NHS
Health Education England

Great Ormond Street Hospital

Paediatric Cardiology

Risk-based Review (focus group)

Quality Review report

26 March 2019

Final Report

Developing people
for health and
healthcare

www.hee.nhs.uk

THE NHS
CONSTITUTION
the NHS belongs to us all

Quality Review details

Background to review	This trainee focus group was planned as a follow-up to the on-site visit conducted on 21 February 2018. The 2018 review highlighted issues around handover and the overall culture around education and the promotion of learning opportunities with the Trust. The review team also planned to explore the reasons behind the outlier results from the 2018 General Medical Council National Training Survey (GMC NTS). The Trust returned red outlier results for workload, supportive environment, study leave and rota design. There were pink outlier results for overall satisfaction, clinical supervision, reporting systems, teamwork, induction, educational governance, educational supervision, feedback, local teaching and regional teaching.
Training programme / learner group reviewed	Paediatric Cardiology The review team met with: - three specialty training year one (ST1) to ST3 paediatrics trainees working in paediatric cardiology; and - four ST4 to ST8 paediatric cardiology trainees
Quality review summary	The review team was pleased to hear that all trainees would recommend their posts to their peers. Higher specialty trainees were particularly complimentary about the subspecialty exposure that they had. However, the review team heard that trainees felt that the balance between service provision and education and training was heavily weighted toward service provision.

Quality Review Team			
HEE Review Lead	Dr Gary Wares, Deputy Postgraduate Dean Health Education England, North Central London	**School of Paediatrics**	Dr Anne Opute, Deputy Head of the London School of Paediatrics
School of Medicine	Dr Andrew Deaner, Head of the London School of Medicine	**Lay Member**	Jane Chapman, Lay Representative
HEE Representative	John Marshall, Learning Environment Quality Coordinator, Quality, Patient Safety & Commissioning Team (London)		

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
PC 1.1	**Patient safety** The review team heard that there were no concerns or reported incidences where patient safety had been compromised.	
PC 1.2	**Appropriate level of clinical supervision** All trainees the review team met with reported that they had good round the clock clinical supervision and felt well supported by the consultant body and wider multidisciplinary team (MDT).	
PC 1.3	**Rotas** The review team heard that the ST4+ trainees were responsible for organising their own rota. It was reported that trainees were only given two weeks' notice of a forthcoming gap in the rota that would see on trainee leaving their post. The rota for ST4+ trainees is staffed by a mix of training grades and overseas clinical fellows. It was thought that to attract applicants to clinical fellow posts there needed to be an educational component to the roles. Trainees felt that this diminished the training opportunities available to them. ST1-3 trainees had no concerns with their rotas and felt that their main role, especially out of hours, was to support ST4+ trainees. The major concern for trainees was that they felt that they were missing out on valuable training opportunities because the current format of the rota did not allow exposure to sub-specialty patients. The trainees reported that the post would be greatly improved if they had timetabled access to sub-specialty practice. Whilst trainees felt that the rota was safe and their working hours compliant with their contracts, there was not enough slack in the rota to fulfil trainee requests for exposure to specific subspecialties. The review team heard that rota planners tried to accommodate requests where they could.	

PC 1.4	**Induction** The review team heard that both the Trust-wide and departmental inductions were good, with time built in to complete statutory mandatory training, familiarisation with the clinical environment, and received their login credentials for the reporting systems that they would be using, except in a few isolated instances. However, it was reported heard that there was no formal induction to working out of hours. Trainees described familiarising themselves with the out of hours set up in the department as learning by 'osmosis'. ST1-3 trainees stated that they would find introductory ECHO training and how to interpret the results for paediatric trainees working within paediatric cardiology would be highly beneficial.	PC 2.1
PC 1.5	**Handover** The review team was pleased to hear that there was a robust handover at 17:00 every day, including weekends. At the handover three bleeps, including the on-call bleep and the dedicated ECHO bleep were handed over to single bleep holder. These handover sessions were intended to be led by ST1-3 trainees, but with the current cohort having only just rotated into their posts were being led by higher trainees with the juniors observing. It was felt that this was a valuable developmental opportunity for trainees. Continuity of patient care was supplemented by a consultant of the week model providing continued oversight. Trainees did however report that only they had access to the TOMCAT patient record system, meaning that the wider MDT could not access the information stored there. It was felt that the transition to the EPIC system would rectify this. With regard to ECHO scanning, it was felt that the involvement of the technicians in the more routine cases and management patient records would provide consistent oversight of patients that had required a number of separate ECHOs.	
PC 1.6	**Protected time for learning and organised educational sessions** The review team was disappointed to hear that there was no scheduled programme of paediatric cardiology teaching for ST1-3 trainees. However, there were daily meetings that were felt to have an educational component to them. It was noted that there was Trust-wide teaching for this group of trainees on a monthly basis and that this was bleep free. The review team also heard that there was a weekly paediatric cardiology meeting for all training grades that were consultant led that discussed complex cases and associated topics such as anatomy and physiology.	

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.		
PC 2.1	**Impact of service design on learners** The review team was disappointed to hear that the demands of the workload and stresses on the rota impacted upon trainees' ability to make the most of the wealth of training opportunities on offer at the Trust. The review team heard that trainees felt responsible for running the echocardiogram (ECHO) scanning service during the daytime. It was reported that trainees provided the ECHO scanning across the Trust. Whilst it was felt that this was a good educational opportunity, the volume of cases was too high on any given day. Trainees reported that the dedicated ECHO team technicians were reluctant to get involved in routine ECHOs and seemingly only interested in the more complex or rarer cases. It was also noted that trainees had been told that it would be difficult to appoint an ECHO technician join the paediatric cardiology department on similar grounds. The review team heard that trainees were allocated to ECHO scanning commitments in week-long blocks, with its own dedicated bleep. This set up was noted to be particularly burdensome on ST4-6 trainees. It was felt that the arrangements for ECHO scanning were unique to the Trust, with a number of trainees noting that at other trusts they had worked at the ECHO technicians had been more engaged with trainees and willing to share their expertise. Trainees were pleased to note however, that there was dedicate on-call ECHO technician. The consensus among trainees was that if the dependency on them for ECHO scanning was removed it would not have an adverse effect on their education and training and allow more time to diversify their training. The review team was pleased to hear that service managers had asked for trainee input to address the service demands on trainees and that trainee representatives were now attending consultant meetings. The Trust should ensure that once the new EPR is embedded that trainees are given all passwords and access to electronic patient records on induction. It was reported that ST4+ trainees were the responsible first responders out of hours for referrals, including tracheoplasty. Trainees were confident that safe and efficient escalation pathways were in place and had named on-call consultants in paediatric cardiology and cardiothoracic surgery. The review team heard that trainee opportunities to attend clinics was limited, and in particular noted that one clinical fellow had a clinic-heavy job plan. Asked about any commitments they had with regard to private patients, the review team heard that trainees provided emergency care where needed. The private patients that trainees interacted with were on wards mixed with NHS patients. ST4+ trainees reported that they were invited to be involved or observe some of the rare cases these private patients presented with.	Yes, please see PC 2.2
PC 2.2	**Appropriate system for raising concerns about education and training within the organisation** The review team heard that there was an established local faculty group and that consultants and service managers sought and were receptive to trainee suggestions to improve their education and training, as well as the wider clinical environment.	
PC 2.3	**Organisation to ensure access to a named clinical supervisor** All trainees reported that they had access to a named clinical supervisor and noted a collegiate and collaborative approach to education and training among the consultant body.	

PC 2.4	**Organisation to ensure access to a named educational supervisor** All trainees reported that they had access to a named educational supervisor.	

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.

PC 3.1	**Behaviour that undermines professional confidence, performance or self-esteem** There were no reported incidences of bullying or undermining behaviour. However, some trainees did note that they had witnessed some behaviours within the department that could be construed as bullying or undermining.	Yes, please see PC 3.1
PC 3.2	**Timely and accurate information about curriculum, assessment and clinical placements** The trainees reported varied experience for getting consultant sign-off for their assessments. Some had had a good and prompt response to work they had submitted whilst others had needed to upload some work numerous times as it had lapsed before it had been signed off by a consultant.	
PC 3.3	**Academic opportunities** Trainees reported being encouraged to undertake academic opportunities where they were presented but cited service demands impeding trainees' ability to take these up.	
PC 3.4	**Access to study leave** The review team heard that ST4+ trainees had no issues getting study leave to attend the country-wide regional training days. It was also reported that trainees were encouraged to take study leave for research or audit projects. However, whilst this was welcomed by trainees there was not the capacity in the rota to accommodate due to the heavy demands on trainees to staff the rota.	
PC 3.5	**Regular, constructive and meaningful feedback** The review team heard that there had been instances following a clinical incident where emails had been sent to a group of staff detailing the incident in an unconstructive way. Whilst individuals were generally not named in these emails it was thought that this was not an appropriate way to learn from clinical incidents.	Yes, please see PC 3.5

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.

PC 4.1	**Access to appropriately funded professional development, training and an appraisal for educators** N/A	

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.

PC 5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** N/A	

6. Developing a sustainable workforce

HEE Quality Standards

6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.

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.

6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.

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.

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.

PC 6.1	**Learner retention** The review team was pleased to hear that all trainees that it met with would recommend their training posts to their peers.	

Good Practice and Requirements

Good Practice
N/A

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

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
PC 2.2	The Trust is required to review trainee echocardiogram commitments to ensure that trainees have protected time in the rota to make the most of the wealth of theatre and clinic opportunities available.	Please provide HEE with an update on the outcome of this exercise within two months from the date of issue of this report.	R1.7
PC 3.5	The Trust is required to develop a framework for providing informative and constructive feedback to trainees following clinical incidents.	Please provide HEE with a copy this framework within two months from the date of issue of this report.	R3.13

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions**	**GMC Req. No.**
PC 3.1	The Trust is recommended to reiterate its policy on reporting bullying and undermining to all trainees.	Please raise at the next available LFG meeting and document in the minutes and provide HEE with a copy.	R3.3
PC 2.1	Trainees should have access to the necessary passwords on first day of working to safely undertake their role.	The Trust should ensure that once the new EPR is embedded that trainees are given all passwords and access to electronic patient records on induction.	R1.7

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
N/A	

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Gary Wares. Deputy Postgraduate Dean, North Central and East London
Date:	26 April 2019

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.