

# HEE Quality Interventions Review Report



**St George's University Hospitals NHS Foundation Trust  
Cardiac Surgery  
Senior Leader Engagement Visit**

**London – South West London  
Date of Review/Intervention: 16 June 2022  
Date of Final Report: 19 August 2022**

## Review Overview

### Background to the review

This quality review was planned following a series of previous reviews, the most recent being a multi-professional learner and educator review that took place on 15 and 16 July 2021. The purpose of this review was to assess the learning environment within the cardiac surgery department so that a decision could be taken by Health Education England (HEE) as to whether to reinstate training placements. The review panel concluded that there was not enough evidence provided to demonstrate improvements and a suitable learning environment therefore HEE extended the suspension of training. It was agreed that HEE would conduct a follow-up review in 2022 to assess the Trust's progress in meeting the requirements which were published in the report for this review.

#### Subject of the review:

Cardiac surgery

#### Who we met with

Director of Medical Education  
Medical Education Manager  
Assistant Director of Medical Education  
Chief Executive Officer  
Site Chief Medical Officer  
Managing Director - SGH  
Divisional Chair (Medicine and Cardiothoracic)/ Clinical Director  
Organisational Development and Culture Project Lead  
Freedom to Speak Up Guardian  
Deputy Director of Operations – Medicine and Cardiothoracic  
General Manager – Cardiac Surgery  
Educational Lead and College Tutor (Anaesthetics)  
Cardiac Anaesthesia Training Lead  
Clinical Lead – Cardiac Surgery  
Educational Lead/ College Tutor Cardiac Surgery  
Locally Employed Doctor representatives  
Postgraduate Doctors in Training in Anaesthetics  
Head of Theatres  
Head of Nursing – Theatres

#### Evidence utilised

St George's Cardiac Phase III report  
ToR Gill Bellord III  
2021 Cardiac Surgery Datix  
GOSW Quarter 4 final  
Clinical fellow letter to HEE

Learner groups – Feb 2022  
 LFG 3 Dec 2021  
 LFG 27 Jan 2022  
 List of supervisors and trainees  
 Rota CTS – fill rate 78%  
 Teaching program – Cardiac Surgery  
 Bellord Report update  
 OD interventions for Cardiac Surgery  
 Simulation training attendance  
 Cardiac Simulation Team Training  
 Cardiac Team Simulation Day Programme 13<sup>th</sup> June 2022  
 Cardiac Team Simulation Training – Faculty Guide v1.2  
 Cardiac team training feedback 130622  
 Culture of Patient Safety results surveys 1&2  
 Culture of patient safety survey 1 results summary  
 V2 Cardiothoracic team training feedback 1506  
 V2 LFG meeting with Cardiac Surgery LED 08062022 – Final

The review panel also considered information from the GMC NTS 2017 to 2021 and HEE National Education and Training Survey (NETS) 2019 – 2021. This information was used by the review panel to formulate the key lines of enquiry for the review. The content of the review report and its conclusions are based solely on feedback received from review attendees.

## Review Panel

Role	Name, Job Title
Quality Review Lead	Geeta Menon Postgraduate Dean, Health Education England, south London
	Anand Mehta Deputy Postgraduate Dean, Health Education England, south London
Specialty Expert	Celia Theodoreli-Riga Head of School for Surgery, Health Education England, London
External Specialty Expert	Ravi De Silva Consultant Cardiac Surgeon & Training Programme Director, Royal Papworth Hospital NHS Foundation Trust
	Chris Sadler Specialty Training Committee Chair, North London Anaesthetics Programme & Consultant Anaesthetist, Barts Health NHS Trust
HEE Quality Representative(s)	Paul Smollen Deputy Head, Quality, Patient Safety & Commissioning, Health Education England, London
	Louise Brooker Deputy Quality, Patient Safety & Commissioning Manager, Health Education England, London

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Supporting roles	<p>William Henderson Education Quality Assurance Programme Manager, General Medical Council</p> <p>Aishah Mojadady Quality, Patient Safety &amp; Commissioning Officer, Health Education England, London</p>
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### Executive Summary

The review panel thanked the Trust for accommodating the review and providing the evidence requested.

It was clear to the review panel that the department and wider Trust teams had worked hard to address the issues identified at previous reviews. There was evidence of progress in improving the departmental culture and investment in multidisciplinary team training.

Further areas for action and recommendations for improvement were identified, including educational governance arrangements, assurance around the transition period following the Clinical Lead's resignation, and provision of training for supervisors. The external specialty expert on the review panel offered to provide ongoing support through shared learning with the cardiac surgery department at Royal Papworth Hospital NHS Foundation Trust.

Following the review, HEE decided that it was appropriate to end the suspension of training. Given the length of the suspension, it was agreed that HEE would conduct a phased reinstatement of training subject to the provision of detailed curriculum plans and timetables for the following grades: doctors in foundation training year two (F2), core surgical training (CST) and specialty training level three (ST3). The Trust was informed that if HEE was sufficiently assured that the department could meet the training, curricular, role modelling and supervision needs, training would be reintroduced from August 2022 for F2 and CST cardiac surgery rotations, and from October 2022 for ST3 rotations, with the ST3 doctors based at another London trust and undertaking a six-month placement in the department.

HEE plans to continue to work with the Trust to ensure that the changes made within the department are sustainable and that the department is able to support training on a long-term basis, with the aim to fully reinstate specialty training from the 2023-24 training year. The General Medical Council (GMC) has advised that the department will remain under Enhanced Monitoring at present. HEE and the GMC plan to conduct a quality intervention in early 2023 to follow up and the Enhanced Monitoring status will be considered at that point.

### 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
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CS2.6	Local faculty group (LFG) meetings had been implemented and were minuted, but did not include detail of action taken following the meetings.	<p>Please provide LFG minutes which show evidence that actions from the meetings are followed up and discussed at the next meeting.</p> <p>Please provide this evidence by 1 September 2022 in line with HEE's action planning timelines.</p>
CS2.8	The review panel heard that the department was recruiting additional doctors who were due to start in October 2022, which would allow the cardiac and thoracic surgery rotas to be split.	<p>Please provide evidence that the recruitment has been successful and the new doctors have started. This could include updated rotas.</p> <p>Please provide an update on this action by 1 September 2022 in line with HEE's action planning timelines.</p>

## Immediate Mandatory Requirements

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

## 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
CS2.1	2.1	The review team emphasised the importance of ensuring a stable transition period during the recruitment and induction of the new Clinical Lead and suggested that the Clinical Director should be involved in this, as they were aware of the history of the department and the improvement work underway.

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CS4.2	4.2	The review panel advised that supervisors in the department be encouraged to attend training, for example communication, clinical development and management, given the time elapsed since training was suspended. It was also advised that the supervisors attend annual review of competency progression (ARCP) meetings.
CS5.3	5.3	The Trust is advised to accept the offer of facilitation of mutual learning with the cardiac surgery department at the Royal Papworth Hospital NHS Foundation Trust. The shared learning could include remote co-education sessions and mentorship. If the Trust would like to explore this option, HEE will facilitate this.

### 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/Professional Group/Department/Team	Good Practice	Related HEE Quality Framework Domain(s) and Standard(s)



## HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	<p><b>The learning environment is one in which education and training is valued and championed.</b></p> <p>The review panel was informed of work being carried out in the department in conjunction with the Organisational Development (OD) team. The Director of Medical Education (DME) advised that the ongoing improvement work focused on three main areas: safety; career progression and development; and departmental culture. This work had commenced in summer 2021 and had been paused in December 2021 and March 2022 due to surges in activity relating to the COVID-19 pandemic.</p> <p>From December 2021 to February 2022 the OD team had surveyed staff in the department on patient safety and culture. The OD team did not have an exact response rate for staff in cardiac surgery but had ensured that the responses included representation from most staff groups in the department, including rotational theatre staff who worked across specialties. The survey results highlighted several positive areas including teamwork, staff willingness to help their colleagues, and a culture of learning from incidents or mistakes. However, there were less positive results in other areas, such as blame culture and support for staff following incidents. A second survey was underway at the time of the review and initial results showed an improvement in staff perceptions of blame and their ability to escalate issues or ask questions around potential safety issues.</p>	
1.3	<p><b>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</b></p> <p>The Cardiac Anaesthetics Training Lead noted that postgraduate doctors (PGDs) training in anaesthetics had given positive feedback about their experience in cardiac theatres. The PGDs had been able to meet their curricular requirements in this placement despite the ongoing restrictions set by NHS England, which had significantly reduced the number of complex cases performed. The anaesthetics PGD representatives added that the atmosphere in cardiac theatres was positive overall, with good communication and teamwork between multidisciplinary team members.</p> <p>The locally employed doctor (LED) representatives agreed that there were good learning opportunities available in cardiac surgery which had enabled them to develop their operative skills.</p>	



	<p>They reported feeling well integrated into the multidisciplinary team and that there was a good patient safety culture. The review panel was informed that the majority of the LEDs had been in the department for over 12 months.</p> <p>The theatre nursing leads advised that they had observed a definite improvement in the atmosphere and culture of cardiac theatres. The review panel heard that nursing staff were now more prepared to escalate issues, either to the cardiac surgery consultants or to the senior nurses. It was reported that staff retention in the cardiac theatre nursing team had improved over the previous year and the nursing leads felt that this was because of the increased sense of teamwork and ethos of learning among the multidisciplinary team.</p>	
1.12	<p><b>The learning environment promotes multi-professional learning opportunities.</b></p> <p>The review panel was informed of the simulation training programme, which included multiprofessional scenario-based training in cardiac theatres and human factors training and communication sessions in the simulation centre. The Trust planned to run this training regularly to ensure that all consultants in the department had the opportunity to attend. At the time of the review, three of the cardiac surgery consultants had undergone the training and others had expressed interest in attending future sessions. The theatre nursing leads felt the programme was well-embedded in the theatre teams. It was noted that the Trust had a highly skilled and experienced simulation team. The OD Lead added that the simulation sessions provided opportunities to check in with the teams involved and assess progress against internal objectives.</p>	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	<p><b>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.</b></p> <p>The Clinical Lead for cardiac surgery was due to leave the Trust shortly after the review and a replacement had not been appointed. The review team emphasised the importance of ensuring a stable transition period during the recruitment and induction of the new Clinical Lead and suggested that the Clinical Director should be involved in this, as they were aware of the history of the department and the improvement work underway.</p>	

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2.6	<p><b>Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.</b></p> <p>The Assistant Director of Medical Education (ADME) reported that there were regular LFG meetings held in the department, which included the consultants, LEDs and the Postgraduate Medical Education (PGME) team. There were also integrated cardiac surgery governance meetings in place. The review panel noted that the LFG meeting minutes did not include sufficient detail around actions taken and how issues raised at the meetings were followed up.</p> <p>There was work underway to update and audit all of the standard operating procedures in the department.</p>	Yes, please see CS2.6
2.8	<p><b>Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including HEE and Education Providers).</b></p> <p>The ADME advised that they held separate meetings with the LEDs outside the LFGs, which allowed them to confidentially raise any concerns. Issues raised so far included the physical environment in the department following some changes made during the COVID-19 pandemic and cross-cover for the thoracic surgery service. At the time of the review, the nine-person thoracic surgery registrar rota was being covered by six doctors. The review panel heard that action had been taken as a result of this feedback, including recruiting four clinical fellows to staff the thoracic rota from October 2022, which would allow the cardiac and thoracic rotas to be split.</p>	Yes, please see CS2.8

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
	Not discussed at this review	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.2	<p><b>Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.</b></p> <p>It was reported that the named educational supervisors (ESs) in the department had all had educational appraisals, which were</p>	

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	<p>integrated into their annual appraisals, and had time allocated in their job plans for educational activities.</p> <p>The ESs had offered individual sessions to the LEDs to discuss their training and development needs. They planned to make this an ongoing process, with meetings to be held every three months. The ADME noted that the LEDs had given positive feedback around these meetings and the chance to set development plans.</p>	Yes, please see CS4.2
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HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	<p><b>Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.</b></p> <p>The ADME reported that the LEDs organised the teaching programme, with consultants invited to lead the sessions. The department had considered running the teaching online, but it was thought that this would be less effective, and the LEDs had indicated their preference was for face-to-face sessions. Sessions had previously included didactic teaching, journal clubs and exam preparation. There were discussions around whether some of the sessions could be held jointly between cardiac and thoracic surgery.</p> <p>It was estimated that there would be around 600 cardiac surgery cases in the department during 2022, although the capacity in theatres was gradually increasing following the initial surges of the COVID-19 pandemic. At the time of the review, the majority of cases were still consultant-led, with some dual consultant operating and some cases where the LEDs assisted the consultants, depending on the complexity of the case. For this reason, the Trust representatives suggested that if PGDs were returned to cardiac surgery, the learning opportunities would better suit those at a more junior level, rather than those at higher grades of specialty training who would require a higher volume and complexity of cases.</p> <p>The review panel enquired what a typical week might include for a doctor at ST3-4. The Clinical Lead suggested that they would work on a 1:7 rota, spending two days per week in theatre and spend the rest of the time working alongside the consultant of the week to cover the wards. The Trust was considering creating a specific module to cover the intensive care unit training requirements. The review panel noted that cardiac and thoracic surgery training programmes were experiencing high numbers of PGDs requiring extensions due to the impact of the COVID-19 pandemic and that the curricula were due to be renewed in line with GMC requirements. Therefore, any future training plans</p>	

	would need to take the new curriculum and the potential additional training needs into account. The Educational Lead stated that two of the consultants in the department were part of the Specialty Advisory Committee, with one being the Chair, so they were well-informed around curricular changes.	
5.3	<p><b>Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.</b></p> <p>The CEO advised that the Trust had worked closely with the cardiac surgery department at King's College Hospital NHS Foundation Trust (KCHNFT) in recent years. The team at KCHNFT provided support to the department around the improvement work, and both trusts were part of a larger network looking at cardiac surgery services across south London. The review panel suggested that this was a good opportunity to collaborate on providing online teaching, as learners at all sites within the network could benefit from sharing their experiences and it opened up the possibility of bringing in national or international faculty to teach.</p>	Yes, please see CS 5.3
5.4	<p><b>Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.</b></p> <p>Due to pressures on the service during the most recent surge in COVID-19 cases in early 2022, the departmental teaching programme had lapsed. The department was considering how to reintroduce this, including the possibility of running a combined cardiothoracic programme.</p> <p>The LEDs were complimentary about the teaching programme and believed that this would be further improved if cardiac surgery training was reintroduced to the department.</p>	

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

## Report Approval

Quality Review Report completed by	
<b>Name</b>	Louise Brooker
<b>Role</b>	Deputy Quality, Patient Safety and Commissioning Manager, Health Education England London

Review Lead	
<b>Name</b>	Geeta Menon
<b>Role</b>	Postgraduate Dean, Health Education England, south London
<b>Signature</b>	Geeta Menon
<b>Date signed</b>	27 July 2022

HEE Authorised Signatory	
<b>Name</b>	Geeta Menon
<b>Role</b>	Postgraduate Dean, Health Education England, south London
<b>Signature</b>	Geeta Menon
<b>Date signed</b>	17 August 2022

<b>Final Report submitted to organisation</b>	19 August 2022
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