Health Education England

HEE Quality Interventions Review Report

The Royal Brompton and Harefield NHS Foundation Trust (The Royal Brompton Hospital)
Intensive Care Medicine and Anaesthetics
Urgent Concern Review (Learner and Educator Review)

Version 0.1

London – North West London

Learner and Educator Review

17 December 2020

Review Overview

Background to the review:	This urgent concern review was organised following concerns raised to the specialty school around curriculum delivery, rota design, workload, and culture within the department.
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	Intensive Care Medicine and Anaesthetics
Who we met with:	Guardian of Safe Working Hours Director of Medical Education Medical Education Manager Freedom to Speak up Guardian Medical Director Hospital Director Clinical Director for Critical Care College Tutor Education Lead 14 Clinical and Educational Supervisors for Intensive Care Medicine and Anaesthetics Three Specialty Training Level Four – Five (ST4-5) Anaesthetic Trainees Four Specialty Training Level Five - Six (ST5-6) Acute Intensive Care Unit Trainees Six Clinical Fellows
Evidence utilised:	Acute Intensive Care Unit Rota Local Faculty Group Minutes from November and December 2020 Education Lead Report

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Dr Bhanu Williams Deputy Postgraduate Dean North West London Health Education England (London)
Specialty Expert	Dr Charlotte Anderson Deputy Head of School of Intensive Care Medicine and Anaesthetics Health Education England (London)
External Specialty Expert	Dr Chris Sadler STC Chair North London Anaesthetics Consultant Anaesthetist
External Specialty Expert	Dr Munita Grover Stage Three Intensive Care Medicine TPD Regional North West London Adviser
Lay Representative	Jane Chapman Lay Representative
HEE Quality Representative	John Marshall Deputy Quality, Patient Safety and Commissioning Manager Health Education England (London)
HEE Quality Representative	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)
Supporting roles	James Oakley Quality Patient Safety and Commissioning Officer Health Education England (London)

Executive summary

The current challenges and pressures faced by the service were discussed and the review team identified several areas that were working well, including:

- Trainees described their own specialty consultants to be approachable and supportive.
- The department was felt to have good training potential, with a wealth of unique training opportunities.
- The review team commended the support consultants provided trainees, including stepping down to provide cover.

The review team also noted the following areas requiring improvement:

- The review team acknowledged the clinical pressures faced by the department due to the COVID-19 pandemic and the subsequent service reconfiguration. Long term recruitment plans were discussed, however, given the complexity of the current patient workload the department was required to review the current rota arrangements and short-term plans to ensure patient and trainee safety.
- The department to review the current working arrangements between intensive care medicine and anaesthetics to ensure a whole appropriately trained workforce response.
- The review team recognised that further educational governance measures were required to ensure all trainees received an appropriate induction before starting clinical duties.

A follow-up Risk-based Review (Leaner and Educator Review) is to be held in spring 2021 to review progress made.

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
No Immediate Mandatory Requirements were identified during the review.		

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**
ICM1.4	Trainees discussed the challenges of accessing additional support to assist with patient care. Trainees reflected that there was not a quick escalation pathway if support was required. The current processes were felt to be time consuming and pose potential risks to patient safety.	The department to review the current escalation pathways and working arrangements between intensive care medicine and anaesthetics to ensure clear roles and prompt provision of support. This can ben evidenced through minutes from a local faculty group, or an alternative forum where the escalation pathway has been discussed/agreed. Please provide an update to this action on QMP for 01 March 2021.
ICM2.1	Trainees, clinical and educational supervisors discussed the challenges of the current staffing ratios and junior doctor skillsets. Concerns over the sustainability of the existing working arrangements were expressed. Long-term recruitment plans were discussed.	Given the complexity of the current patient workload the Trust is required to support the department to review the existing rota arrangements and short-term plans. A whole appropriately trained workforce solution which ensures patient and trainee safety is required. Please provide an update to this action on QMP for 01 March 2021.
ICM3.4	Most trainees advised that they had attended a Trust and an AICU induction. It was discussed that higher trainees had attended the same induction as their more junior colleagues. Trainees reported how the local induction included a skill session, however, that the teaching was felt to be more appropriate for lower grades.	The department to review the current induction process in collaboration with trainees to ensure all trainees receive an appropriate induction before starting clinical duties. This can be evidenced through minutes from a local faculty group, or alternative forum. Please provide an update to this action on QMP for 01 March 2021.
ICM5.1a	Trainees discussed how teaching was currently more formalised than before the pandemic. It advised that teaching had moved online as part of the COVID-19 response. Trainees	The Trust to support the department to review the current teaching and working arrangements to ensure there is an appropriate balance between service provision and educational opportunities. This can be evidenced through

	reported that given the intensity of the workload it was often not possible to attend teaching whilst on shift, however, the movement of training online had increased accessibility for those at home. Trainees advised that they were encouraged to attend formal teaching.	minutes from a local faculty group, or alternative forum where service provision and educational opportunities have been discussed. Please provide an update to this action on QMP for 01 March 2021.
ICM5.1b	Supervisors advised that the service was a consultant led service and how responsibilities and work were required to be done within protocol. Supervisors reported that trainees had had the opportunity to lead a ward round under supervision. It was discussed how engagement between consultants and trainees could be improved both ways to identify knowledge gaps and the training opportunities available.	The department to review the current educational opportunities in collaboration with trainees. The department to ensure that there are processes in place to review trainee progress throughout the placement. This can be evidenced through minutes from a local faculty group, or alternative forum. Please provide an update to this action on QMP for 01 March 2021.

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**
	No recommendations were identified during the review.

HEE Quality Standards and Domains for Quality Reviews

Domain 1 - Learning environment and culture
1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users. **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. **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). **1.4.** There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative. **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. **1.6.** The learning environment promotes interprofessional learning opportunities.

HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.2	**Bullying and undermining** Trainees advised that they had not personally experienced bullying behaviour. Trainees reported that their own specialty consultants and colleagues were approachable and supportive. Trainees discussed that they had felt undermined during the COVID-19 service reconfiguration process. It was advised how service changes had been communicated via email. Trainees reported that they would have appreciated being consulted on the changes, and to have had the opportunity to clarify points in the email. It was advised that trainees had requested a meeting, which was reported to have been helpful, however, felt that their concerns raised at the meeting had not been considered in future changes. Trainees perceived that there were interpersonal issues between the intensive care medicine and anaesthetic consultants. Clinical and educational supervisors advised that trainees had not reported feeling undermined whilst in post. It was discussed that during induction trainees had been sign posted to the Guardian of Safe Working Hours, Freedom to Speak-up Guardian and the Director or Medical Education for any placement concerns.	
1.4	**Appropriate levels of Clinical Supervision** Trainees advised that workload within the unit was high. Rota gaps and high patient acuity increased the level of work for higher trainees and it was reported that managing the workload at night was particularly challenging. Trainees discussed how due to the complexity of the patients within the department a large proportion of jobs were dependant on the higher trainees' skill set. The Elizabeth Intensive Care Unit (EICU), and Acute Intensive Care Unit (AICU) both had one higher trainee rostered at night, with support from a junior colleague or an Advanced Critical Care Practitioner (ACCP). Trainees spoke highly of their junior and ACCP colleagues, however they reported that due to the complexity of the patient workload their colleagues were limited in the number of jobs they could support with. It was advised that three out of the six ACCPs were fully qualified, and that although helpful, ACCPs were also busy with training and educational activities. Trainees	

	advised how there was need for additional senior support if more than one patient was sick, or if a patient was required to be transferred. Trainees discussed the challenges of accessing additional support. It was advised that the EICU higher trainee was not able to support the AICU due to a risk of COVID-19 contamination. Trainees reported that support from the anaesthetics department could be requested through a consultant-to-consultant referral. It was further advised that the departmental consultants were approachable and would support if called. Trainees reflected that there was not a quick escalation pathway if support was required. The current processes were felt to be time consuming and pose potential risks to patient safety. Concerns of the current staffing ratios were expressed. Clinical and educational supervisors advised that both the anaesthetic and intensive care medicine higher trainees attended the night-time huddle, however, that they were otherwise separate departments. It was advised that anaesthetic trainees were required elsewhere within the hospital and it was important that they were not tied up in the AICU. Supervisors discussed that the first point of support should come from the departmental consultants and that a consultant-to-consultant referral was in place if additional support was required. Consultants advised that the Royal Brompton Hospital (RBH) was a small hospital and discussed the importance of ensuring resources were managed effectively.	Yes, please see action ICM1.4
1.6	**Multi-professional learning** Trust representatives advised how during the summer upskilling of all staff groups had taken place. Trust representatives discussed that the hospital had one of the best results for COVID-19 patient outcomes, which was reported to reflect a Multidisciplinary Team (MDT) effort.	

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	**Impact of service design on users** Trust representatives acknowledged that the COVID-19 pandemic had been challenging and commended colleagues for their dedication and hard work. Trust representatives described the significant reconfiguration of critical care services at the RBH as a result of the COVID-19 pandemic. The review team heard how RBH had been required to substantially increase its' critical care	

	capacity during the first surge, elective services had been suspended or re-located off site and staff had been redeployed to support the additional critical care areas. It was advised how following the first surge the hospital had moved to a reset and recovery phase, with separate COVID-19 and non-COVID-19 pathways. Trust representatives recognised that the first surge could have been challenging for trainees, with a number of changes to the way of working. Trust representatives reported that during the first surge, anaesthetic trainees had been redeployed to support the EICU, which during that time period managed 26 level three patients. Trust representatives further advised that the department was supported by ACCPs. It was reported that if staffing levels were compliant, critical care ran on a 1:8 rota. Trust representatives advised how RBH had been commissioned to increase their Extracorporeal Membrane Oxygenation (ECMO) bed capacity from five to twenty, with 27 ECMO beds occupied at the peak of the first surge. It was advised that the running and staffing of this model had been reliant on the merging of two historically disparate teams. Trust representatives advised how they had been planning for a second wave, reviewing how critical care could be expanded whilst protecting existing services. It was advised that with the expansion of ECMO beds, additional level three ventilated beds on EICU and the need to continue "green" cardiac critical care service, funding for 16 higher trainee level posts had been approved. Trust representatives reported that recruitment had been a challenge due to the current climate. It was advised that there was a dedicated team for recruitment. Trainees advised that they were currently working two 1:7 rotas. It was reported that there were 12.1 higher trainee level doctors, when less than full time doctors were considered. It was discussed that there were currently two unfilled posts. Trainees advised that the rota was covered by locum doctors or consultants stepping down to support. Trainees and supervisors reflected that it was not sustainable for consultants to be filling rota gaps. Clinical and educational supervisors advised that they were meeting minimum staffing requirements, however, that there was limited scope for sickness or leave. It was discussed how having one higher trainee rostered to the ECMO unit was a challenge, however, clear guidelines for staffing were felt not to be available. Supervisors acknowledged that although minimum staffing was in place for patient safety, due to the high workload educational opportunities were being missed by trainees. It was discussed how when the department was fully recruited to this would no longer be an issue.	Yes, please see action ICM2.1
2.2	**Appropriate systems for raising concerns about education and training** Trainees advised that a departmental local faculty group (LFG) took place and was attended by trainee representatives.	

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
3.4	**Induction (organisational and placement)** Most trainees advised that they had attended a Trust and an AICU induction. It was discussed that higher trainees had attended the same induction as their more junior colleagues. Trainees reported how the local induction included a skill session, however, that the teaching was felt to be more appropriate for lower grades. Trainees perceived further teaching on ECMO and echocardiography was required at the start of the post. It was advised that a three-day ECMO training session took place, however, not all trainees had been able to attend this because of rota conflicts. Supervisors reported that the local induction consisted of a one-day ECMO training session. An additional three-day ECMO course took place, however, this did not always coincide with trainees' start dates. Supervisors advised that face to face ECMO simulation training had been approved to restart. Supervisors reported that inductions were run on nine months of the year and for out of sync new starters. An audit of mandatory training compliance was reported to take place. Supervisors discussed that trainees were introduced to their educational supervisor two weeks in advance of their start date to identify and arrange the required training. It was advised that locum doctors were rostered at the time of induction to ensure work was covered. The limitations of reduced face to face teaching were reported to be a challenge for induction. Some supervisors acknowledged that there was a disconnect between what was being covered in induction to ensure preparedness and what trainees felt was needed. It was advised that consultants would never leave a trainee who did not feel confident, however, reflected that further work may be required to communicate this to trainees.	Yes, please see action ICM3.4

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
	Not discussed at the review.	

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	**Placements must enable learners to meet their required learning outcomes** Trust representatives discussed how during the first COVID-19 surge trainees had been well supported with faculty members focused on education and training. It was advised that a trainee survey following the first surge had positively reflected the education and training support provided. Trainees discussed how teaching was currently more formalised than before the pandemic. It advised that teaching had moved online as part of the COVID-19 response. Trainees reported that given the intensity of the workload it was often not possible to attend teaching whilst on shift, however, the movement of training online had increased accessibility for those at home. Trainees advised that they were encouraged to attend formal teaching. Supervisors discussed how before the COVID-19 pandemic, one afternoon a month had been set aside as bleep free in an effort to protect teaching time. It was advised that this had not restarted. Supervisors advised that some trainees could be more proactive in accessing the training opportunities available to ensure curriculum requirements were being met.	Yes, please see action ICM5.1a
5.1	**Appropriate balance between providing services and accessing educational and training opportunities** Trainees advised how teaching, multidisciplinary team discussions and higher trainee led ward work often coincided. It was advised that trainees were not often involved in major clinical decisions or had the opportunity to lead ward rounds. Trainees expressed concern that there was not an	

	appropriate balance between service provision and educational opportunities. Supervisors advised that the service was a consultant led service and how responsibilities and work were required to be done within protocol. Supervisors reported that trainees had had the opportunity to lead a ward round under supervision. It was discussed how engagement between consultants and trainees could be improved both ways to identify knowledge gaps and the training opportunities available. Trainees reported that the MDT meetings were consultant led. It was advised that this had reduced the administrative workload for trainees, however, trainees discussed that they would like the opportunity to lead an MDT to ensure learning opportunities were not missed.	Yes, please see ICM5.1b

Domain 6 – Developing a sustainable workforce
6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes. **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. **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. **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.

HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
	Not discussed at the review.	

Report sign off

Quaity Review Report completed by *(name(s) / role(s))*:	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)
Review Lead name and signature:	Dr Bhanu Williams Deputy Postgraduate Dean, North West London Health Education England (London)
Date signed:	15 January 2021

HEE authorised signature:	Dr Gary Wares Postgraduate Dean Health Education England (London)
Date signed:	18 February 2021

Date final report submitted to organisation:	19 February 2021

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