

Great Ormond Street Hospital for Children NHS Foundation Trust

Oncology

Risk-based Review (focus group)



Quality Review report

17 January 2017

Final Report

Developing people
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healthcare

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Quality Review details

Background to review	<p>The risk-based review to oncology at Great Ormond Street Hospital for Children NHS Foundation Trust was organised following the reinstatement of trainees into the department on 5 September 2016. Prior to this, training posts in oncology had been suspended in 2014 due to the environment not being deemed conducive to a good training experience for trainees.</p> <p>The quality review team was keen to ascertain whether sufficient improvements had been made to the department in order that trainees were able to receive a positive and valuable training experience.</p>
Number of learners and educators from each training programme	<p>The quality review team met with six trainees in oncology, at the following grades:</p> <ul style="list-style-type: none"> • specialty training grade 2 (ST2), • specialty training grade 3 (ST3), • specialty training grade 6 (ST6), • specialty training grade 7 (ST7), • specialty training grade 8 (ST8). <p>During the drop-in session for paediatric trainees, the quality review team also met with five trainees in specialties including:</p> <ul style="list-style-type: none"> • neurology, • nephrology, • endocrinology, • paediatric intensive care unit (PICU). <p>The quality review team also met with the following:</p> <ul style="list-style-type: none"> • director of medical education (DME), • divisional director for haematology/oncology, • oncology training lead, • medical education manager (MEM), • nurse consultant, • head of medical human resources and postgraduate medical education, • educational lead for the international medical graduate programme.
Review summary and outcomes	<p>Health Education England would like to thank the Trust for accommodating the risk-based review.</p> <p>The quality review team identified that considerable improvements had been made to the oncology training at the Trust and in particular commended the director of medical education (DME) for the changes he had implemented over the last twelve months. The quality review team also thanked the oncology team for their hard work in improving education and training for the trainees.</p> <p>Numerous areas were highlighted as working well with the oncology training at the Trust, including those outlined below:</p> <ul style="list-style-type: none"> • The quality review team heard that the trainees in oncology received a positive learning experience. Trainees at all levels reported that the oncology training lead was especially supportive of their training. • Learning was reported to be individualised and tailored to trainees' needs, interests and objectives.

- The quality review team was informed that the oncology handover was working well and that the electronic application, Nerve Centre, was used for this purpose.
- Trainees at all levels told the quality review team that consultants were approachable and supportive and that trainees were encouraged to attend teaching sessions (including bleep-free teaching on Wednesdays) and were supported to do so. It was noted that trainees were able to attend the multi-disciplinary team (MDT) meetings.
- Trainees reported working well with the nursing staff and that the culture of the department was friendly.
- The quality review team heard that ‘float’ weeks were incorporated into the core and higher trainee rotas and meant that trainees had the opportunity to access experience and explore interests in other areas.
- ST6, 7, and 8 trainees reported that consultant support out of hours (OOH) was good, as was the site nurse practitioner support.
- Trainees at all levels informed the quality review team that they would be happy for their own children to be treated in the oncology service. The higher trainees also confirmed that they would recommend the post to a colleague.
- The quality review team heard from all trainees that they received good clinic exposure and had the opportunity to complete workplace-based assessments (WPBAs).

During the drop-in session for paediatric trainees, the quality review team heard from the trainees in specialties other than oncology that the overall ethos of the Trust was such that education and training were not considered a priority. In particular, it was highlighted by these trainees that there were issues with the 8pm medical handover as it was often of a disorganised nature.

The quality review team advised that there was much that the Trust as a whole, could learn from the improvements made within the oncology department.

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

The DME informed the quality review team that the Trust had developed the role and organisation of the postgraduate medical education (PGME) department since the previous visit in May 2015. Part of this work involved the mapping of educational roles to the divisional structure and four leads had been appointed to deliver the following portfolios: simulation training, international medical graduate education, undergraduate medical education and enhanced learning. The DME confirmed that each lead received two programmed activities (PA) for this work and that they had been set five objectives to achieve in their first year in post. Regarding the college tutor roles, which had previously been removed, adverts for two posts in paediatrics had been submitted and included one PA each. It was noted by the DME that there had been interest expressed in these roles.

The head of medical human resources and postgraduate medical education confirmed that the Trust was on track with the implementation of the new junior doctors’ contract, including rota redesigns. The DME confirmed that he had been working with the educational supervisors to ensure that they were aware of their responsibilities regarding the new contract and to provide support around this. Furthermore, a guardian of safe working had been appointed in August 2016 and received two PAs for this work.

Quality Review Team

HEE Review Lead	Dr Camilla Kingdon, Head of London Specialty School of Paediatrics	External Clinician	Dr Anne Opute, Training Programme Director
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Trust Liaison Dean	Dr Andrew Deaner, Trust Liaison Dean Health Education England, working across North Central London	Scribe	Kate Neilson, Learning Environment Quality Coordinator
Lay Member	Jane Chapman, Lay Representative		

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.

1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.

1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.

1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.

1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.

Ref	Findings	Action required? Requirement Reference Number
O1.1	<p>Patient safety</p> <p>The quality review team was informed by trainees in oncology at all levels that they did not have any concerns regarding patient safety and that they would be happy for their own children to be treated at the Trust.</p> <p>The trainees in neurology and nephrology advised the quality review team that whilst they had not experienced any patient safety issues per se, there was the potential for concerns to arise due to the variation of the standard of expertise and competence amongst non-training junior doctors. See section O6.1 below.</p>	
O1.2	<p>Serious incidents and professional duty of candour</p> <p>The trainees in oncology at all levels advised the quality review team that they were all aware of how to report incidents, were encouraged to do so and that the form was easy to use.</p>	
O1.3	<p>Appropriate level of clinical supervision</p> <p>The quality review team heard from the trainees in oncology at all levels that they received good clinical supervision and that consultants were approachable and always available to provide advice.</p>	

	<p>The higher trainees in oncology advised that the workload at night was manageable as was the call load for matters other than haematology/oncology and that they were well supported by the consultants if the nature of the external query was complicated. Furthermore, these trainees noted that it was clear how to escalate issues to a consultant at night, if needed, and that the department used an electronic call log system for this purpose which was effective.</p>	
O1.4	<p>Responsibilities for patient care appropriate for stage of education and training</p> <p>It was noted by trainees at all levels in oncology that there was not much opportunity for independent decision making regarding patient management in the department. However, these trainees commented that this highlighted the difficulty in general around balancing access to clinical supervision and the development of decision making skills. The quality review team heard that for this reason, the environment was potentially more suited to trainees at ST2 rather than ST3 level. Despite this, the trainees in oncology at grade ST3 noted that they had gained transferable skills from the environment that they would not otherwise have developed.</p> <p>Furthermore, trainees in oncology at levels ST2 and ST3 noted that the placement was ideal for supporting exam preparation as there was a good teaching programme (including a mock exam on a Saturday) as well as support for the Membership of the Royal College of Paediatrics and Child Health (MRCPCH) exams.</p> <p>The quality review team heard from the higher trainees in oncology that they were not required to prescribe remotely due to workload pressures (as had previously been the case) but that they had the opportunity to do so, if appropriate, via the trust online prescribing tool.</p> <p>The higher trainees in oncology advised the quality review team that part of their responsibilities included covering the oncology outside phone for the wider Trust and that they received frequent calls from other Trusts regarding patient transfers and shared care protocols. These trainees noted that such calls could be time consuming and did not add any educational value to their role. It was reported that within the bone marrow transplant (BMT) service, the outside phone calls were directed to a clinical nurse specialist (CNS) which was considered by the higher trainees as a better system.</p>	<p>Yes. See 'other actions' section below.</p>
O1.5	<p>Rotas</p> <p>The quality review team was informed by the oncology training lead and the trainees in oncology that the rota was well staffed with no gaps. These trainees noted that they were encouraged to leave on time by senior staff.</p> <p>Regarding the cover arrangements at night, trainees at ST2 and ST3 grades did not cover these shifts as these were covered by two ST6+ trainees (one trainee in oncology and one trust grade doctor with experience of general oncology). Higher trainees did a maximum of four consecutive night shifts.</p> <p>The core and higher trainees in oncology advised the quality review team that there was a 'float' week built into their rotas which meant that they had the opportunity to gain experience in other areas including attending clinics, observing theatre and within the (BMT) service.</p> <p>The higher trainees in oncology noted that the rota was designed so that they received sufficient time to review patient protocols and past clinic letters, which was important in a specialist environment. The quality review team was informed by the trainees in oncology at all levels that the rota coordinator was responsive and that it was relatively easy to obtain annual and study leave.</p> <p>The quality review team was advised by the trainees working on the PICU, that whilst they received a good training experience, there were organisational issues in the department which meant that trainees sometimes received their rotas only three or four weeks in advance.</p>	
O1.6	<p>Induction</p> <p>The quality review team heard from trainees in oncology at all levels that they received a two-day Trust induction followed by a local induction, which took place over a week.</p>	

	<p>The educational lead for international medical graduate education advised the quality review team that at the time of the review, work was ongoing around potentially introducing a separate induction programme for international medical graduates.</p>	
O1.7	<p>Handover</p> <p>The higher trainees in oncology reported that the handover was very good, well organised and that all attendees were required to sign in and introduce themselves. There was a morning handover followed by a lunchtime catch up as well as a catch up at 3pm and then a handover at 5pm and consultants were in attendance during all of these times. There was a handover lead who was always present and ensured that all attendees were involved in the Hospital at Night (HaN) discussions.</p> <p>Nerve Centre was used as an electronic handover for high risk patients which could be accessed both on and offsite. The trainees in oncology advised that the Trust provided them with iPads for the duration of their placement (if required) and that Nerve Centre could be accessed on these and was also useful for ward rounds. The higher trainees in oncology told the quality review team that some of the nursing staff used Nerve Centre to notify them of issues regarding sick patients, when it may have been easier to phone them.</p> <p>The quality review team heard from trainees in neurology and nephrology that they had concerns around the medical handover, especially the 8pm handover as it was of a variable standard and not up to the standard of a general paediatric handover typically seen in other hospitals. Whilst situation, background, assessment and recommendation (SBAR) was covered at induction, there was no training around handover per se. Furthermore, due to the number (up to 150 patients) and complexity of patients and time constraints, it was not possible to cover all patients during this handover. These trainees advised that the medical handover was paper-based and that it was not possible to use Nerve Centre for this purpose, as it did not have the functionality to deal with multiple specialties (although it was effective for reviewing individual patients' observations). It was noted that the nursing staff were good at highlighting sick patients.</p> <p>The quality review team was informed that the Trust was aware of the above issues around the medical handover and that a work stream had been put in place in order to improve the situation. However, it was noted by the trainees that the meetings regarding this work stream were often cancelled so progress had not been made.</p>	<p>Yes. See 'other actions' section below.</p>
O1.8	<p>Protected time for learning and organised educational sessions</p> <p>The trainees in oncology at all levels advised the quality review team that the teaching programme within the department was well structured and held regularly. Weekly bleep free teaching took place on Wednesday afternoons and covered both oncology and haematology. Trainees were advised to give their bleeps to the ward administrator for the duration of these teaching sessions. It was noted that teaching sessions were well attended by the multi-disciplinary teams which provided a good learning opportunity. Additionally, teaching sessions for oncology were held on Friday lunchtime.</p> <p>Furthermore, there was a teaching session on the last Tuesday of each month that was directed at ST2 and ST3 trainees and linked to the Royal Society of Medicine days and covered a different subject area each month. However, some of these trainees noted that they were not always able to attend these sessions as one of their rest days fell on a Tuesday.</p> <p>As well as formal teaching sessions, the higher trainees in oncology advised that informal teaching also took place within clinics and when trainees were on call with consultants. In addition, consultant ward rounds were held twice a week. The trainees at grades ST2 and ST3 advised that higher trainees carried out bedside teaching which was beneficial to their learning.</p>	
O1.9	<p>Adequate time and resources to complete assessments required by the curriculum</p> <p>The quality review team heard from the trainees in oncology that they were able to complete supervised learning events (SLEs) with consultants when working on the out-</p>	

	of-hours rota and during clinics. Furthermore, core trainees were also able to complete these with the higher trainees in oncology.	
2. Educational governance and leadership		
HEE Quality Standards		
<p>2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.</p> <p>2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.</p> <p>2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.</p> <p>2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.</p> <p>2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.</p>		
O2.1	<p>Impact of service design on learners</p> <p>The educational lead for international medical graduate education told the quality review team that at the time of the review, the medical training initiative (MTI) was being reviewed at the Trust to develop it and make it more attractive to trainees. This work included looking at the packages offered by other Trusts and learning from these.</p>	
O2.2	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The quality review team was informed by the DME that local faculty group (LFG) meetings had been set up in some departments and that other departments held meetings of a similar nature but may not be labelled as LFGs. At the time of the review, the education leads were working with departments where there were gaps, to support them in setting up LFGs.</p> <p>The DME advised the quality review team that the Trust had implemented a World Café programme which was due to commence in February 2017. The purpose of this was to encourage intercollegiate communication and provide an arena for all trainees (and non-training grade staff) to highlight good practice and also raise any concerns regarding their training. Trainees were able to raise any issues with the MEM, who they had the opportunity to meet with regularly, and the MEM in turn could escalate these to the DME, where appropriate.</p> <p>The DME noted that at the time of the review, the PGME department was developing a feedback form for trainees to complete upon completion of their placement. This feedback would then be collated by the PGME department. Trainees were also able to discuss feedback at their sign-off meeting with their educational supervisor.</p>	
O2.3	<p>Organisation to ensure access to a named educational supervisor</p> <p>The trainees at all levels in oncology advised the quality review team that they all had an educational supervisor. These trainees noted that they were informed who their educational supervisor was either before they started their placement or on their first day.</p>	
3. Supporting and empowering learners		
HEE Quality Standards		
<p>3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.</p>		

3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.

O3.1 Behaviour that undermines professional confidence, performance or self-esteem

The quality review team heard from the trainees in oncology at all levels that the culture of the department was friendly and that there were no issues around bullying and undermining.

O3.2 Access to study leave

Trainees at all levels in oncology advised the quality review team that they were able to access study leave.

4. Supporting and empowering educators

HEE Quality Standards

4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.

4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.

O4.1 Sufficient time in educators' job plans to meet educational responsibilities

The DME confirmed that the four educational leads (in simulation training, international medical graduate education, undergraduate medical education and enhanced learning) received two programmed activities (PA) each for this work.

5. Developing and implementing curricula and assessments

HEE Quality Standards

5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.

5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.

5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.

5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.

O5.1 Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum

The quality review team heard from trainees in oncology at all levels that they were well supported by senior colleagues, including educational supervisors and the oncology training lead, to ensure that they received an optimal learning experience. These trainees reported that they were encouraged to take advantage of the opportunities available within the Trust and that their training was adapted to their individual learning needs. It was noted that the rotas in oncology included a 'float' week whereby trainees were able to explore interests in other areas.

O5.2 Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum

The quality review team was advised by some of the higher trainees in oncology that it could be difficult to receive sign-off for chemotherapy prescribing as there were not

	enough opportunities to obtain this experience. It was noted that the Trust was investigating this issue at the time of the review.	
05.3	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The quality review team was informed by the trainees in neurology, nephrology, endocrinology and PICU that from their point of view, education and training were not viewed as a priority at the Trust. These trainees advised that service provision was the priority for the Trust. Furthermore, these trainees noted that whilst individual consultants were supportive and provided good educational supervision, training was not valued at the Trust executive level. The quality review team heard from these trainees that communication across the Trust was also an issue.</p>	
<h2>6. Developing a sustainable workforce</h2>		
<p>HEE Quality Standards</p> <p>6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.</p> <p>6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.</p> <p>6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.</p> <p>6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.</p> <p>6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.</p>		
06.1	<p>Appropriate recruitment processes</p> <p>The quality review team was informed by trainees in neurology and nephrology that approximately half of the junior doctors at the Trust were non-trainees and that the experience, standard of expertise and competence amongst this group varied considerably. It was noted by the trainees that it appeared that the Trust did not always determine whether non-trainees (especially in the case of international junior doctors) had the adequate skills for the environment and that some baseline knowledge was lacking.</p>	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
Learning was reported to be individualised and tailored to trainees' needs, interests and objectives (e.g. facilitating a trainee to attend a retinoblastoma clinic to help widen their exposure to oncology).	Director of Medical Education	Please complete proforma and return to the Quality and Regulation Team.	31 March 2017
The quality review team heard that the Wednesday afternoon teaching was bleep-free.	Director of Medical Education	Please complete proforma and return to the Quality and Regulation Team.	31 March 2017

Immediate Mandatory Requirements

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

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

Recommendations

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

Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility
Dr Camilla Kingdon, Head of London Specialty School of Paediatrics, and Dr Anne Opute, Training Programme Director, to review the placement of trainees in the oncology department in light of the feedback received around the environment being more suited to trainees at grades ST2 rather than those at ST3.	Dr Camilla Kingdon, Head of London Specialty School of Paediatrics
<p>The Trust is required to review the medical handover in order to streamline the process. The Trust should seek the opinion of trainees (or trainee representatives) from across medical specialties in this process.</p> <p>This review may include:</p> <ul style="list-style-type: none"> • A survey of trainees across medical specialties to obtain their opinions around how to improve the medical handover so that the trainees are integral to the development of a better system of handover, • Creation of a standard operating procedure for the medical handover. • Overall leadership of handover needs to be explicit and the designated person in charge of each handover has to be responsible for maintaining robust handover practice. <p>The Trust should provide formal training for trainees in how to carry out a high quality handover.</p>	Director of Medical Education

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Dr Camilla Kingdon, Head of London Specialty School of Paediatrics
Date:	14 February 2017

What happens next?

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