

HEE Quality Interventions Review Report

**Royal Brompton and Harefield Hospitals (The
Royal Brompton Hospital), Guy's and St
Thomas' NHS Foundation Trust**
Anaesthetics and Intensive Care Medicine
Learner Educator Review



HEE South London

05 October 2021

Final report 15 February 2022

Review Overview

Background to the review:	<p>This review was arranged as a follow up to the Urgent Concern Review that took place on 17 December 2020. During the last review, there were several concerns raised including issues with workload, lack of teaching and the rota design from Adult Intensive Care Unit (AICU) trainees at the Royal Brompton Hospital.</p> <p>In early 2021, the Royal Brompton and Harefield NHS Foundation Trust merged with Guy's and St Thomas NHS Foundation Trust (GSTT).</p> <p>Health Education England (HEE) conducted this most recent review to see what changes had been made since December 2020 and to ascertain what effects this organisational change has had on the department and training overall. Additionally, it was important to establish what changes had been made to the induction process, teaching programmes and general learning environment for trainees.</p>
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	<p>Anaesthetics and Intensive Care Medicine</p>
Who we met with:	<p>The review team met with:</p> <p>Eight trainees from Foundation to specialty training level five (ST5) in Anaesthetics and Intensive Care Medicine (ICM) programmes training at The Royal Brompton Hospital (RBH).</p> <p>The review team also met with the following Trust representatives:</p> <ul style="list-style-type: none"> • Clinical Leads for Anaesthetics and ICM • College Tutor for Anaesthesia • Divisional Director for Heart Division • Director of Medical Education for GSTT and RBH • Educational leads • Educational and clinical supervisors • Guardian of Safe Working Hours • Faculty of Intensive Care Medicine Tutor • Head of Medical Workforce • Hospital Director • Medical Director • Medical Education Manager.

Evidence utilised:	<p>The review team received the following supporting evidence from the Trust in advance of the review:</p> <ul style="list-style-type: none"> • Local Faculty Group Meeting Minutes Anaesthesia • Local Faculty Group Meeting Minutes Intensive Critical Care • Registrar Teaching Anaesthesia Records • Royal Brompton and Harefield Critical Care Induction Programme documentation. <p>The review team also utilised evidence from the General Medical Council National Training Survey (GMC NTS) 2021, HEE's National Education and Training Survey (NETS) 2020 and the Trust's action plans relating to the training programmes under review.</p>
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Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Anand Mehta Deputy Postgraduate Dean, South London
HEE Head of Specialty for Anaesthetics and Intensive Care Medicine	Aasifa Tredray Head of the London School of Anaesthetics and Intensive Care Medicine
HEE Deputy Head of Specialty for Anaesthetics and Intensive Care Medicine	Charlotte E. Anderson Deputy Head of the London School of Anaesthetics & Intensive Care Medicine
Specialty Expert	Alice Carter Training Programme Director Stage 1 and Operational Lead London Intensive Care Training Programme
Lay Representative	Jane Chapman Lay Representative
HEE Quality Representative	Kenika Osborne Learning Environment Quality Coordinator
HEE Quality Representative	Louise Brooker Deputy Quality, Patient Safety and Commissioning Manager
HEE Quality Representative	Aishah Mojadady Quality, Patient Safety and Commissioning Officer
HEE Quality Representative	Hazel Minihane Quality, Patient Safety and Commissioning Officer (Observer)

Executive summary

The review panel would like to thank the Trust for ensuring that the sessions were well attended.

The review panel was pleased to note several areas that were working well within the Anaesthetics and ICM departments. The review panel was pleased to hear that all trainees had an appropriate level of clinical supervision, both in and out of hours. It was clear to the review panel that trainees found their consultants to be very supportive and easily accessible.

The review panel commended the Trust on the improvements it had made since the last quality review in December 2020. Particularly, improvements were made to the educational governance structure and local teaching programmes in ICM. Trainees also stated that they received a Trust induction and local induction which was adjusted to be appropriate for all levels of trainees. All trainees were able to meet with their education supervisors within the first two weeks of rotations. However, there were some areas for further improvement highlighted during the review. The Covid-19 pandemic had undoubtedly put a lot of pressure on the Trusts. The review panel felt that there was an urgency for the recruitment of critical care consultants, which if not addressed soon could make it difficult to manage the workload of the department and maintain the standard of training especially if there was another Covid surge.

Other areas the panel advised the Trust to consider included succession planning for leadership of education and training in ICM and the distribution of workload across critical care as it appeared to be variable, leading to a perception of inequity between trainee groups.

Review findings

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

Mandatory requirements

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

All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the 'Review Findings' section. Requirements identified should be succinct, SMART and not include the full narrative from the detailed report. Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider.

Immediate Mandatory Requirements Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales		
Requirement Reference number	Review Findings	Required Action, timeline, evidence
	N/A	N/A
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
	N/A	N/A

Mandatory Requirements The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.		
Requirement Reference number	Review Findings	Required Action, timeline, evidence
AICM1.3	The review panel felt that the Trust could benefit from reviewing the distribution of workload across critical care to address the perceived inequity amongst ICM and Anaesthetics trainees and improve working relationships between trainee groups.	The Trust is required to ensure that workload distribution on the ICUs is reviewed and that ICU and Anaesthetic trainees have a clear understanding of what each other's roles and responsibilities are, what each other's workloads and curriculum requirements are and the contribution each group makes to the departments. Please provide evidence in the form of a local faculty group (LFG) meeting minutes and/or written communications to demonstrate that workload distribution has been reviewed and discussed with trainees by 1 March 2022, in line with HEE's action plan timeline. Any plans that are put in place must not impact on either trainee groups curriculum or training requirements.
AICM2.1a	The review panel heard that trainees were sometimes unable to attend Anaesthetics LFG meetings as they usually coincided with other clinical governance meetings.	The Trust is required to provide evidence in the form of LFG meeting minutes and/or trainee feedback to confirm that trainees can attend Anaesthetics LFG meetings without missing other educational opportunities. Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.
AICM2.1b	The review panel found that supervisors were neither informed nor included in discussion for the	The Trust is required to ensure that the consultants are included in planning decisions for their departments and that information

	future of the department and changes post-merger.	regarding the impact of the Trust merger is shared with them. Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.
AICM2.1c	The review panel found that there was no clear plan in place for the consultant body on how winter pressures will be managed if recruitment was unsuccessful.	The Trust is required to provide ESs and CSs with a clear plan on how winter pressures will be managed, and regular updates on consultant recruitment to allow for planning of workloads, arranging cover and continued support of educational commitments. Please provide evidence that this has been done by 1 March 2022, in line with HEE's action plan timeline.
AICM 4.3a	The review panel felt that the Trust lacked a robust plan for succession planning for leadership of education and training in ICM.	The Trust is to provide evidence that there is a succession plan in place for educational leadership in ICM. Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.
AICM5.1	The review panel heard that trainees experienced issues with access to ECHO training and on occasions had to wait long periods without access to ECHO sessions.	The Trust is required to ensure that trainees have access to ECHO sessions to meet the necessary competences as required by their training programmes. Please submit evidence in form of logs or other documentations to show scanning sessions are readily accessible and used by trainees. Please submit this evidence by 1 March 2022, in line with HEE's action plan timeline.

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
N/A	N/A

Good practice

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

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)
N/A	N/A	N/A

HEE Quality Standards and Domains for Quality Reviews

Domain 1 - Learning environment and culture		
<p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p> <p>1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.</p> <p>1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence-based practice (EBP) and research and innovation (R&I).</p> <p>1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.</p> <p>1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.</p> <p>1.6. The learning environment promotes interprofessional learning opportunities.</p>		
HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.1	<p>Handover</p> <p>The ICM trainees informed the review panel that there was a fixed handover conducted every morning which was consultant led. Trainees confirmed that the night-time handover was also well-structured. The trainees reported that there were non-resident on-call consultants available by phone after 8.30pm and confirmed that there were clear escalation pathways available to them if they needed immediate support.</p>	
1.2	<p>Bullying and undermining</p> <p>Both Anaesthetics and ICM trainees said they had not been subjected to any bullying or undermining behaviour. They advised that the although the working environment was stressful at times, everyone was polite despite the circumstances. Trainees also expressed that they felt their senior colleagues cared about them, they did not feel undermined when asking questions and they operated in an environment which presented them with many opportunities to learn.</p>	
1.5	<p>Access to Technology enhanced and simulation-based learning</p> <p>The Trust informed the review panel that they had redeveloped the foundation and IMT level teaching programme to reflect an addition of weekly hands-on teaching. There were also plans to implement cross-site education programs for all trainees. The panel heard that the Trust had increased the number of teaching opportunities and were working to signpost these in a more robust way.</p> <p>The review panel commended the Trust on the improvements it had made since the last quality review in December 2020. Particularly, improvements had been made to the educational governance structure and local teaching programmes in ICM.</p> <p>The review panel heard that there was a weekly half day teaching session held for Anaesthetics trainees. This teaching session was usually conducted by an educational supervisor.</p>	

	<p>The review panel was informed that there were also additional opportunities for learning and development available to trainees such as participating in journal clubs.</p> <p>The Faculty of Intensive Care Medicine (FICM) tutor stated that the Trust was considering ways to implement this training across the critical care footprint and ensure that all higher trainees could attend. The Trust had started a new education plan led by the faculty tutor and one other consultant. This was included in themed monthly sessions which were consultant led.</p>	
1.6	<p>Multi-professional learning</p> <p>The higher Anaesthetics trainees felt that the multi-disciplinary Anaesthetics and ICM teams were approachable and provided many opportunities to watch and learn procedures and share knowledge.</p>	

Domain 2 – Educational governance and leadership

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

HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.1	<p>Effective, transparent, and clearly understood educational governance systems and processes</p> <p>The Anaesthetics trainees informed the review panel that the Local Faculty Group meetings (LFGs) took place once a month and often coincided with clinical governance and other meetings. As a result, the trainees reported that they did not attend LFGs unless they had something specific to feedback. LFG meetings had recently been re-established following a hiatus during the first surge of the Covid-19 pandemic.</p> <p>Trainees also stated that that there were various methods by which trainees could give and receive feedback and have discussions with their trainee representatives including the private trainee forums and various WhatsApp groups.</p> <p>The supervisors reported they were unaware of the long-term plan for the department following the merger and had limited input into the planning for the future. The college tutors stated that since it was a small hospital colleagues were very open with each other and there were clear lines of communication if there were any questions.</p>	<p>Yes, please see AICM2.1a</p> <p>Yes, please see AICM2.1b</p>
2.1	Impact of service design on users	

	<p>The managerial team informed the review panel that the recent merger with GSTT provided both significant challenges and opportunities for RBH. The Medical Director (MD) advised that in April 2022, the Trust would become part of a single critical care group providing one of the largest critical care services in the UK.</p> <p>When asked if there were plans of reorganisation in the way Elizabeth Intensive Care Unit (EICU) and Adult Intensive Care Unit (AICU) worked, the Trust management representatives responded that they had identified a need for a significantly larger level three bed base to meet demands. The panel was informed that the consultants had showed significant adaptability to level two and level three care needs during the Covid-19 pandemic.</p> <p>The review team heard from the managerial leads about the effects of the Covid-19 pressures on the Trust. Although previously commissioned for 42 critical care beds, this was scaled up to 90 beds during the peak of the first surge to meet demand, 50 of which were at the Royal Brompton Hospital There were 22 level three beds at Harefield Hospital. It was reported that during the first surge of the pandemic all cardiac surgery services had been paused and a third of the bed base at The Royal Brompton Hospital had been used for critical care patients.</p> <p>The managerial and educational leads stated that they were able to maintain clinical excellence during the second wave of the pandemic despite the pressures. The review team heard that there were plans for the Trust to upscale their bed base on a permanent basis to meet changing demands due to the pandemic.</p> <p>The CSs and ESs informed the review panel that there was a strong teaching and training ethos across both Anaesthetics and ICM.</p> <p>The college tutor for Anaesthetics stated that all trainees were able to complete their competences despite the pressures of Covid-19 over the last 18 months. The review panel heard that some trainees from the Royal Brompton Hospital were sent to the Harefield Hospital to get their competences signed off.</p> <p>It was reported that Anaesthetics trainees had provided extra support by doing additional night shifts on EICU. This had allowed them to complete additional competencies as well as helping to cover the rota. Out of hours, Anaesthetics higher trainees also provided airway support to the Paediatric wards and responded to cardiac arrest calls.</p> <p>The managerial and educational leads told the review panel that the Anaesthesia and ICM supervisors were a well-functioning and united group that provided support across the departments during the pandemic. It was reported that Anaesthetics supervisors carried out intensive care sessions on AICU and ICM supervisors provided support to colleagues in ICM.</p> <p>The review panel heard that there was a full complement of Anaesthetic consultants in the department. This had helped the Trust to mitigate backlogs of theatres cases. However, the consultant recruitment in AICU was progressing slowly and the department was</p>	<p>Yes, please see AICM2.1c</p>
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	<p>short staffed. When asked, the ESs stated that there was no clear plan in place for how winter pressures would be managed if recruitment was unsuccessful.</p> <p>The review team heard that consultants had access to wellbeing sessions and to a psychologist. The Trust had also enabled all consultants to take annual leave during the summer to allow them to rest following the second surge in Covid-19 cases and to help prevent burnouts.</p> <p>The review team heard that the Trust had experienced high turnover among the ICM consultant body in recent months. It was stated that several attempts were made to recruit to substantive consultant roles in the ICM resulting in four new consultants being appointed. At the time of the review there were four remaining vacancies. The review panel suggested that there was an urgency for the recruitment of critical care consultants, which if not addressed soon could affect the workload of the department if there was another Covid surge.</p>	<p>Yes, please see AICM2.1d</p>
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Domain 3 – Supporting and empowering learners		
<p>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.</p> <p>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.</p> <p>3.3. Learners feel they are valued members of the healthcare team within which they are placed.</p> <p>3.4. Learners receive an appropriate and timely induction into the learning environment.</p> <p>3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.</p>		
HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.1	<p>Learners being asked to work above their level of competence, confidence and experience</p> <p>None of the trainees who attended the review reported being asked to undertake any tasks beyond their clinical competence.</p>	
3.4	<p>Induction (organisational and placement)</p> <p>The review panel was pleased to hear that there was a Trust induction and local induction which were tailored to different tiers of trainees. All trainees were able to meet with their education supervisors within the first two weeks of rotations.</p> <p>The higher Anaesthetics trainees reported receiving a good two-day induction into the Trust and department and said that it was well-structured, relevant and helpful for setting expectations. They also commended the service manager who they described as being very efficient and stated that they had been contacted via email ahead of their start dates and had received access to their mandatory training and all necessary IT logins ahead of placement. They were also informed who their educational supervisors were ahead of time.</p>	

	<p>The review panel was pleased to hear that induction process had improved since last visit. The ICM trainees stated that they had access to basic equipment needed for their training, that their induction comprised online and face-to-face components and that they were satisfied with the addition of extracorporeal membrane oxygenation (ECMO) videos to the online learning package.</p> <p>The managerial leads confirmed that inductions were held every other month to support the different rotations. It was noted that there was an online package of basic lectures. There were also workshops set up to help trainees who were not familiar with ECMO procedures.</p> <p>Trainees stated that they had contacted their educational supervisors (ESs) within the first two weeks of rotations and that they had conducted meetings to discuss learning objectives, expectations and what the trainees hoped to achieve during placement. The trainees appreciated that their training programmes were adapted to meet their specific needs.</p> <p>The ESs informed the review panel that dual trainees were allocated to the ICM or Anaesthetics departments based on their training requirements. It was further stated that these trainees were given both ICU and Anaesthetics supervisors at the start of placement and they met to create a bespoke training plan based on individual needs. During this initial meeting they discussed what competences trainees needed to achieve and explore what experience the trainees already held.</p>	
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Domain 4 – Supporting and empowering educators

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

HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
4.3	<p>Educational appraisal and continued professional development</p> <p>The review panel was concerned about succession planning for leadership of education and training in ICM and stated that the Trust had a duty to ensure that education was safeguarded. The MD agreed that there were opportunities to capitalise on wider clinical groups and to ensure that appropriate time was given to supervisors to achieve this.</p>	Yes, please see AICM 4.3a

Domain 5 – Delivering curricula and assessments

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

HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
5.1	<p>Placements must enable learners to meet their required learning outcomes</p> <p>The review team heard that both the ICM and Anaesthetics trainees appreciated that they were able to attend weekly morbidity and mortality (M&M) meetings. Trainees found the meetings very informative and said they were attended by staff from across the workforce including nursing teams. Trainees stated that they had the opportunity to discuss errors and adverse events in an open manner and participate in discussions surrounding care standards.</p> <p>The managerial leads further informed the review team that the department regularly held meetings including representatives from across critical care teams to discuss key developments within the department and patient care provision.</p>	
5.1	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The review team heard from the ICM trainees that they received a good experience on ECMO however sometimes struggled to go out on retrievals. They also reported experiencing issues with ECHO training stating that some trainees had waited over a year without access to ECHO sessions.</p> <p>The trainees informed the panel that they worked within a culture where they felt safe to raise questions about patient safety if needed.</p>	Yes, please see AICM5.1

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
6.1	<p>Retention and attrition of learners</p> <p>Overall, both ICM and Anaesthetics trainees said they would recommend their respective placements to their peers. They thought the department offered a supportive learning environment and a broad range of educational opportunities for trainees.</p> <p>The managerial and education leads informed the review panel that the Trust was dedicated to providing quality clinical care and access to research. The MD highlighted that there were significant opportunities to improve the training programme for trainees which the Trust was planning to capitalise upon.</p>	

Report sign off

Quality Review Report completed by (name(s) / role(s)):	Kenika Osborne Learning Environment Quality Coordinator
Review Lead name and signature:	Anand Mehta Deputy Postgraduate Dean, South London
Date signed:	15 February 2022

HEE authorised signature:	Anand Mehta Deputy Postgraduate Dean, South London
Date signed:	15 February 2022

Date final report submitted to organisation:	15 February 2022
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What happens next:

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

As part of our intention to develop 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