

HEE Quality Interventions Review Report



**Royal Free London NHS Foundation Trust (Barnet Hospital and
Royal Free Hospital)
Core Anaesthetics and Anaesthetics
Learner and Educator Review**

**London – North Central London
Date of Review/Intervention: 13 October 2022
Date of Final Report: 5 January 2023**

Review Overview

Background to the review

This HEE quality review to Anaesthetics (Barnet Hospital) and Core Anaesthetics (Royal Free Hospital) at Royal Free London NHS Foundation Trust was scheduled due to concerns raised via the GMC NTS 2022 results for the programme groups.

Anaesthetics (Barnet Hospital)

Red outliers: Overall Satisfaction, Clinical Supervision, Induction

Core Anaesthetics (Royal Free Hospital)

Red outliers: Work Load, Supportive Environment, Educational Governance, Local Teaching, Study Leave, Rota Design

Pink outliers: Overall Satisfaction, Induction, Facilities

This HEE intervention seeks to explore the outliers flagged in the survey for both programme groups.

Subject of the review:

Core Anaesthetics (Royal Free Hospital) and Anaesthetics (Barnet Hospital)

Who we met with

The review panel met with the following placement provider representatives:

Director of Medical Education (Royal Hampstead)

Director of Medical Education (Royal Free Hospital)

Director of Medical Education (Barnet Hospital)

Medical Director

Guardian of Safe Working (Barnet Hospital)

Two College Tutors (Royal Free Hospital)

Two College Tutors (Barnet Hospital)

Freedom to Speak Up Guardian

Head of Postgraduate Medical Education Quality

Medical Education Manager

Medical Education Service Manager

Eleven doctors in postgraduate training across Core Anaesthetics at Royal Free Hospital and Anaesthetics at Barnet Hospital

Twenty-eight clinical and educational supervisors across Royal Free Hospital and Barnet Hospital

Evidence utilised

The following documentation was utilised for this review:

1 in 8 and 1 in 7 Rota Templates
22.06.29 draft minutes joint education leads
Anaesthetic exception reports 21-22
Guardian of Safe Working hours reports
21.04.21 - Anaesthetics Local Faculty Group (LFG) Minutes (Barnet Hospital)
21.11.18 - Anaesthetics LFG Minutes (Barnet Hospital)
22.03.30 - LFG minutes (Barnet Hospital)
LFG meeting Core Anaesthetics - 22 September 2021 (Royal Free Hospital)
LFG minutes Core Anaesthetics - 31 January 2022 (Royal Free Hospital)
LFG minutes Core Anaesthetics - July 15 2022 (Royal Free Hospital)
LFG minutes April 22 2022 (Royal Free Hospital)

Review Panel

Role	Name, Job Title
Quality Review Lead	Dr Bhanu Williams Deputy Postgraduate Dean for North London
Specialty Expert	Dr Aasifa Tredray Head of London School of Anaesthetics
External Specialty Expert	Dr Dev Mahtani Training Programme Director for Anaesthetics, South East London
Learner Representative	Dr Melissa Addy Trainee Representative for Anaesthetics, South London
Lay Representative	Saira Tamboo Lay Representative
HEE Quality Representative(s)	Nicole Lallaway Learning Environment Quality Coordinator Christine Valcarcel Learning Environment Quality Coordinator, shadowing
Supporting roles	Laura de Maria Quality, Patient Safety and Commissioning Administrator

Executive Summary

This combined Learner and Educator Review of Anaesthetics (Barnet Hospital) and Core Anaesthetics (Royal Free Hospital) at Royal Free London NHS Foundation Trust was scheduled due to the results of the General Medical Council's National Training Survey (GMC NTS) 2022.

The review panel were pleased to hear that Doctors in postgraduate training (DPT) felt well supported by consultants at the Royal Free Hospital site, for the most part well supported at the Barnet Hospital site. DPTs within Barnet Hospital also felt that they had good access to opportunities, which included doing solo theatre lists.

However, the HEE review panel identified the following areas requiring improvement:

Anaesthetics – Barnet Hospital

- DPTs felt induction was not adequate for the Chase Farm Hospital site
- The department had a 1 in 7 rota, where guidance stated a 1 in 8 rota to be most appropriate
- There were multiple, persistent gaps on the rota which could increase risk to patient safety
- DPTs did not have immediate access to their mentor while undertaking solo theatre lists
- The majority of DPTs would not recommend the department due to persistent staffing issues
- The review panel heard that novice DPTs were sometimes required to fill gaps within the Intensive Care Unit (ICU)

Core Anaesthetics – Royal Free Hospital

- Novice DPTs had difficulty accessing their mandatory training in core anaesthetics.
- Novice DPTs were placed on the on-call rota before completing their Initial Assessment of Competence (IAC), and there were concerns about adequate supervision of novice DPTs when working out of hours
- The review panel heard that novice DPTs were sometimes required to fill gaps on the Post Anaesthetic Care Unit (PACU) rota

The Trust was required to respond to two Mandatory Requirements with an early deadline of 1 December 2022. These requirements were around ensuring that novice DPTs in core anaesthetics at Royal Free Hospital always received adequate clinical supervision and that there was no loss of access to mandatory core anaesthetics training. The Trust was also required to submit an early response around the development of a robust gaps escalation and consultant 'acting-down' policy to address current rota gaps.

The remaining mandatory requirements and recommendations can be found on pages 5-7.

Review Findings

This is the main body of the report and should relate to the quality domains and standards in HEE's Quality Framework, which are set out towards the end of this template. Specifically, mandatory requirements in the sections below should be explicitly linked to the quality standards. It is likely that not all HEE's domains and standards will be relevant to the review findings.

Requirements

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
CA1.7	Doctors in postgraduate training (DPT) within core anaesthetics at Royal Free Hospital reported that they did not know how to use the exception reporting process.	<p>The Trust (Royal Free Hospital) is required to develop the induction process to include an explanation of how to utilise the exception reporting process.</p> <p>Please submit evidence in support of this action by the next Quality Management Portal (QMP) reporting cycle on 1 March 2023.</p>
CA3.5 and CA5.6	<p>The HEE review panel had serious concerns about the difficulty of novice DPTs' access to Mandatory training in Core Anaesthetics. DPTs reported that if they were working on call at night, they were unable to access Mandatory Core Anaesthetics Training courses, and that if they were on the reserve on-call 'e-rota', they were unable to take any time for their Mandatory Core Anaesthetics Training just in case they were required to cover any rota gaps out of hours.</p> <p>While the emphasis was that novice core anaesthetics DPTs were meant to be supernumerary, reports at the quality review by DPTs and consultants did not</p>	<p>The Trust is required to demonstrate a robust plan to reassure the HEE review panel that novice DPTs in Core Anaesthetics always receive adequate clinical supervision (including out of hours) and that there is no loss of access to Mandatory Core Anaesthetics Training when working on the out of hours rota. Please can the Trust clearly demonstrate that the rota on which novice DPTs are working maintains their supernumerary status, and that they are not included in what should be safe out of hours staffing numbers.</p> <p>Please submit an update by 1 December 2022 on QMP.</p>

	match that emphasis. In addition, the review panel had some concerns about novice DPTs working on the on-call rota before they completed their Initial Assessment of Competence (IAC), and that this was felt not to be in-keeping with good practice across many other Trusts within London. There were also concerns around adequate supervision of novice DPTs when working out of hours, especially at night, when the supervising consultant may be at home, and the remaining team of DPTs on call were covering busy areas.	
A3.9	The majority of DPTs reported that they did not feel the induction to Chase Farm Hospital was adequate to prepare them for working at the site.	<p>The Trust is required to establish a functional induction into the Chase Farm Hospital site where DPTs were required to work across both Barnet Hospital and Chase Farm Hospital.</p> <p>Please submit evidence in support of this action on QMP by 1 March 2023.</p>
A5.6	Barnet Hospital and Royal Free Hospital did not have a formal consultant stepping down policy when there were significant staffing issues.	<p>The Trust is required to create a robust gaps escalation and consultant 'acting-down' policy to address the current rota gaps which leave DPTs exposed. Please submit an update on QMP by the 1 December 2022.</p>

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
N/A	N/A	N/A
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence
N/A	N/A	N/A

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.

Reference Number	Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation
5.6	5.6	The HEE review panel heard of difficulties with filling the rota appropriately and felt that the anaesthetic departments on both sites would benefit from support from the Executive Team and Human Resources to obtain more staff to bolster rotas (e.g. clinical fellows and overseas doctors recruited through the Medical Training Initiative (MTI)). It was felt that this would resolve many of the concerns within the department.

Good Practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review panel, 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/Professional Group/Department/Team	Good Practice	Related HEE Quality Framework Domain(s) and Standard(s)
N/A	N/A	N/A

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.3	<p>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</p> <p>Core Anaesthetics – Royal Free Hospital</p> <p>The review panel were pleased to hear that Doctors in Postgraduate Training (DPT) in core anaesthetics at Royal Free Hospital (RFH) did not experience any bullying and undermining behaviour within the department.</p> <p>The review panel were pleased to hear that DPTs in core anaesthetics at RFH would recommend their placement to friends and colleagues for training, and that they would be happy for friends and family to be treated at RFH.</p> <p>Anaesthetics – Barnet Hospital</p> <p>The review panel were pleased to hear that DPTs in anaesthetics at Barnet Hospital (BH) did not experience nor witness any bullying or undermining behaviour within the department.</p> <p>The majority of DPTs in anaesthetics at BH would not recommend their post to friends or colleagues for training and would be hesitant to recommend the hospital to friends and family for treatment. This was due to persistent staffing issues within the department.</p>	
1.7	<p>All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.</p> <p>Core Anaesthetics – Royal Free Hospital</p> <p>The review panel heard that DPTs in core anaesthetics at RFH felt able to raise concerns and that this was mainly done through the trainee representative via the Local Faculty Group (LFG) meetings. It was reported that there was a recent meeting where some concerns were discussed with the Trust, which included obtaining time off to attend novice training. The term novice refers to DPTs who had not yet completed their 'Initial Assessment of Competence' (IAC) within Anaesthetics. DPTs reported that in the next cohort, DPTs will have time off to attend these in-line with what other schools were doing. Overall, the DPTs felt they</p>	

	<p>were listened to by the department when concerns were raised and that felt able to speak to consultants with ease.</p> <p>The majority of DPTs in core anaesthetics at RFH reported that they did not know how to utilise the exception reporting process, and that this was not explained during their induction.</p> <p>The Trust Representatives for RFH reported that they made it explicitly clear during induction that there was an open-door policy for DPTs to come to them with any concerns or issues. It was also reported that the Clinical Leads were approachable and introduced to DPTs during induction. In addition, it was reported that DPTs were able to escalate concerns through the trainee representatives. The review panel heard that there were approximately fifty consultants working within anaesthetics at RFH, and that some of those were dual ITU and anaesthetics consultants. It was reported that the majority of the consultants were ES for DPTs, and that there was approximately a 1:1 ratio of consultants to DPTs.</p> <p>Anaesthetics – Barnet Hospital</p> <p>The majority of DPTs in anaesthetics at BH reported that they were able to raise concerns with trainee representatives who fed-back to the department via the LFG meeting. However, DPTs reported that they did not receive constructive feedback with regards to solutions once concerns were raised. The majority of DPTs reported that they raised concerns through the educational supervisor (ES) or college tutor and that this was a good mechanism for raising concerns. In addition, DPTs reported that they were actively encouraged to utilise the exception reporting system, and that the department was engaged with that process. It was noted that the exception reporting process was explained clearly during induction to their placement.</p> <p>The Guardian of Safe Working (GOSW) for BH reported that anaesthetics DPTs at BH had developed a better understanding of when and how to exception report, and that they were actively encouraged to submit exception reports where necessary. The review panel heard that the majority of exception reports submitted in the last year were due to missed educational opportunities, gaps in the rota/inadequate staffing, moving DPTs from one department to another, covering the Intensive Care Unit (ICU), or missing education meetings due to covering gaps. It was reported that this had been raised to the Clinical Director who was making efforts to increase numbers within the department, both Clinical Fellows for the labour ward and for the ICU.</p>	<p>Yes, please see CA1.7</p>
--	--	------------------------------

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	<p>There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.</p> <p>Core Anaesthetics – Royal Free Hospital</p> <p>HEE asked the Trust representatives what the department had done to address the concerns raised by the General Medical Council's National Training Survey (GMC NTS) 2022 results. Trust representatives for core anaesthetics at RFH explained that the survey was held during the post Covid period during which there were higher sickness levels than usual with considerable fatigue subsequent to having been a busy centre during the pandemic, with up to 95 ventilated patients requiring care simultaneously. The Trust reported that they were in a recovery period and that they had an expansion of clinical areas including the opening of a post-anaesthesia care unit. Within this context, the Trust were working to embed the new anaesthetic curriculum and were doing so with just one college tutor for seven months, as the previous co-college tutor had left the department. This meant that the department had to rely more heavily on their higher specialty anaesthetics DPTs, and that they were not sure what impact this had on the core anaesthetics trainees within the department. The Trust representatives reported that they worked closely with trainee representatives and that throughout the year they had been picking up on concerns that were raised from the DPTs and recognised that they needed to nurture and motivate the CS and ES. The review panel heard that there were some key areas of work they wanted to address, including reinvigorating the teaching programme with more face-to-face teaching, setting up a teaching timetable so that teaching was less ad hoc and more transparent, and ensuring that DPTs were released to attend teaching. In addition to this, other key areas included working on handover, teamwork and developing a supportive environment within the team. The Trust recognised that CEPOD was an area within the Trust that was stressful, with a high volume of complex patients, and that this area required more consultant support. The review panel heard that since August 2022, there was a consultant working on both CEPOD lists for 80% of the day, which had been an improvement. The department had also increased the number of consultants, and the CEPOD lead had been working with some DPTs on several quality improvement (QI) projects, including producing a handover tool, and DPT representatives working on how to improve the experience of running the CEPOD list.</p>	

	<p>Anaesthetics – Barnet Hospital</p> <p>HEE asked the Trust representatives what the department had done to address the concerns raised by the General Medical Council's National Training Survey (GMC NTS) 2022 results. Trust representatives for anaesthetics at BH reported that they were surprised with the survey results. The review panel heard that the acute care common stem (ACCS) DPTs were happy in their placement, and that the core anaesthetics DPTs had no known complaints regarding the department. For the anaesthetics higher specialty DPTs, the Trust representatives reported that they felt they received an outlier in induction due to many changes with EPR smart cards and the Trust induction. The review panel heard that the department had LFG meetings once every three or four months, and that in recent LFG meeting, induction had improved apart from long queues outside the ID badge office. The Trust reported that overall satisfaction was likely due to gaps on the rota, where DPTs were asked to work extra but often were not paid for their extra work on time. In addition, the clinical supervision outlier was felt to be related to out of hours work due to shortage of staff. The review panel heard that out of hours supervision on the labour ward was not satisfactory, and this was due to the labour ward being very busy with a 6,000 per year delivery rate. Patients were often high risk, and if one DPT was off unwell, the department find it difficult to get locums in and struggle to maintain the labour ward with one person. The review panel heard that this was going to be put on the Trust risk register. The Trust acknowledged that gaps on the rota had been a significant concern, and that this placed an addition stress on DPTs as they were sometimes moved from theatres to the ITU where there were staff shortages. The review panel heard that the Trust were working on a long-term solution by recruiting more Trust Grade doctors and Clinical Fellows to come into post from February 2023.</p>	
--	--	--

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.2	<p>There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.</p> <p>Anaesthetics – Barnet Hospital</p> <p>DPTs working in Anaesthetics felt they had access to good training opportunities at BH.</p>	
3.5	<p>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</p>	

	<p>Core Anaesthetics – Royal Free Hospital</p> <p>The majority of DPTs within Core Anaesthetics at RFH reported that they had good overall satisfaction and had a positive experience working within their placement. In addition, DPTs reported that the consultants within the department were approachable and friendly, and that they felt well supported by the Anaesthetics consultants and the wider multiprofessional team.</p> <p>The review panel were concerned about the inadequate supervision of novice DPTs in core anaesthetics at RFH when working out of hours. Some DPTs reported that when working on-call at night, they were supervised by a higher specialty anaesthetics DPT. It was reported that some DPTs in core anaesthetics sometimes saw patients on their own, however the review panel heard that they were not left alone for long and did not feel unsupported when working out of hours. It was acknowledged by some DPTs that issues may have arisen if the higher specialty DPT was pulled out of theatres as they would be left alone, or where there may be staffing issues which led to shortages on the ward. The review panel were concerned that during instances when the supervising consultant may be at home during the night and the remaining team of anaesthetics DPTs on-call were covering busy areas, there may be limited support for novice DPTs working at night. The review panel felt that novice DPTs, before achieving their IAC, should not be left alone when working at night to manage cases alone.</p> <p>Some CS and ES reported that with the new IAC, there was lots of literature produced from the Royal College of Anaesthetists about novices supported on-call and preparation for on-call work. In addition, the CS and ES reported that during the day they might have one or two patients, and that there was not enough turnover in their lists for ten novice DPTs to get adequate exposure. The rationale for novice DPTs to work on-call at night was to increase their exposure to cases.</p> <p>CS and ES reported that there was a resident consultant available from 08:00-21:00, often up to 23:00, and that novice DPTs worked on-calls but were not unsupervised. It was reported that there was a consultant and higher specialty DPT available to support the DPT in core anaesthetics, and that consultant presence was evident within the department.</p> <p>Anaesthetics – Barnet Hospital</p> <p>DPT in anaesthetics at BH felt that they were well supported by consultants within Anaesthetics. It was also noted that some</p>	<p>Yes, please see CA3.5</p>
--	---	------------------------------

	DPTs received excellent pastoral care when they experienced difficult circumstances during their placement.	
3.6	<p>Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.</p> <p>Core Anaesthetics – Royal Free Hospital</p> <p>The review panel were pleased to hear that the majority of DPTs within Core Anaesthetics at RFH regularly met with their ES.</p> <p>Anaesthetics – Barnet Hospital</p> <p>The review panel were pleased to hear the DPTs in anaesthetics at BH had all met their ES and experienced good quality educational supervision during their placement.</p>	
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>Anaesthetics – Barnet Hospital</p> <p>The Trust representatives for BH reported that when DPTs began their placement, they were sent a set of documents around induction. The DPTs were also taken on a tour of the hospital and that once the full ES allocation is completed, the department check that DPTs were meeting with them regularly. The Trust emphasised that the LFG was the main forum for DPTs to raise concerns and share suggestions to improve their placement, and that suggestions were taken to the relevant people in the department to make required changes. The review panel heard of the importance of transparency, and that when there were recurring issues, the department communicated via email to all DPTs to update that they were aware of the problem and provide some solutions.</p> <p>The review panel heard that DPTs in anaesthetics at BH also worked across Chase Farm Hospital. When queried about the induction into their placement, the majority of DPTs reported that they did not feel the induction to Chase Farm Hospital was adequate enough to prepare them for working at the site. The review panel heard that BH and Chase Farm Hospital each have different computer systems and that this was not taught during induction. Some DPTs reported that they had to undertake solo clinic lists within the first week of their placement but did not know how to use the computer system. Some DPTs reported that a video induction was developed for Chase Farm Hospital, however it was felt that this was not as effective as being inducted in-</p>	Yes, please see A3.9

	<p>person at the hospital and that DPTs had to turn up and learn everything as they worked. It was felt that the Trust should keep the video induction in place, but supplement this with a working in-person induction as well.</p> <p>CS and ES for anaesthetics DPTs at BH reported that BH specialised in acute cases, and that Chase Farm Hospital was specified for elective cases. Prior to the Covid-19 Pandemic, the review panel heard that DPTs were brought to Chase Farm Hospital for their induction, however this was not possible during the pandemic. CS and ES reported that they then created a video induction of Chase Farm theatres which was shown to all trainees, and that this included site maps and main areas within the hospital. CS and ES reported that when DPTs in anaesthetics begin their placement, they worked alongside a consultant and that they were not expected to do a solo theatre list on their first day. The review panel heard that upon reviewing data, CS and ES reported that just 5% of lists were covered solo by the DPT in anaesthetics, and that this was not a common occurrence. The review panel heard that the supervising consultant was always working with the specific DPT doing a solo theatre list so that they were always well supported.</p>	
--	---	--

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.3	<p>Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. Education Provider, HEE).</p> <p>Anaesthetics – Barnet Hospital</p> <p>CS and ES supervising anaesthetics DPTs in BH reported that all consultants were up to date on their training as ES and CS, and that the modules are completed every three years. The review panel heard that CS and ES had undertaken additional training in completing Supervised Learning Events (SLEs) and HALOs, and they also attended ARCPs and interviews. These were reviewed regularly to ensure that ES and CS were up to date with their responsibilities.</p>	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	<p>Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.</p>	

	<p>Core Anaesthetics – Royal Free Hospital</p> <p>The Trust representatives for RFH reported that they published a timetable which had some form of teaching every day except Tuesday, and that this was prioritised at consultant meetings. It was reported that an alert was sent out every morning to inform consultants of what teaching is taking place that day, and that this helped consultants to plan lists and work with their DPT. It was reported that DPTs were encouraged to inform the team if they were unable to get to scheduled teaching.</p> <p>Some DPTs in core anaesthetics at RFH reported that they had weekly, local teaching for their novice course in the first month of their placement which was felt to be useful, however once this had finished, DPTs reported they did not have consistent scheduled teaching. The review panel also heard from DPTs that they heard local teaching was due to be scheduled for Wednesday afternoons every two weeks, however this had not happened to date. While the DPTs reported that they had ad-hoc teaching in theatres and on a more individual-basis, the DPTs expressed a great interest in having more scheduled teaching and an opportunity to learn from each other in a group setting.</p> <p>DPTs in core anaesthetics at RFH reported that they were unclear about the arrangements for regional teaching within North Central London for the anaesthetics programme. The review panel heard that regional teaching was scheduled the day before the HEE review, however DPTs were unsure if this was going ahead as planned until late notice and the course was reportedly cancelled one hour before it was due to take place.</p>	
5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>Core Anaesthetics – Royal Free Hospital</p> <p>Novice DPTs in the core anaesthetics programme at RFH reportedly experienced difficulty getting access to mandatory training within core anaesthetics. During the novice period, DPTs were required to develop core knowledge and skills to provide safe anaesthetic care to patients. DPTs at RFH reported that if they were scheduled to work on-call at night, they were unable to access the scheduled mandatory core anaesthetics training course. In addition to this, DPTs reported that if they were on the reserve on-call 'e-rota', they were unable to take any time for the training just in case they were required to cover any gaps out of hours despite being super numerary during their pre-IAC period.</p>	Yes, please see CA5.6

The review panel were concerned to hear that the majority of novice DPTs in core anaesthetics at RFH worked on the on-call rota at night before they completed their IAC, and this was not felt to be in-keeping with good practice across many other Trusts within London. The review panel were also concerned that novice DPTs in core anaesthetics were placed on the reserve on-call 'e-rota' in case there were any gaps, as novice DPTs were meant to be supernumerary to develop core skills and knowledge before being utilised to cover gaps.

Some DPTs in core anaesthetics at RFH reported that they were able to book study leave during the day without difficulty. However, the review panel heard that some other DPTs were unable to book study leave if they were scheduled on the reserve 'e-rota' in case they needed to provide cover. Some DPTs reported that they were scheduled for many 'e-days' and that they needed to be available to be on-call even if they were not on-call.

The review panel heard from Trust representatives that the process to have study leave reimbursed was difficult, and that this was fed-back to the postgraduate medical education (PGME) team. It was reported that there were three different systems to log study leave on in order to be reimbursed. The review panel heard that the Trust were involved in a new pilot system which should be easier to use, however there was no timeframe available for that yet.

Novice DPTs in core anaesthetics at RFH reported that they were sometimes pulled to fill gaps on the Post Anaesthetic Care Unit (PACU) rota. The majority of DPTs felt comfortable with this arrangement as they felt there was always a colleague they could contact if necessary, however this was felt to be inappropriate by the HEE review panel as novice DPTs were required to focus specifically on the Anaesthetics aspect of their training in order to achieve IAC.

When queried about DPTs in core anaesthetics covering gaps on the PACU rota, CS and ES reported that the PACU just opened last year and in its initial stages, was not fully staffed with eight people. It was reported that in the early stages of the cohort, there was some cross cover taking place but since then, there had been a push for recruitment to fully staff the PACU rota which had now been done. This in turn meant that DPTs were no longer pulled across from theatre and that any gaps within the PACU rota were internally advertised for last minute sickness only. The review panel queried whether the department had a gaps escalation policy for consultants to act-down during gaps. The CS and ES

reported that there was no formal Trust acting down policy for consultant and that they had a reserve policy, with two DPTs on the reserve list for last minute sickness to cover gaps.

The CS and ES for core anaesthetics at RFH were queried on the difficulties of DPTs accessing the novice mandatory training course when working on-call at night. CS and ES reported that historically, novice DPTs were always able to begin working on the night shift from the first day of their placement at the site, and it was reported that upon discussions with college tutors elsewhere, that this practice was replicated within University College London Hospitals NHS Foundation Trust and The Whittington Health NHS Trust. The CS and ES reported that moving forwards, novice DPTs will not be working on-call until after they have completed their IAC. It was acknowledged that typically novice DPTs in core anaesthetics took three months to have their IAC signed off, however it was reported that at RFH, DPTs took on average four to five months to have their IAC signed off. It was reported that this took longer to complete as the department was a high-risk centre and due to the complexity of the cases at RFH.

Anaesthetics – Barnet Hospital

DPTs working within Anaesthetics reported that there were multiple gaps on the rota and that this could cause potential patient safety issues. The majority of DPTs in anaesthetics at BH reported that when they worked on the day shift, they had a good experience on their placement, however they felt that issues occurred when working on-call at night. The review panel heard that there were significant staffing issues which meant that a rota that was meant to be staffed with six people was actually only staffed with three people at the time of the review. Some DPTs reported that they had experienced some difficult instances during the night when there were only three people on the rota, and they had severely unwell children in hospital. The review panel heard that when this instance occurred, the consultants were called but the DPTs were informed they needed to 'get on with it'. An exception report was submitted and worked through after this instance, and DPTs reported that since then they had seen some consultants staying overnight. DPTs also reported that they were informed the department was recruiting more clinical fellows to help ease gaps, and that the department had tried to put requests for locums out earlier in order to fill gaps. However, it was reported that there were some issues with locums not being paid until months after the shift was acted as a deterrent for doctors to apply.

Some DPTs in anaesthetics reported that they did not have immediate access to their 'mentor' whilst undertaking solo clinic lists during the day, as their assigned mentors were often working

on their own and unavailable to leave their post easily. When working at BH, some DPTs reported that if they were doing solo elective lists, their mentor was often working in the labour ward which was downstairs and physically far away from the DPT. In addition, if other theatres were not well staffed, consultants may be pulled away and not necessarily immediately available to support DPTs in anaesthetics. In an instance whereby a DPT did not have immediate access to support, the department had an informal discussion with the DPT afterwards to check how they were doing, gave them a break and the DPT then continued working through the solo theatre list.

The review panel were concerned to hear that the department had a 1 in 7 rota, despite the Royal College of Anaesthetists' guidance stating the requirement for a minimum of 1 in 8 rota. The majority of DPTs in anaesthetics at BH reported that they felt the rota they worked on was the most demanding rota that they had worked on, and that this was due to the workload that accompanied it as a result of persistent gaps within the department that were difficult to fill. Despite this, DPTs felt that this did not negatively impact learning opportunities available to them. The review panel queried consultant support due to staff shortages, and the DPTs reported that they felt moving forward consultants would come in if necessary as they were aware DPTs required help.

The review panel heard from DPTs in anaesthetics that novice DPTs in core anaesthetics at BH were sometimes pulled to fill gaps within the Intensive Care Unit (ICU). This was felt to be inappropriate by the HEE review panel as novice DPTs are required to focus specifically on the Anaesthetics aspect of their training in order to achieve IAC.

The review panel heard from CS and ES of anaesthetics DPTs in BH that if there were late notice rota gaps, this would be dealt with by the named coordinating consultant on that day, and that the college tutor was available via WhatsApp to help resolve gaps. However, it was acknowledged that the coordinating consultant of the day was not 'free' to coordinate and always had their own list of patients to work through as a result of staffing shortages. The review panel heard that the coordinating consultant would also work alongside a higher specialty DPT in anaesthetics who would be able to manage the list on their own for a short time while the consultant dealt with the rota gaps. It was also reported that the department often had consultants and specialty DPTs in anaesthetics working in the pre-operative assessment area, and that these colleagues could be brought into clinic to support if there were gaps, at the consequence of closing the pre-operative assessment area.

CS and ES of anaesthetics DPTs in BH reported that they had a 1 in 7 rota for over a year and that this was due to staffing levels

	<p>within the department. It was reported that this was a result of a lack of DPTs from HEE, lack of trust grade doctors and other doctors to fill the rota. It was acknowledged by the CS and ES that the 1 in 7 rota was difficult, and that they had received feedback via the LFG that DPTS wanted six months' notice for their upcoming rota rather than three months' notice. It was felt that this would enable better work life balance and planning for education and training for DPTs. The CS and ES reported that the department was trying to recruit more clinical fellows. It was acknowledged that they previously always had clinical fellows working on the ITU and they had funding in place for that, however in August 2022 that was not undertaken which has exasperated concerns with rota gaps. The department were trying to resolve this by advertising for clinical fellows to start in post in February 2023, and that hope was that this translated to a 1 in 8 rota. Due to persistent rota gaps, the CS and ES reported that they suggested there should be a minimal level of staffing, and if this couldn't be met, then consultants should step down. However, it was reported by CS and ES that there was no formal stepping down policy for consultants within the Trust. The review panel heard that the senior management team were aware of and have had discussions about a formal step-down policy, and that they appeared to be supportive of taking that forward.</p> <p>The CS and ES of anaesthetics DPTs at BH reported that as they were not at a full complement of members of staff, DPTs were put under a lot of pressure. It was reported that some felt they were working at a very minimal level of what is safe, and that this should be on the Trust risk register as it was a recurring issue within the department.</p> <p>The review panel heard that BH did not have a formal consultant stepping down policy when there were significant staffing issues, but there was an informal manner in which this could be implemented. The review panel heard that it was difficult for the department to get consultants to step-down, especially with less than 24 hours' notice. It was reported that consultants staying overnight was an option which had taken place two or three times to provide additional cover.</p> <p>The review panel heard that BH relied on clinical fellows being recruited in February and August, however it was reported that in August 2022 the roles were not advertised and there were no fellows recruited which has caused issues with rota gaps within the anaesthetics department. The Trust reported that they hoped this would improve by February 2023 when they were able to recruit more clinical fellows.</p>	<p>Yes, please see A5.6</p>
--	---	-----------------------------


HEE Quality Interventions Review Report

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
	Domain not discussed at review	

Report Approval

Quality Review Report completed by	
Name	Nicole Lallaway
Role	Learning Environment Quality Coordinator

Review Lead	
Name	Dr Bhanu Williams
Role	Deputy Dean for North London
Signature	Dr Bhanu Williams
Date signed	11 November 2022

HEE Authorised Signatory	
Name	Dr Gary Wares
Role	Postgraduate Dean for North London
Signature	
Date signed	5 January 2023

Final Report submitted to organisation	5 January 2023
--	----------------