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Pan-London Quality and Regulation Unit

Great Ormond Street Hospital for Children NHS Foundation Trust

Paediatric Cardiology

Quality Visit Report

Date of visit: 5 May 2015

Final

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Health Education
North Central and East London

SPECIALTY-FOCUSED VISIT REPORT

Visit Details	
LEP	Great Ormond Street Hospital for Children NHS Foundation Trust
Specialty	Paediatric Cardiology
Date of visit	5 May 2015
Background to visit	The paediatric cardiology department at Great Ormond Street Hospital for Children NHS Foundation Trust had not been visited since 2012 where the visit team found that the workload of the department was exceptionally high. This had ramifications for trainees trying to sign off work place based assessments (WPBAs) and educational supervisors not having enough time to fulfil their roles within the allowances of their job plans. The visit team also found that there were concerns raised regarding the hospital at night and the effectiveness of the morning handover. In addition to these past issues the visit team also wanted to explore the feedback mechanism for trainees for serious incidents, whether there had been any bullying and undermining incidents, the reasons for the department's low percentage of consultants completing their trainer training modules and to generally assess the training environment for paediatric cardiology, specialty training grades (ST) two to eight.
Visit summary and outcomes	The visit team held two sessions on the day, one session was designed to meet with the trainees and the other for meeting the clinical and educational supervisors. The visit team met with one clinical fellow, one locum appointment for training (LAT) trainee, and three trainees ST 2-7. The visit team also met with the divisional director, the training programme director and the general manager for the paediatric cardiology department but did not see any additional educational or clinical supervisors. The visit team found that the paediatric department had a proactive approach to education and training. The trainees received excellent levels of clinical supervision and support with trainees commending the commitment of the consultant body. The department also provided weekly teaching for the trainees, which they described as good but not bleep free. There were also high levels of engagement with the trainee body from the department to consistently receive feedback on the training environment and implement improvements. There was evidence of good practice regarding trainee engagement with separate monthly meetings by the management of the department to the different grades of trainees. This included a set of three points each group could submit each month for the management to solve or improve upon. There was also good practice regarding the discussion of serious incidents (SIs) and learning from them with a monthly Clinical Risk Action Group (CRAG) and a Morbidity and Mortality Meeting (M and M). Areas that needed improvement were: • The trainees also stated that work was needed to improve the coordination of the evening handover which could be chaotic. • The trainees were found to be happy with their partial shift rota, which allowed them to attend national training days, but the high workload at nights

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	and lack of staff at night meant the trainees were not European Working Time Directive (EWTD) compliant. • The department was aware of the gaps in the rota and the impact it was having on the trainees, but what the visit team found concerning was the apathy of the Human Resources Department in trying to ameliorate the rota. • The trainees also reported undertaking menial or inappropriate tasks (such as trying to fill the gaps in the rota) and that this problem had been exacerbated by the gaps in the rota. • The visit team was disappointed to see the low percentage of trainers who had completed their training modules and the small number of educational supervisors to trainees. • The educational supervisors also reported that they did not have adequate allocations in their job plans for their educational role. • The visit team would also like to see all staff of the department gain access to online library resources that replace or reinstate the lost University College of London library access. The visit team would like to thank all members of the paediatric cardiology department they met and was pleased to see a department that evidently took pride and care of the education and training of trainees.

Visit team

Lead Visitor	Dr Karen Le Ball, Head of the London Specialty School of Medicine and Medical Specialties	**Trainee Representative**	Dr Emily Gowland, Paediatric Cardiology Trainee Representative
External Representative	Dr Alan Magee, Specialist Advisory Committees (SAC) Representative for paediatric cardiology	**Lay Member**	Ms Diana Moss, Lay Representative
Visit Officer	Miss Lizzie Cannon, Quality and Visit Officer		

Findings

GMC Domain	Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
1	PC 1.1	**Clinical supervision** All of the trainees the visit team met with were very happy with the level of clinical supervision they received. They commended the work ethic and commitment of all the consultants to give the trainees consistent and constant support, regardless of the time of day.		

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		The trainees stated that they felt happy to call the on call consultants at any point to discuss the patient and were happy to ask them to come in and attend to the patient. The visit team heard from the consultants that they were keen to empower the trainees as soon as they commenced their rotations at the Trust to call and ask for support. The visit team was pleased to see a consultant body that was very aware of the need for clinical supervision and supporting trainees and was committed to constantly improving this aspect of the training environment.		
1	PC 1.2	**Handover** The trainees and consultants stated that the paediatric cardiology department out of hours' responsibilities were separate from the rest of the hospital and as such made them more sustainable. They were both content and intent on keeping the paediatric cardiology handover separate from the rest of the hospital. The trainees stated that the morning handover was held at 8:00am every morning. They reported that it was well structured and well attended. The evening handover was described by the trainees as having a good structure, a set time (4:30pm) and number of people attending. The visit team heard that the day shift ST4+ grade trainees, the ST2-3 grade trainees and the consultants on the day shift and then the night shift ST4+ grade clinicians and the consultants on call, along with the relevant paediatric cardiology surgeons, the advanced nurse practitioners (ANPs) and clinical nurse specialists (CNS), attended the evening handover. The sheer number of people who attended the evening handover often made the session slightly chaotic. The consultant and higher trainees on the day shift could often be late to the evening handover due to clinics and cardiac catheter laboratory (commonly known as cath. labs) overrunning and there were multiple conversations happening at once which could lead to confusion. The trainees stated that the evening handover could be improved by increasing the coordination of the meeting by having a chair person leading the discussions. The trainees also stated that if the weekend team had been working during the week the evening handover on a Friday evening could sometimes be skipped.	The evening handover needs to be better coordinated; a chair person could be appointed so the clarity of the handover is improved. This should be evidenced through the Trust taking an audit of or collecting feedback on the handover practices within the department.	**Amber** Mandatory Requirement
1	PC 1.3	**Serious incident reporting** The visit team heard that the trainees were all aware of how to use the Datix reporting system for serious incidents (SIs). They also stated that there was a good feedback mechanism for		

		the discussion of SIs, the learning from SIs and that the Trust had recently introduced individual feedback and support. The trainees stated that although they had not been involved in a SI they were confident that they would be given adequate support from their educational supervisor and the department. The trainees stated that there was a Clinical Risk Action Group (CRAG) that met monthly to discuss all reported SIs. This meeting would be attended by a representative from paediatric cardiology who would feed back the issues discussed to the rest of the department including the trainees. The trainees also stated that there was an M and M held every Friday morning at 9am where large areas of risk were discussed and feedback given. The trainees stated that they were able to attend and felt comfortable to take part in these discussions.		
2	PC 2.1	**Local faculty groups (LFGs)** The visit team was concerned that the Paediatric Cardiology department was not represented in the Trust LFGs (according to the minutes submitted for evidence). The divisional director for the department, the training programme director, and the general manager assured the visit team that they drew on multi-source feedback, annual review of competence progression results and meetings with the different grades of trainees to gather feedback to assess the department's ability to adequately support trainees. The visit team commended the efforts of the department to engage with the trainee body to improve the training environment and highlighted as particular good practice the monthly meetings that occurred on Bear Ward (paediatric cardiology ward) where the different groups of training grades met with the divisional director, training programme director and general manager to allow the trainees to feedback and present top three issues that they wanted to see improved by next month's meeting. This had been occurring since December 2014 and the visit team heard that the trainees felt empowered to raise issues and were engaged with the development of their training environment.	There should be representation from the department of Paediatric cardiology at the hospitals Local Faculty Group meeting. This should be evidenced by their attendance being included in the minutes	**Amber** Mandatory Requirement
5	PC 5.5	**Teaching** The visit team heard from the trainees that there was teaching for the ST4+ trainees every Wednesday morning, and an echo cardiogram meeting every Tuesday morning. The trainees said that the teaching was good but it was not bleep-free. The ST2-3 trainees were taught by the ST4+ trainees once a week, but because there had been a shortage of ST2-3 trainees there had not been teaching for three weeks. The ST7 trainee was responsible for organising the teaching of the ST2-3 trainees, and disseminated	Teaching sessions should be bleep-free. The Trust is required to provide a list of alternative bleep holders that the trainees can give their bleep responsibilities to while in teaching sessions. A review of the teaching sessions should be undertaken for three months to ensure that they are bleep free.	**Amber** Mandatory Requirement

		the teaching programme to the ST2-3 trainees by email. The consultants confirmed that didactic teaching took place on Wednesday mornings for one hour and also added that the trainees from grades ST4-8 were taught in different areas depending on the sub-specialty. The consultants stated that trainees were taught separately from the rest of the hospital but trainees from other departments were welcome to join these teaching sessions, but rarely did anyone else attend. The divisional director stated that the ward rounds could be improved to increase the teaching available to trainees.	The visit team would like to see the department's plan for improving the ward round to increase teaching to trainees.	**Green** Recommendation
6	PC 6.1	**Training opportunities** The trainees stated that the training they received on the job was very good, with valuable learning opportunities due to the specialist cases that came through the tertiary specialist centre. The trainees at ST4-8 grades stated that when they work at night they were the only higher grade doctor covering the paediatric cardiology department. They stated that sometimes this workload could be high but this was because most of the tasks were more appropriate for a doctor of grade ST2-3. The higher grade trainees felt that if one of the ST2-3 trainees worked alongside them at night it would not just assist the higher grade trainees with the high workload, but would also give training opportunities to the ST2-3 training grades, such as attending a patient with tachycardia. The visit team heard that the trainees had undertaken an audit of their workload during the night to highlight the volume of tasks undertaken at night, highlighting the issue and posing a solution but no action had been taken by the Trust. The divisional director stated that with the gaps in the rota there was no possibility of an ST2-3 grade trainee being present on the night shift. The ST2-3 training grades stated that during the day shift they felt they were doing quite menial tasks which would suit the competence of a foundation doctor. They stated that this type of work had increased due to the shortages in ST2-3 grade trainees they were experiencing. The trainees stated that if there was a foundation doctor in the day this would allow the ST2-3 grade trainees to teaching. However all trainees stated that when the gaps in the rota were filled the multitude of training opportunities available could be more accessible to all levels of trainees. The ST4-8 trainees stated that they would like the visit team to note that the training, teaching and support experienced by trainees in sub-specialties within paediatric cardiology were	The Trust is required to review the audit undertaken by the paediatric cardiology trainees and provide an assessment on if this affects training opportunities. If training issues are identified the visitors would like to see an action plan as to how this will be addressed	**Amber** Mandatory Requirement

		excellent. The trainees stated that this was also the case for all of paediatric cardiology at the Trust. The trainees mentioned no problems with completing WPBAs and the consultants that the visit team met were aware of the importance of trainees completely them in a timely manner. They had not come across any trainee who had had difficulties completing WPBAs.		
6	PC 6.2	**Rotas** The visit team heard that the trainees worked a partial shift but because of the high work load during the nights the ST4-8 grade trainees were not able to take a four hour uninterrupted break. This meant that the trainees were not working to EWTD guidelines. The ST4-8 trainees stated that they would be able to achieve a four hour uninterrupted break if there was also a ST2-3 trainee or similar graded trust doctor on the night shift with them. The visit team heard that this had been raised with the Trust but due to financial reasons this was not possible. The option of going to a full shift pattern was thought not to be favourable. The paediatric cardiology department were on different rotas to the rest of the hospital which they felt was beneficial for their training and ran in line with other paediatric cardiology departments nationally. The rota was for eight trainees but there were considerable gaps in the rota. These gaps had not been filled by the Trust and the trainees felt they had been left to try and fill the gaps themselves. This had caused trainees to be pressurised into covering these gaps when they first started which they had not been particularly comfortable doing. The visit team heard that the rota was managed by a locum appointment for training (LAT) trainee. It was reported that there had been reticence from the human resources department (HR) to help the rota manager fill these gaps and nothing could be done to fill the gaps until the next rotation in October 2015. The trainees also stated that because of these gaps there was no contingency if there were more than two doctors absent either form annual leave or illness. The divisional director, training programme director and general manager confirmed the problems with recruitment and the gaps this had caused. They praised the hard work of the trainees, locums and nursing staff in light of these gaps. The visit team was concerned to hear that the rota manager and higher trainees had to undertake tasks with the rota, which should fall within the remit of the HR department. There was an impression that those responsible for the administrative side of running the rota were leaving this to the trainees which the visit team felt was an inappropriate use of their time. The trainees stated that the rota allowed them to attend the national trainings days and that	The Trust is required to provide evidence that the trainees are working within the guidelines of a partial shift pattern. If the trainees are not compliant then an action plan should be produced as to how this will be addressed and evidence submitted that trainees are EWTD compliant. Clear feedback as to who is responsible for what on rota delivery is required by the visiting team with assurance that the trainees will not be involved in inappropriate elements of rota management.	**Amber** Mandatory Requirement **Amber** Mandatory Requirement

		weekly teaching was structured into their rotas too.		
6	PC 6.3	**Educational supervisors** The visit team found that there was a lack of clarity amongst the trainees regarding educational supervisors and although the trainees stated that they knew who their educational supervisor was, there were others who did not. The trainees all reported that it had taken a while to organise primary meetings with their educational supervisors when they started at the Trust. The visit team heard that there were only two consultants who were designated educational supervisors and the other consultants had not completed their training modules to qualify them as competent educational or clinical supervisors. The divisional director and training programme director stated that they were moving to increase the percentage of trainers who had completed the trainer modules and even out the number of trainees allocated to each educational supervisor. The visit team also heard that there were formal allowances for educational roles in consultant job plans but that consultants were consistently working beyond the allotted hours.	The Trust is required to provide evidence that all trainees are aware of whom their educational supervisor is and that trainees are spread evenly amongst more than two educational supervisors. The Trust is required to provide evidence that all trainers have completed their training modules and that trainees are spread evenly amongst more than two educational supervisors.	**Amber** Mandatory Requirement **Amber** Mandatory Requirement
6	PC 6.4	**Bullying and undermining** Neither the trainees nor the consultants the visit team met with had witnessed or experienced any bullying or undermining behaviour while at the Trust. The trainees mentioned how supportive, approachable and accessible the consultants were; the visit team commended this.		
8	PC 8.1	**Educational resources** The visit team heard that there were good educational facilities in regards to seminar rooms, lecture theatres and a simulation room. The visit team heard from both consultants and trainees that many of them did not have access to an online library as they no longer had University College London (UCL) logins. In the feedback session the senior corporate management stated that they had been working to resolve this issue and ensure that the UCL logins were reinstated.	Consultants and trainees must have access to e-learning resources. The Trust is required to provide evidence that the consultants and trainees have been given access to e-learning resources.	**Amber** Mandatory Requirement

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Good Practice	Contact	Brief for Sharing	Date
The monthly discussions on Bear Ward are good practice and the visit team would like to commend the department's efforts.	Prof. Andrew Taylor	We would like information on how this has been established, structured and funded.	
The Clinical Risk Action Group and Morbidity and Mortality Meeting are good practice and the visit team would like to commend them.	Prof. Andrew Taylor	We would like information on how this has been established, structured and funded.	

Other Actions (including actions to be taken by Health Education North Central and East London)

Requirement	Responsibility
N/A	

Information and reports provided to the team prior to the visit

DME Annual Report	*No*	Regulator Reports/Data	*No*	LFG Reports	*No*	MEM minutes	*No*
GMC Survey - trainees	*Yes*	GMC Survey - trainers	*No*	Previous visit reports & action plans	*Yes*		
PVQs - trainees	*Yes*	PVQs - trainers	*No*	Result of school survey	*No*		

Signed

By the Lead Visitor on behalf of the Visiting Team:	*Dr Karen Le Ball*
Date:	*8 July 2015*