agenda for the LFGs was sent out prior to the meetings to enable trainees to feedback to the trainee representatives, although all trainees were invited to attend. Trainees reported that there was a number of trainee representatives who attended these meetings and that there was plenty of opportunities to raise concerns. The supervisors confirmed that the</p>	

	<p>administrative support for these meetings had been lost due to the COVID-19 pandemic, however this had recently changed, and the meetings were being minuted. The supervisors acknowledged that whilst all feedback was taken onboard and actioned, the department was not good at closing the feedback loop and notifying trainees of changes made.</p> <p>The Trust representatives reported that during the COVID-19 pandemic the feedback from trainees was positive and noted that issues raised were dealt with quickly.</p>	
<p>2.1</p>	<p>Impact of service design on users</p> <p>The review panel was informed by Trust representatives that the department utilised twice-daily multi-disciplinary safety briefings and weekly multi-disciplinary team meetings. It was also reported that there were three ward rounds per day. The Trust representatives reported that CXH and HH had not returned to the pre-COVID-19 pandemic bed base.</p> <p>Trust representatives described challenges with staffing and rota gaps and that it was difficult to fill these gaps. The Trust representatives identified late notification of trainee information by Human Resources (HR) and HEE as a significant contributor to these issues. The Trust representatives advised that it was more difficult to recruit overseas doctors and that the process had taken significantly longer which had prolonged the rota gaps. It was also noted that rota gaps in multiple specialties at the same time had caused a greater impact on the ITU rota.</p> <p>The Trust representatives also advised that the Trust had not been allocated a sufficient number of ICM trainees and that this had had an affect across the workforce. The review panel clarified that the fill rate was comparable to similar trusts, however the Trust representatives reiterated that the late notice of the post fill rate had compounded the issue, as it was a challenge to recruit to the gaps at short notice. The review panel noted that this feedback had been communicated to the Healthcare Education Team and that the London School of Anaesthetics and Intensive Care Medicine was also looking into this issue.</p> <p>Trust representatives also reported that the rotation grids supplied by HEE had caused confusion for the department and for trainees as it was not always clear which service trainees were being placed in. It was reported that trainees had different expectations of what the posts were which did not align with what the Trust was expecting. A number of trainees also informed the review panel that HEE and the relevant Training Programme Directors (TPDs) had not communicated changes to posts very well.</p> <p>Some trainees reported that sick leave at HH was covered well and that their experience of staffing levels had been good. Some trainees reported that there were often people missing from the rota at CXH and that trainees found it difficult to cover more than one of the three sides of the CXH ITU when there were rota gaps. Several trainees reported that the different sides of CXH ITU did not work together, and trainees felt that they were missing opportunities which were in the other units. It was noted that communication between the different sides was minimal and that there was no shared ward round or handover which limited the trainees' exposure to different opportunities.</p> <p>It was also reported by some trainees that there had been issues with rotas not being distributed on time, although it was noted that the trainees believed</p>	<p>Yes, please see ICM1.2</p>

	<p>this was due to the changes that were being made to the higher trainee rota. Despite the reported rota issues trainees did note that the department was very good at ensuring people left work on time. The review panel was informed that the department had conducted a survey about the rota with trainees, however the trainees were not aware of the outcome of this.</p> <p>The Trust representatives reported that the department had plans to expand the workforce, including recruitment of additional locally employed doctors (LEDs) and consultants. It was noted that two consultant roles had recently been approved. Some Trust representatives reported that whilst they were well supported by the executive team, they felt it was difficult to plan in advance and as a result the service was reactive rather than proactive.</p> <p>The review panel was informed that the department was developing a Certificate of Eligibility for Specialist Registration (CESR) programme for non-training grade doctors which had started recently. It was advised that this programme was intended to benefit the trainees in the department by ensuring a more robust rota and additional support for education. The review panel requested information on how the Trust planned to ensure there was adequate provision to support this programme and trainees. The Trust representatives confirmed that this had been considered in recent job planning and time had been allocated. It was also reported that this was a consideration of the planned consultant expansion and would be included in the job plans for new consultants.</p> <p>The supervisors informed the review panel that they believed recruiting more LEDs would benefit the trainees as the rota gaps could be filled. The review panel heard that the supervisors had tried to ensure trainees and LEDs were treated equally. It was confirmed that all LEDs had a named Educational Supervisor (ES), access to exception reporting and that the department had started discussions about study leave for LEDs. The supervisors reported that they were concerned about the impact that the time taken to support additional LEDs would have on trainees. It was noted that LEDs often needed more support and that Trust representatives were concerned about how to ensure all junior doctors were sufficiently accommodated. The Trust representatives acknowledged that there was a number of consultants with multiple trainees and LEDs to supervise.</p> <p>The trainees discussed concerns about the impact on the learning environment that higher numbers of LEDs would have. Trainees noted that high numbers of LEDs could have impacted on continuity as there was a great deal of variety in the skills and experience of non-training grade doctors. Trainees also acknowledged that it was difficult for consultants when there were a lot of junior doctors to support with limited time available.</p>	
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Domain 3 – Supporting and empowering learners

- 3.1. Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.
- 3.2. Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.
- 3.3. Learners feel they are valued members of the healthcare team within which they are placed.
- 3.4. Learners receive an appropriate and timely induction into the learning environment.
- 3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.1	<p>Learners being asked to work above their level of competence, confidence and experience</p> <p>Trainees confirmed that they had not been asked to work above their level of competence.</p>	
3.4	<p>Induction (organisational and placement)</p> <p>The review panel was informed by Trust representatives that during the COVID-19 pandemic all redeployed doctors received an induction. Trust representatives reported that as part of induction trainees were encouraged to exception report when necessary and it was confirmed that there had not been any reports submitted.</p> <p>Trust representatives informed the review panel that the induction programme at CXH had not changed much over the last five years. It was noted that previously induction had been face-to-face, however due to the COVID-19 pandemic that had changed to a virtual induction with a face-to-face departmental tour. The review panel was advised that induction was discussed extensively at the LFGs and previously had received consistent positive feedback from trainees. The Trust representatives reported that the reasons for the red flags raised in the General Medical Council (GMC) National Training Survey (NTS) were unclear and that this was being explored.</p> <p>Trainees reported that their experience of departmental induction had been positive and that the quality of the induction was good. Some trainees advised that whilst the departmental induction was good, it was lacking in general information such as changing facilities and bicycle storage. Trainees reported that the trainee and pharmacist presentations were particularly helpful. It was also noted that the induction document which was sent to the trainees in advance was very relevant and helpful.</p> <p>It was reported that the trainees found the Trust induction chaotic and disorganised. It was noted that Cerner training, in particular, was not of good quality. The review panel was also told that there had been issues with Identification (ID) badges not being ready in advance, though trainees acknowledged that this had been an issue at other organisations too. The trainees reported that they believed that the virtual aspects of the induction may have impacted on the negative feedback in the GMC NTS, with trainees noting a face-to-face induction was often preferred.</p>	
3.3	<p>Access to study leave</p> <p>Trainees reported that at CXH study leave could only be taken on short days and that they had found it difficult to take study leave on long days or when scheduled for night shifts. The supervisors acknowledged that there had been difficulties in setting aside non-clinical time due to high workloads, the supervisors reported that it was hoped the recruitment of more LEDs to would help with this issue.</p> <p>Some trainees reported that they had not experienced any issues with taking study leave at HH. The review panel was informed that some trainees had been able to take study leave for exams, courses, and relevant taster weeks.</p> <p>It was also reported that there had not been a frequent or consistent teaching programme for the Internal Medicine Training (IMT) programme at HH. IMT</p>	

	trainees also reported that there had not been any opportunities for them to access clinics in this post.	Yes, please see ICM5.1c
3.1	<p>Access to resources to support learners' health and wellbeing and to educational and pastoral support</p> <p>The Trust representatives reported that the impact of the COVID-19 pandemic on the department had been significant. The Trust representatives noted that there had been efforts to provide pastoral support to those working in ITU during this time, however given the number of redeployed staff it had been difficult to provide the support to the additional staff. The review panel heard that the department provided wellbeing leads, support groups and had also created online resources for the redeployed doctors. It was also noted that efforts were made to ensure staff could still take annual leave and that leave for exams was accommodated.</p> <p>The review panel was informed by trainees that the consultant body was very supportive and that there was a good mixture of different consultants to approach if they needed support. Some trainees reported that they were not aware of the support options available at CXH.</p> <p>Some trainees reported that they had experienced issues with changing room facilities which they believed were insufficient to support the size of the unit. It was reported that there was not anywhere to store belongings when changing into scrubs. Some trainees also commented that their experience at the Trust would have been improved with access to better catering facilities within the estate.</p> <p>It was reported by Trust representatives that there had been some impact to educational and rest facilities during the COVID-19 pandemic. It was noted that this was being looked at and there was refurbishment work taking place to upgrade the rest facilities and develop a dedicated rest area. The review panel was informed that the locker facilities at HH had been improved.</p>	<p>Yes, please see ICM3.1a</p> <p>Yes, please see ICM3.1b</p>

Domain 4 – Supporting and empowering educators

- 4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.
- 4.2. Educators are familiar with the curricula of the learners they are educating.
- 4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.
- 4.4. Formally recognised educators are appropriately supported to undertake their roles.

HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
4.1	<p>Access to appropriately funded professional development, training and appraisal for educators</p> <p>It was reported that official sign off for supervisor status was sometimes delayed. However, the supervisors confirmed that there was full compliance with appraisals and completion of supervisor training.</p>	
4.2	<p>Educators are familiar with the learners' programme/curriculum</p> <p>Several trainees raised concerns that educators were not familiar with their curriculum. This appeared to be related to both the ICM and anaesthetic curriculum. It was also reported that trainees did not feel well supported with planning their learning for the new curriculum.</p>	Yes, please see ICM4.2

4.4	<p>Appropriate allocated time in educators job plans to meet educational responsibilities</p> <p>It was reported that the department would benefit from consultants being allocated more time in their job plan to train and upskill the workforce. The review panel heard that sometimes there was an over-reliance on trainees to do procedures which caused them to miss other training opportunities. It was also noted by the supervisors that there was only a small number of ESs in the department.</p>	Yes, please see ICM4.4
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Domain 5 – Delivering curricula and assessments

- 5.1. The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.
- 5.2. Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.
- 5.3. Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
5.1	<p>Placements must enable learners to meet their required learning outcomes</p> <p>It was reported that some trainees found it difficult to access opportunities for some areas of the curriculum. Trainees at the CXH site in particular noted that they found their exposure to different opportunities was dependant on the consultants. The review panel heard that trainees felt that access to different opportunities should not have been so dependent on the consultants. The supervisors advised that they supported trainees to cover all aspects of the curriculum and therefore encouraged trainees to engage in leadership and managerial opportunities and training.</p> <p>The supervisors reported that at CXH they had attempted to adapt to the trainees that were working at the time and allow autonomy dependant on the trainees' competency. However, it was noted that the staffing issues had impacted on this as there was less time to allow trainees to lead ward rounds. Some higher trainees reported that they felt they were not afforded sufficient opportunities at CXH to make decisions and work autonomously in line with their capabilities. It was noted that trainees believed this potentially improved as the team became more comfortable with the trainees, however this was difficult in short posts where it could take a while for this to happen. It was also noted that these opportunities were also reliant on the consultants, and therefore there had been variability in the opportunities for autonomous working. It was noted by the higher trainees that they felt there was capacity for more trainees at CXH. The review panel was advised that trainees believed a lack of a consistent supply of training grade doctors at CXH had caused consultants to be less willing to allow trainees opportunities for decision making as they had become used to a LED workforce.</p> <p>It was confirmed that these issues were not prevalent at HH, and trainees reported a very different experience. Higher trainees at HH reported that there had been plenty of opportunities to lead ward rounds and trainees felt supported to make decisions and explore different treatment options. It was noted that the higher trainees had appreciated the support in working autonomously which had helped to cover this aspect of the curriculum. The supervisors at HH informed the review panel that trainees were involved in</p>	Yes, please see ICM5.1a

	<p>decision making and autonomy was encouraged. It was noted that there were more consultants available on the unit which helped trainees to feel supported take on a more autonomous role.</p> <p>The review panel was pleased to hear that some of the higher trainees at HH felt their training had been bespoke and had appreciated the efforts of the department to tailor their training experience to their individual needs. Higher trainees explained that the consultants at HH had taken the time to establish where the trainees were at in their training and what their training needs were. It was also noted that consultants at HH had a positive attitude to education and had taken the time to share their expertise and feedback.</p> <p>The review panel was informed by the Trust representatives that the ICM education leads had a good working relationship with the College Tutors for anaesthetics on the various sites which helped manage dual specialty trainees. Some trainees reported that whilst they had been allocated an ES and were engaging well with them, it had been more difficult to arrange a second ES for their partner specialty. It was noted that trainees had to chase this themselves and they did not feel that the consultant body understood the necessity for a second supervisor for dual training programmes. Some trainees did report that their experience had been better, and their needs were understood, however the review panel also heard that some trainees felt that dual training was not fully understood. Some supervisors informed the review panel that they did not feel entirely comfortable being an ES for a trainee if their specialty training programme was not the same as theirs. The review panel noted that better collaborative working across specialties was needed to ensure that trainees on dual training programmes and other specialty training programmes were supported across all areas of their curriculum.</p> <p>The Trust representatives advised that the departmental teaching programmes had resumed. It was reported that the teaching offered at CXH included weekly consultant-led teaching, a weekly trainee-led journal club and fortnightly simulation. It was advised that HH also offered weekly consultant-led teaching and a weekly trainee-led journal club as well as focused ultrasound for intensive care (FUSIC) echo teaching. In addition, it was confirmed that teaching was bleep-free and was located away from the unit to prevent interruption. Trainees reported that the teaching programme at HH was good. Trainees also noted that the journal clubs offered an opportunity to teach which had helped cover this area of their respective curriculums.</p> <p>It was also noted that foundation trainees were supported to attend the foundation teaching programme and that time was protected for this. There was mixed feedback reported to the review panel regarding attendance at relevant programme teaching for non-ICM trainees, some reported they had no issues attending whilst others reported some difficulty. Some trainees reported difficulty in attending their relevant programme teaching if they were scheduled for a long day at CXH, it was noted that they could plan to attend in advance if scheduled for a short day, but this was not the case with a long day shift. Trainees confirmed to the review panel that they would feel comfortable approaching consultants if there was an issue with attending teaching.</p> <p>It was reported that there were limited formal teaching opportunities at CXH during the day due to the busy workload, but that this had improved and there was more bedside teaching. Some trainees reported that they had not</p>	<p>Yes, please see ICM5.1b</p> <p>Yes, please see ICM5.1c</p>
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	<p>yet had any formal clinical teaching. Trainees also reported that at CXH it was often difficult to find the time and someone to do assessments due to the workload. It was noted that night shifts were quieter, and therefore some trainees reportedly used this time to complete their competencies instead of during the day, particularly if there was a senior trainee or LED working on that shift.</p> <p>The review panel heard from trainees that there were ample opportunities for junior trainees to develop central and arterial line procedural skills. It was noted that there was also plenty of opportunity for junior trainees to do case-based discussions with higher trainees, which was reported as being very helpful. However, the review panel was concerned that these were being conducted disproportionately by higher trainees or senior LEDs rather than consultants.</p> <p>Higher trainees reported that feedback and sign-off for procedures was very good. Trainees reported that they had been exposed to plenty of useful cases and procedures and it was therefore anticipated that they would not have any problems in covering the curriculum. The higher trainees reported that there was a good patient mix at CXH, and they were positive about completing their competencies. However, trainees at CXH reported that whilst they felt supported in getting access to different procedures, it was more ad-hoc and there was not much structure to ensuring the curriculum was covered. It was also reported by some trainees that they had to chase frequently for someone to do case-based discussions. Although it was noted that if the trainees were proactive there was enough opportunities to cover the curriculum sufficiently.</p> <p>Some trainees reported that they would have found it helpful to have had simulation training for lines and drains at the start of the placement, particularly for trainees who have not had any ITU exposure. It was reported by the higher trainees that the workload had improved after more junior staff had developed their clinical and procedural skills.</p> <p>The Trust representatives also noted that the department conducted an introductory (basics) course for new starters which had received good feedback from trainees. The Trust representatives reported that education streams had started being shared cross site and that there was work being done to ensure simulation was more consistent across the different sites.</p>	<p>Yes, please see ICM5.1d</p> <p>Yes, please see ICM5.1e</p>
5.1	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>There was a perception among higher trainees that there was some disparity between opportunities for LEDs and trainees, particularly around educational supervision, and support for the new curriculum. However, the supervisors reported that they believed the HEE trainees received better support than the LEDs, which conflicts with the trainee perception. Some junior trainees reported that they felt there was enough clinical opportunities for both trainees and LEDs and that they had enjoyed having a wide variety of trainees from other specialities in the department.</p>	

<p>6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>6.2. There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.</p> <p>6.3. The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.</p> <p>6.4. Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.</p>		
HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
6.1	<p>Retention and attrition of learners</p> <p>The review panel was pleased to hear trainees unreservedly report that they would recommend posts at HH to their colleagues, with some noting it was the best post they had experienced. Trainees reported that there was a good variety of patients at HH and that it was a good environment to develop skills.</p> <p>The majority of trainees noted that they would recommend posts at CXH if some improvements were made, in particular opportunities for senior decision making.</p> <p>All learners reported that they would be happy to have their friends and family treated at both sites.</p>	

Report sign off

Quality Review Report completed by (name(s) / role(s)):	Rebecca Bennett, Learning Environment Quality Coordinator
Review Lead name and signature:	Bhanu Williams, Deputy Postgraduate Dean, north west London Health Education England
Date signed:	9 December 2021

HEE authorised signature:	Gary Wares, Postgraduate Dean, North London Health Education England
Date signed:	20 December 2021

Date final report submitted to organisation:	21 December 2021
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What happens next:

Any requirements generated during this review will be recorded and monitored following the usual HEE Quality Assurance processes.

As part of our intention to development a consistent approach to the management of quality across England, Quality Reports will increasingly be published and, where that is the case, these can be found on HEE's national website. Information from quality reports will usually be shared with other System Partners such as Regulators and Quality Surveillance Groups