QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Lewisham and Greenwich NHS Trust
(Queen Elizabeth Hospital)
Anaesthetics and Intensive Care Medicine
Urgent Concern Review (on-site visit)

Quality Review report

19 October 2016

Final Report

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Quality Review details

Background to review	Despite a quality review having taken place looking into the training and learning environment in intensive care medicine in July 2015, it was felt by Health Education England (HEE) that a further review into the anaesthetics department and intensive care medicine (ICM) department was necessary in order to address a number of concerns that had been raised with HEE and required further exploration: • Concerns that there was no clearly understood and utilised escalation policy in place. • Concerns regarding consistent rota gaps, which were felt to have raised significant patient and trainee safety concerns. • A perceived culture of bullying from management to trainees to undertake locum shifts. • Concerns relating to trainees working beyond their level of competence. • Concerns regarding the quality of supervision of some clinical and educational supervisors. Additionally, the quality review team felt it was necessary to explore the significant decline in the results of the 2016 General Medical Council National Training Survey (GMC NTS). In regard to Acute Care Common Stem (ACCS) the survey generated four red outliers for; 'clinical supervision', 'reporting systems', 'work load' and 'study leave'. A further three pink outliers were also received in relation to; 'clinical supervision out of hours', 'supportive environment' and 'education supervision'. When looking at the GMC NTS outliers scored for core anaesthetics, two red outliers were received for 'clinical supervision out of hours' and 'workload'. Furthermore, although there were not enough trainees to register a response on the GMC NTS for intensive care medicine, it was felt that there had been a lack of engagement from the Trust in relation to the conversation of concern that took place in July 2015. From this previous visit, only two of the ten actions had been closed by the Lead Visitor and it was felt that an exploration into the reasons behind this needed to occur.
Training programme / specialty reviewed	Anaesthetics and Intensive Care Medicine
Number and grade of trainees and trainers interviewed	The quality review team initially met the chief executive officer, deputy medical director, associate medical director, director of medical education, medical education manager, clinical director for critical care, divisional director, college tutor for emergency medicine, clinical lead for emergency medicine, college tutor for anaesthetics, clinical director for critical care, education lead for anaesthetics and intensive care medicine, cross-site intensive care medicine tutor and pastoral lead for trainees. The quality review team met with trainees in anaesthetics, at the following grades: • Core Training year 1 (CT1) • Core Training year 2 (CT2) • ACCS Anaesthetics • Specialty training year 3 (ST3) • Specialty training year 5 (ST5) The quality review team met with trainees in intensive care medicine (ICM), at the following grades: • Foundation Year 1 (F1) • ACCS – Intensive Care Medicine • Core Surgical Trainee • Clinical Fellow

Review summary and outcomes	The quality review team would like to thank the Trust for accommodating the Urgent Concern Review, especially considering it was arranged at such short notice. During the course of the review, the quality review team was informed of a number of areas that were working well within both anaesthetics and ICM training at the Trust, such as: • Both anaesthetics trainees and ICM trainees at all levels reported that the training experience they received was of an extremely high quality and better in comparison to some other Trusts in which they had previously worked. They stated they were exposed to a wide range of conditions and cases and a number of trainees confirmed that they would like to return to work at the Trust in the future. • The ICM trainees at all levels stated the Trust had been extremely proactive in recent months in regard to recruiting to fill rota gaps within the department. They felt well supported and stated they had sufficient clinical supervision. Furthermore, they welcomed the intensive care unit (ICU) shadowing system that was in place, to ensure novice trainees felt comfortable working on the ward out of hours. • Both ICM and anaesthetics trainees commented that they felt extremely well supported by their college tutors and all trainees confirmed they knew who to turn to for support. The trainees reported that the consultant body was made up of extremely approachable individuals, who they felt they could approach with any issues which needed to be raised. They welcomed the Whatsapp group established where they could raise issues with a designated pastoral lead. However, the quality review team also uncovered a number of areas, predominantly in relation to the anaesthetics department, which required improvement. For example; • Both the anaesthetics and ICM trainees at all levels reported that there were significant gaps within the anaesthetics department rota, in particular with regards to out of hours care. • The quality review team heard that there was no clear escalation policy in place to deal with situations when there were significant rota gaps in the anaesthetics department. This had on occasion resulted in the higher trainees being responsible for two bleeps to cover different anaesthetics services across the site out of hours. This also required the higher trainees to make consistently difficult decisions about the priorities of care whilst covering various specialties particularly out of hours. • The quality review team was informed of an incident out of hours, when a foundation year 2 trainee (F2) was left alone in the Emergency Department (ED) caring for a ventilated patient for several hours, as the rota gaps meant other anaesthetics staff present were needed elsewhere. Furthermore, trainees reported they did not always have intensive care trained nurses available to them whilst dealing with patients in Recovery and the ED, who were ventilated awaiting an ICU bed. • It was reported that the referral pathway to the ICU was not appropriate and needed to be reviewed. The Trust was required to ensure that a clear and well-documented referral policy was disseminated to all staff. • The higher anaesthetics trainees reported that they received no feedback from any incidents they reported through Datix.

	• It was reported that there was no clinical outreach programme in place at the Queen Elizabeth Hospital (QEH) site. • The quality review team heard from the anaesthetics trainees that despite all consultants being available on the phone, there had been incidents when a consultant who was on call had refused to attend out of hours, when asked to come into the Trust by the trainee, and that in one case in particular it had taken a significant number of hours to convince the consultant to attend. • The core trainees for both anaesthetics and ICM reported difficulties in obtaining in a timely manner their ID badges, Smart cards and the various necessary logins and passwords for the Trust's computer systems. This in some cases had resulted in a two-week delay during which they had to ask other members of staff to look up results and other information for them.

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

The Trust commented that they hoped to resolve the issues raised at the visit in a timely and practical way and also added that they supported the raising of concerns by trainees; they intended to ensure that they were dealt with appropriately.

The quality review team was informed by the Trust that they considered the challenges for acute care common stem (ACCS) and emergency medicine to be recruitment, retention, unpredictable and relentless issues and that despite the whistleblowing case being addressed positively the Trust felt the trainees did not approach them in the first instance to raise concerns.

The postgraduate dean reported that Health Education England South London (HEE SL) would work with the trainees to be clear on the lines of reporting and how to raise issues locally first before escalating to the Head of School or HEE SL.

The Trust reported that the frailty pathway had had a significant impact on patient flow. The older people's assessment liaison (OPAL) model was slower to start due to lack of consultant supervision but the Trust now had a consultant in place. The work with community partners on Home First was going well and all these models were helping reduce waiting time for beds across the Trust.

The quality review team heard that the Trust had increased the night time cover for acute medicine to one higher trainee and two core trainees admitting patients, one core trainee covering the ward and now an additional core trainee to support. There was a hospital at night team that would support trainees when required but the Trust recognised this required further work. The critical outreach team were reported to be visible and accessible when required across the Trust. The medical handover at night was attended by the critical outreach team.

The senior management team stated that currently there were no gaps within the ICU rota. The Trust had introduced the shadowing for all trainees starting in the ICU for the first seven nights. The trainees shadowed a previous ICU trainee and the trainee and consultants then had to say they felt competent to be unsupervised at night on the ICU. The quality review team thought this was an area of good practice.

The Trust reported that the current staffing on the ICU was good but the Trust was planning ahead looking at where there could be gaps in the rota and was looking at the medical training initiative (MTI) programme. The Trust was worried that they would not be able to get the number of MTI doctors they would require. The postgraduate dean commented that he would raise this with the HEE SL commissioning team about supporting the Trust with this.

The Trust informed the quality review team that they informed trainees at induction how to raise concerns and how to report incidents.

Quality Review Team			
HEE Review Lead	Dr Cleave Gass, Head of London Academy of Anaesthesia	**External Clinician**	Dr Lila Dinner, Consultant Anaesthetist, Royal Free London NHS Foundation Trust
Lead Provider Representative	Dr Shahana Uddin, Lead Provider Representative for ACCS - ICM	**Trainee Representative**	Dr Douglas Blackwood, Trainee Representative
Lay Member	Kate Rivett, Lay Representative	**Scribe**	Elizabeth Dailly, Learning Environment Quality Coordinator

Findings

GMC Theme 1) Learning environment and culture

Standards

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

Ref	Findings	Action required? Requirement Reference Number
A1.1	**Patient safety** In relation to the anaesthetics department trainees reported that rota gaps were a persistent and significant issue, especially in regard to the higher trainees' role out of hours, which trainees felt caused significant patient safety issues. The quality review team was informed of numerous instances when out of hours, higher trainees were responsible for two bleeps covering: the obstetrics department, the intensive care unit (ICU) and general emergency cover including the transfer of patients offsite. A member of the quality review team was subsequently informed by the higher trainees that there had been one occasion when a higher trainee was going to be responsible for three bleeps but this did not come to fruition. This often resulted in the Trust's emergency theatre lists (CEPOD) being cancelled and reduced anaesthetics cover for cardiac arrests being provided. Trainees stated that they would not be comfortable with their friends and family being treated in the Trust when the higher anaesthetics rota gaps were not filled out of hours.	Yes. Please see A1.1 below.
A1.2	**Serious incidents and professional duty of candour** Trainees of all levels confirmed that they knew how to report serious incidents and that they felt they could raise issues within their clinical team. However, it should be noted that both anaesthetics and intensive care medicine (ICM) trainees of all levels commented that they had little to no contact with their non-clinical managers.	
A1.3	**Appropriate level of clinical supervision** The ICM trainees stated that throughout the day they had adequate clinical supervision and that there was a consistent consultant presence on the ward. With regard to out of hours working it was reported that although such shifts could be extremely busy, the	

	consultant on call was always contactable via the telephone and that on occasion they would come into the Trust if necessary. Furthermore, the quality review team was informed of a shadowing system that was in place throughout the ICU whereby novice trainees starting shadowed a previous ICM trainee out of hours, until they felt comfortable enough to undertake this role by themselves. The anaesthetics core trainees reported that they felt extremely supported when undertaking their first transfers at the Trust, both internal and external, and that they had been observed and shadowed throughout the process to ensure they felt comfortable. However, the quality review team was informed of an instance where a Foundation Year 2 (F2) trainee was left in the Emergency Department (ED) caring for a ventilated patient alone, as due to the rota gaps all other anaesthetics staff were called away to care for other patients.	Yes. Please see A1.3 below.
A1.4	**Rotas** The quality review team heard from the ICM trainees that at the time of the review there were no rota gaps in the ICU department as the Trust and one consultant in particular had been extremely proactive and worked hard to ensure all gaps were filled. As previously stated, there were significant issues with gaps in the anaesthetics higher trainees' rota as there were two longstanding unfilled positions. This had resulted in the higher trainees having responsibility for two and sometimes even three bleeps. In circumstances where there was only one higher trainee with responsibility for two bleeps, it was reported by trainees that the CEPOD lists were routinely cancelled and that anaesthetics cover for cardiac arrests reduced, with priority being given to obstetric anaesthetics services. Trainees reported that in these instances, there was no clear escalation policy and that despite consultants being available over the phone they did not routinely attend the Trust to cover the vacant higher trainee slot and take responsibility for one of the bleeps. Although trainees confirmed that a consultant on call had come in out of hours when one higher trainee was responsible for two bleeps and a transfer needed to be undertaken and that usually they would attend if there was an extremely serious case, the quality review team was made aware of an incident in which a consultant on-call had refused to attend patients out of hours when asked to by the higher trainee. Anaesthetics trainees at all levels reported that this situation had previously been exacerbated as there had been a cap on the rate of pay offered in regard to locum shifts. However in the weeks preceding the review, the quality review team was informed that the Trust had changed its policy on the anaesthetics locum cap rate and increased the rate offered. This had reportedly had a positive impact upon the rota gap issues as it meant there was a higher uptake of the locum shifts, resulting in fewer instances where one higher trainee was responsible for two bleeps. The higher trainees reported that they were routinely offered the locum slots, for which they were grateful, but that they were not pressurised by management into covering them. The quality review team also heard that the department had been working to recruit new clinical fellows to fill the rota gaps, but the calibre of applicants had been poor and therefore no appointment had been made at the time of the review. The higher trainees commented that they felt the culture of the Trust regarding the persistent anaesthetics rota gaps was one of resignation and this was seen as 'the way things are here'.	Yes. Please see A1.4a below. Yes. Please see A1.4b below.
A1.5	**Induction** When discussing the induction received at the Trust, one trainee who had started out of sync with the other trainees reported that they only received a Trust induction and not a departmental one. However the trainee informed the quality review team that they were shadowed throughout their first week so this was not a significant issue. The higher anaesthetics trainees commented that their departmental inductions had	Yes. Please see A1.5a below.

	been extensive and comprehensive. However, in regard to the Trust induction the ACCS and core trainees reported issues with having timely access to ID badges. The trainees stated that on the day of their induction the office was only open 10am till 2pm and some reported they had queued for three hours in order to obtain one, only for the office to be closed. This resulted in some trainees being late for one of the induction lectures and their attendance not being marked. Furthermore trainees reported an issue when obtaining Smart Cards, passwords and logins to the Trust's various computer systems. This raised potential information governance issues as trainees could not access results or discharge summaries and had to either ask other people to look them up, or borrow their Smart Cards. Despite anaesthetics trainees often providing support in the ICU, they stated that they did not receive a full local induction in the ICU department. However a trainee confirmed they had approached a senior nurse who had shown them around the unit.	Yes. Please see A1.5b below. Yes. Please see A1.5c below. Yes. Please see A1.5d below.
A1.6	**Protected time for learning and organised educational sessions** The trainees gave extremely positive feedback about the local teaching sessions they received at the Trust. Both anaesthetics trainees and ICM trainees at all levels reported that they received such education sessions bi-weekly. The sessions were either peer to peer learning or consultant led, and all trainees stated that the quality of the teaching was of an extremely high standard. Furthermore all trainees commented that they felt encouraged by the Trust to attend such sessions and that they felt the Trust prioritised their training time over service provision especially in comparison to other Trusts in which they had worked.	
A1.7	**Adequate time and resources to complete assessments required by the curriculum** The ICM trainees at all levels reported that they could complete their assessments as there was a consistent consultant present to sign off on necessary aspects of the trainees' curriculum.	
GMC Theme 2) Educational governance and leadership		
Standards **S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.** **S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.** **S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.**		
A2.1	**Impact of service design on learners** Anaesthetics trainees at all levels indicated that on occasion due to a shortage of beds and delayed discharges in the ICU they were left either in the Recovery department or in the ED with a ventilated patient until a bed became available, which could take several hours. Furthermore trainees stated that the ventilator used in these departments had limited ventilatory modes available and that they did not always have intensive care trained nurses available to them during these instances. Furthermore the quality review team heard that there was no critical outreach programme in place at the Queen Elizabeth Hospital site. Instead, the outreach programme fell within the remit of site management. In relation to the CEPOD list, anaesthetics trainees at all levels indicated that a lack of staff in the Recovery department, in particular anaesthetics nursing staff, between 17.00 and 21.00 meant that no further patients could be admitted to Recovery and so they were not able to continue the CEPOD list. They cited numerous examples where	Yes. Please see A2.1a below. Yes. Please see A2.1b below. Yes. Please

	patients waiting for minor procedures waiting for a long time to have their surgery undertaken.	see other actions below.
A2.2	**Appropriate system for raising concerns about education and training within the organisation** The ICM trainees reported that if they had any issues they needed to raise that this could either be done directly with the college tutor or in their bi-weekly teaching sessions as there was always a consultant present. All trainees confirmed that they knew how to escalate concerns within their clinical teams and of the Local Faculty Groups (LFG) that took place within the department.	
GMC Theme 3) Supporting learners		
Standards **S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.**		
A3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** In relation to the ICM trainees, the quality review team heard that they felt extremely supported by the consultant body and especially by their college tutor, who reportedly encouraged trainees to get in touch via telephone or email if they had any issues or concerns. Additionally, the anaesthetics trainees at all levels were extremely complimentary of their college tutor and stated that there was a consultant who had taken on the role of providing pastoral support to trainees throughout the unit and had created a forum via a Whatsapp group through which issues could be raised and discussed. Trainees felt that consultants listened to their concerns and attempted to resolve them and commented that on the whole they were a friendly, approachable, informed and knowledgeable team. Furthermore the higher trainees commented that they had an extremely positive relationship with their college tutor, who was someone they not only respected professionally but also liked personally.	
A3.2	**Regular, constructive and meaningful feedback** The core and ACCS anaesthetics and ICM trainees reported that they received feedback from serious incidents in the monthly morbidity and mortality (M&M) meetings that took place, where common themes and previous cases were discussed. Furthermore, the anaesthetics trainees at all levels stated they had weekly meetings where themes from near misses and serious incidents were reviewed. However, the higher anaesthetics trainees indicated that they received no feedback from any incidents they logged with Datix. They also commented that there was a monthly audit meeting every month to discuss different themes and that a consultant meeting took place following this, but the trainees were not present.	Yes. Please see A3.2 below.
GMC Theme 5) Developing and implementing curricula and assessments		
Standards **S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.** **S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.**		
A5.1	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum**	

	The quality review team heard from both anaesthetics and ICM trainees at all levels that they were exposed to a plethora of conditions and cases and that their overall training experience was of an extremely high quality. The trainees reported that they were enjoying their educational experience and gaining a lot of experience that was better than that received at other Trusts. In particular, the higher anaesthetics trainees commented that the exposure they had to a variety cases meant they would leave the Trust much better anaesthetists compared to when they arrived. For this reason a number of trainees said they would recommend working at QEH to friends or family members, and many reported that they would consider returning to work in both departments in the future.	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The quality review team was informed of a shadowing system that was in place throughout the ICU whereby novice trainees starting shadowed a previous ICM trainee out of hours, until they felt comfortable enough to undertake this role by themselves. The trainees and consultants then had to confirm they felt competent to be unsupervised at night on the ICU.			

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

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
A1.1	The Trust is to review the anaesthetics out of hours rota and address the gaps to ensure that known gaps are filled prior to the shift to ensure trainee and patient safety.	The Trust to provide evidence of the rotas, their staffing policy, their recruitment of locum staff policy and evidence that they are exploring other avenues by which to fill the rota gaps, for example recruitment of Medical Training Initiative (MTI) doctors.	
A1.3	The Trust is to ensure trainees who have not met competencies for ventilated patients have appropriate clinical supervision at all times.	Trust to provide their policy on clinical supervision and evidence that this has been shared with all trainees and relevant members of staff. Compliance with this action should be monitored through local faculty group (LFG) meetings. The Trust to submit	

		minutes from LFG meetings, at which there is trainee representation and this issue is discussed.	
A1.4 a	The Trust must ensure there is a clear escalation policy in place for when rota gaps occur, for example in the form of consultants covering the vacant higher trainee slot and being responsible for one of the bleeps when appropriate locum cover cannot be secured. Furthermore, the Trust must ensure that there is always a dedicated obstetric anaesthetist, who is not responsible for providing any other services as in line with national guidelines.	The Trust is required to provide a clear escalation policy and evidence that this has been disseminated to all staff. The Trust must also provide the policy on the obstetric out of hours anaesthetics service.	
A1.4 b	The Trust must ensure that the consultant on call always attends when required to by the trainee out of hours.	The Trust is required to submit a policy on consultant out of hour cover. Compliance with this action should be monitored through local faculty group (LFG) meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation and this issue is discussed.	
A1.5 a, A1.5 c	The Trust is to ensure that trainees who start out of sync receive a full departmental induction and not just a Trust one. Furthermore, the Trust is required to review their Trust-wide induction and ensure that all trainees receive their Smart Cards and necessary logins within a timely manner.	The Trust is required to provide evidence that all trainees attend a departmental induction. The Trust is also to provide evidence that all trainees receive their Smart Cards and necessary logins within a timely manner Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation and this issue is discussed.	
A1.5 b	The Trust is to review the opening hours of the ID badge office on the days of induction to ensure that all trainees are able to receive their ID badges in a timely manner	The Trust is to confirm the opening times and arrangements of the ID badge office during induction periods. This could be in the form of the letter from the DME.	
A1.5 d	The Trust is required to ensure all trainees working within the intensive care unit (ICU) are given a full departmental induction.	The Trust to confirm all anaesthetics trainees working within the ICU unit are given a full local induction. Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation and this issue is discussed.	
A2.1 a	The Trust is to ensure that all ventilated patients have appropriate and suitable nursing cover at all times.	The Trust to provide guidelines / policy on what to do if a patient is ventilated in a remote site for a prolonged period of time awaiting an ITU bed.	
A2.1 b	The Trust is required to review the current outreach programme and ensure there is a suitable critical outreach programme in place	The Trust is required to provide evidence of its plans to change the current outreach programme. Compliance with this action should be monitored through LFG meetings. The	

		Trust to submit minutes from LFG meetings, at which there is trainee representation and this issue is discussed.	
A3.2	The Trust is required to ensure that trainees receive feedback from all incidents reported through Datix	The Trust should review and strengthen its serious incident policy to ensure that trainees receive feedback on incidents they have raised. This should be a standing item on the LFG agenda and if trainees are not receiving feedback, then this should appear as a clear action following the meeting and should be acted upon.	

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
	N/A		

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
In relation to the CEPOD list, anaesthetics trainees at all levels indicated that a lack of staff in the Recovery department, in particular anaesthetics nursing staff, between 17.00 and 21.00 meant that no further patients could be admitted to Recovery and so they were not able to continue the CEPOD list. They cited numerous examples where patients waiting for minor procedures faced excessive delays for their surgery. We will share this finding with the CQC and NHSI as we have concerns re levels of staffing out of hours in recovery areas which has resulted in significant delays to patients receiving appropriate treatment	Ian Bateman

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	*Cleave Gass*
Date:	*9 November 2016*

What happens next?

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.