QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Great Ormond Street Hospital for Children NHS Foundation Trust

Paediatric Surgery and Otolaryngology

Risk-based Review (On-site Visit)

Quality Review report

9 November 2017

Final Report

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Quality Review details

Background to review	A Risk-based Review was conducted on 9 November 2017 in paediatric surgery and otolaryngology (ENT) at the Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH). The review was proposed due to the number of red and pink outliers received by the Trust in the 2017 General Medical Councils National Training Survey (GMC NTS). In paediatric surgery, the Trust received two red outliers within adequate experience and regional teaching, and six pink outliers for overall satisfaction systems, handover, induction, curriculum coverage and educational supervision. For ENT, the Trust received two red outliers within adequate experience and local teaching, and a further three pink outliers within overall satisfaction, teamwork and curriculum coverage.
Training programme / learner group reviewed	The review team reviewed the training environment in paediatric surgery and otolaryngology at the Great Ormond Street Hospital site.
Number of learners and educators from each training programme	The review panel had the opportunity to meet with a number of core and higher trainees from the paediatric and ENT surgical departments. Over the course of the afternoon, the following grades were interviewed. Paediatric Surgery • Core training year one (CT1) trainee • Core training year two (ST2) trainee • 3 specialty training year seven (ST7) trainees • Specialty training year eight (ST8) trainee • One trainee in their grace period The review team also met with six educational and clinical supervisors. ENT 4 Specialty training year six and seven (ST6/7) trainees The review team also met with three educational and clinical supervisors.
Review summary and outcomes	The review team would like to thank the Trust for accommodating the review and all of those who attended. The review team was pleased to note the following positive areas that were working well within paediatric surgery and ENT at the Great Ormond Street Hospital site, as outlined below: • The review team were pleased to hear that no trainees within paediatric surgery and ENT had any concerns regarding patient safety at the Trust.

- The trainees informed the review team that they all had enjoyed working at the Trust and felt that they had been able to see, and had been involved in a number of complex cases to further their knowledge base, that they would not see at other Trusts.
- The review team heard that trainees felt a high level of supervision, both clinical and educational, from the more senior doctors at the Trust, and felt that they had been able to approach any consultant with ease.
- The review team were pleased to hear that the trainees felt that the hospital at night (H@N) and handover systems in place at the Trust worked well.

However, the review team identified some areas of improvement within paediatric surgery and ENT:

- The review team heard that paediatric surgery trainees were concerned that they had not been able to see enough index cases to fulfil the curriculum, due, in part, to a lack of cases in the Trust and high number of senior fellows. The review team thus recommended that a working group be formed in conjunction with the Trust and training programme director (TPD) for the London and South East (LaSE) consortium to look at ways to improve this. The review team felt that if this were to be unsuccessful, a reduction in the number of trainees at the Trust would allow for trainees to receive the experience required.
- The trainees appeared uncertain about their responsibilities regarding the private patients at the hospital. The review team will distribute to the Trust a recent Health Education England (HEE) document outlining the issues regarding trainees in the private healthcare environment and will request a response from the Trust including incorporation of the document and its themes into induction material and working practice.
- The review team heard that the trainees found it difficult to obtain honorary contracts to allow them to work at satellite clinics at other Trusts, without which they were unable to attend teaching lists. This was particularly relevant to core surgical trainees who reported losing the opening few weeks' experience before the honorary contracts could be put in place. The review team felt that an automated passport system, for which the King's Health Partners (KHP) model might provide a template, would be beneficial.

Quality Review Team			
HEE Review Lead	Mr John Brecknell Head of the London School of Surgery, Health Education England	**External Clinician**	Richard Oakley, Training Programme Director for otolaryngology
Trust Liaison Dean/County Dean	Dr Andrew Deaner Deputy Postgraduate Dean, Health Education England, North Central London	**External Clinician**	Mark Powis, Consultant Paediatric Surgeon, Leeds Teaching Hospital NHS Trust; representing the Specialist Advisory Committees
Paediatric Representative	Dr Camilla Kingdon, Head of the London Specialty School of Paediatrics, Health Education England	**External Clinician**	Liam McCarthy, Paediatric Urologist and Renal Transplant Surgeon, Birmingham Women's and Children's NHS Foundation Trust; representing the Specialist Advisory Committees
Lay Member	Robert Hawker Lay Representative	**Scribe**	Ed Praeger, Learning Environment Quality Coordinator, Health Education England London and the South East

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
PO1.1	**Patient safety** The review team were happy to hear that the paediatric surgery trainees reported that they had not been involved in or had seen issues relating to patient safety. This sentiment was echoed by the ENT trainees.	
PO1.2	**Appropriate level of clinical supervision** The paediatric surgery trainees informed the review team that they felt that clinical supervision levels, both during the day and at night, was good, with consultants easily contactable in case of emergencies. The paediatric surgery trainees highlighted that they did not have any problems escalating patient related issues, with core trainees often escalating to higher trainees first before contacting consultants. The review team heard that the paediatric surgery trainees had been reassured by the Trust regarding the escalation of patients, and that the trainees did not feel any anxiety in doing so. The paediatric surgery trainees informed the review team that the hospital at night (H@N) system used at the Trust worked very well, with a good level of teamwork and comradery apparent.	
PO1.3	**Rotas** The paediatric surgery trainees informed the review team that they did not feel that post-certificate of completion of training (Post CCT) fellows at the Trust had any favouritism over the trainees in regard to the rota. The paediatric surgery educational and clinical supervisors reported to the review team that while still in line with the European working time directive (EWTD), the Trust had reduced the number of middle grade doctors on the rota from nine to eight after uncoupling from the paediatric urology service.	
PO1.4	**Induction** The ENT trainees indicated to the review team that information regarding the responsibilities around private patients may have been included in the three-day Trust induction, but with the length of the induction, they had not taken this information on board.	Yes, see PO3.1 below
PO1.5	**Handover** The paediatric surgery trainees informed the review team that the evening handover was comprehensive and structured.	
PO1.6	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The review team was informed by the paediatric surgery trainees that urology cases would often be taken by post CCT fellows. The paediatric surgery trainees felt that this was not an ideal location to employ post CCT fellows as this reduced the number of cases trainees were able to see. The paediatric surgery trainees were keen to highlight that the post-CCT fellows did not receive favouritism in regards to cases from consultants at the Trust, and that it was the lack of volume versus the number of doctors that degraded their learning opportunities.	Yes, see PO1.8 below

	The ENT trainees informed the review team that, although the number of cases in which they were the principle operating surgeon was low, they were able to observe and assist in a large breadth of complex. In addition, they were all able to easily acquire the indicative numbers of microlaryngobronchoscopy, which would be challenging without the GOSH attachment. The ENT trainees informed the review team that ENT lists were scheduled for Mondays and that they would often have two post-CCT fellow and a registrar present. The ENT trainees indicated that when list cases were cancelled, the remaining cases would be split with the registrars and that it was not unusual to go a whole day without being involved in any surgical cases. The ENT trainees indicated to the review team that they felt that, unlike other Trusts where trainees would be prioritised over post-CCT fellows regarding cases and potential experiences, this was not the cases at GOSH. The trainees informed the review team that they would often start, and see a cases through, only for the cases to be given to a post-CCT fellow to finish. The ENT trainees indicated that there was no tension between themselves and the post-CCT fellows regarding cases and that consultant decision dictated with whom the case would sit with. The ENT trainees felt that without a house officer, that the post-CCT fellows were regarded as registrars, with trainees as the Senior House Officer's (SHO). The ENT trainees felt that although this led to them performing tasks that would normally be taken care of by a junior tier, the paediatric experience was still useful. The review team were informed by the ENT trainees that they felt this post gave valuable experience, unable to be seen at many other Trusts, and that trainees were eager to be in post. The ENT trainees were asked by the review team whether they felt a shorter period of time in post would be beneficial regarding the experience they would gain. The trainees informed the review team that on balance, a six-month period provided a balance between establishing relationships with consultants, getting the most out of the experience and returning to more standard adult focused placements in which to work towards their indicative numbers. The paediatric educational and clinical supervisors reported to the review team that they would offer training opportunities to trainees over post-CCT fellows.	
PO1.7	**Protected time for learning and organised educational sessions** The paediatric surgery higher trainees informed the review team that they had sufficient time in clinic and theatre scheduled every week, with consultants involved in the sessions keen to teach the trainees. Core trainees had less access to these learning opportunities and felt in large part ward based. They understood the highly complex and sensitive case load limited their opportunities for hands on supervised practice. The team made reference to the recommended rate of 3 (JCST) to 4 (SoS) sessions of scheduled theatre time and 1 or 2 clinics per week. Previous innovation had led to the core trainees in paediatric surgery having access to satellite clinics and lists at both the Royal Free London NHS Foundation Trust (Royal Free) and University College London Hospitals NHS Foundation Trust (UCLH). The paediatric surgery clinical supervisors informed the review team that the satellite sessions were mainly consultant and trainee one on one sessions. The trainees informed the review team that although they had access to the satellite clinics, they found it difficult to get the honorary contracts required for them to work at the other Trusts. With 4-6 month placements and the critical place of these opportunities in the learning available it is particularly important that the honorary contracts are in place as the trainees arrive. The paediatric surgery trainees felt that the consultants at Great Ormond Street Hospital (GOSH) had done everything within their powers to help in the acquisition of these contracts, but the difficulty had come from the other Trusts involved. The paediatric educational and clinical supervisors informed the review team that they felt the honorary contracts required by the trainees were well supported by the other	Yes, please see PO1.7 below

	Trusts, with the Royal Free needing a week to provide the contracts, and that trainees could extend existing contracts if they had been at the Trust previously. The paediatric surgery trainees informed the review team that they received well-structured teaching sessions that were bleep protected. The core trainees highlighted that the teaching sessions often focused on paediatrics and that surgical teaching was not covered as comprehensively. The ENT trainees informed the review team that local teaching at the Trust was excellent, with each trainee able to attend departmental sessions each week with no resistance from consultants. The positive feedback on local and regional teaching was noted to be at odds with the red outlier returns in these GMC NTS domains. The paediatric educational and clinical supervisors informed the review team that they were actively encouraging trainees to attend introduced regional teaching lists but felt that trainees would rather spend time on operating lists then on regional teaching lists.	
PO1.8	**Adequate time and resources to complete assessments required by the curriculum** The paediatric trainees informed the review team that the training of each trainee had clearly been thought about by the Trust when placing trainees with the correct consultants, and felt that their training needs were matched with individual cases. The paediatric educational and clinical supervisors highlighted to the review team that they would work out areas of need for each trainee and plan index cases around this to make sure that trainees could sign off competencies required by the curriculum. The review team was informed that trainees were unable to contribute to the operative management of enough index cases in paediatric surgery to meet their curricular requirements, due, at least in part, to a lack of cases in the Trust and a high number of senior fellows. This information from the trainees was corroborated by data presented to the review team by the Specialist Advisory Committees (SAC) representatives regarding the number of indicative cases achieved by trainees at GOSH in particular, and in the LaSE programme in general. The review team recommended that a working group be formed between the School of Surgery, the training programme director (TPD) for the LaSE consortium and the Trust to look at possible ways to improve this. The scope of potential solutions might involve co-working with paediatric Urology, the number of non-training grade doctors, approaches to new techniques, doubling up and task allocation in the operating room as well as system wide policy towards case admission and retrieval. The review team felt that if this were to be unsuccessful, that a reduction in the number of trainees at the Trust would allow for trainees to receive the experience required. The paediatric surgery trainees informed the review team that the combination of junior consultants at the Trust and new technologies had restrictions on seeing some cases. The paediatric surgery trainees informed the review team about a single example of a time when, whilst covering the International and Private Patients (IPP) list, they had missed on an opportunity for training on a NHS patient. The paediatric surgery trainees informed the review team that they felt a year in post at the Trust would better benefit trainees in regards to gaining experience of complex cases, whilst meeting the curriculum requirements. The paediatric surgery trainees informed the review team that a higher trainee was creating podcast recordings for other trainees to cover regional teaching sessions, but at the expense of their own experience and career development. The ENT trainees informed the review team that they treated the private patients on the private wards as they would to all other patients and had not had any issues regarding them. The paediatric educational and clinical supervisors informed the review team that they encouraged trainees to attend cases during free time and bleep free time, and that trainees were aware of the need to double up on cases to complete certain parts of the	Yes, please see PO1.8 below

	curriculum. The paediatric educational and clinical supervisors informed the review team that they did not feel that trainees missed out on theatre time due to being in clinic as the clinics were scheduled in the mornings and theatres in the afternoon. The paediatric educational and clinical supervisors informed the review team that the Trust was working hard to co-locate the high dependency unit (HDU) and the neonatal unit and have a no refusal case policy in place.	
PO1.9	**Access to simulation-based training opportunities** The paediatric surgery trainees informed the review team that although they had access to simulation training at the Trust, they felt that the equipment could be improved. The ENT trainees informed the review team that the department was looking at running a monthly simulation session for ENT trainees on a monthly basis.	

2. Educational governance and leadership

HEE Quality Standards

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.

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.

2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.

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.

2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.

PO2.1	**Organisation to ensure time in trainers' job plans** The educational supervisors and clinical supervisors for both ENT and paediatric surgery informed the review team that an hour of time per week was allocated in each job plan for supervision.	

3. Supporting and empowering learners

HEE Quality Standards

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.

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.

PO3.1	**Timely and accurate information about curriculum, assessment and clinical placements** The paediatric surgery trainees informed the review team that they were unsure of the policy involved with training opportunities whilst reviewing private patient cases. The review team understood that a good attempt had been made by the Trust to convey information on this to the trainees.	

	The review team heard from the ENT and paediatric surgery clinical and educational supervisors that trainees were only called to the private wards if there was an urgent issue, and that trainees were not expected to see patients on private wards on a day to day basis. The education and clinical supervisors highlighted to the review team that the private wards were rich in educational resources and that they felt the trainees would miss out if they did not see the patients there. The educational and clinical supervisors informed the review team that if trainees were unsure of their responsibilities regarding private patients, then they were happy to pass the information on if the trainee were to ask. The review team is to distribute to the Trust a paper written by Health Education England (HEE) outlining the issues regarding trainees interacting with private patients and private wards.	Yes, please see PO3.1 below

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
Placement in ENT and paediatric surgery at GOSH provide access to a complex case load in a supported and safe environment which is of intrinsic educational value.			

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
PO1.7	The review team was informed that trainees found it difficult to obtain honorary contracts to allow them to work at satellite clinics at other Trusts, and that this impacted core surgical training (CST). The review team recommends that the Trust works with its local adult Trusts towards an automated passport system, for which the King's Health Partners (KHP) model might provide a template, with the goal of having the appropriate honorary contracts in place for trainees at the point of induction.	Please provide a description of the work undertaken and its impact on core trainees at GOSH.	R1.9
Mandatory requirements			
Rec. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**

PO1.8	The review team was informed that trainees were unable to contribute to the operative management of enough index cases in paediatric surgery to meet their curricular requirements, due, at least in part, to a lack of cases in the Trust and a high number of senior fellows. The review team recommended that a working group be formed between the School of Surgery, the training programme director (TPD) for the London and the South Ease (LaSE) consortium and the Trust to look at possible ways to improve this. The review team felt that if this were to be unsuccessful, that a reduction in the number of trainees at the Trust would allow for trainees to receive the experience required.	HEE will follow this work stream with interest. It is essential that trainees are given every opportunity to meet their curriculum requirements.	R1.15
PO3.1	The trainees informed the review team that they were unsure of the responsibilities they had when it came to the care of patients on private wards. A recent HEE paper is directly relevant to this issue.	The review team will distribute to the Trust a Health Education England paper that details the responsibilities of junior doctors regarding private patients and request a response including a plan for inclusion in induction material and working practice.	R2.1

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Mr John Brecknell
Date:	27 November 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.