NHS
Health Education England

Guy's & St Thomas' NHS Foundation Trust (Evelina London Children's Hospital)

Paediatric Intensive Care Unit (PICU)

Risk-based Review (on-site visit)

Quality Review report

23 January 2020

Final Report

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Quality Review details

Training programme / learner group reviewed	Paediatric Intensive Care Unit (PICU) at Evelina London Children's Hospital (Evelina)
Number of learners and educators from each training programme	The review team met with: • six paediatric intensive care medicine (PICM) higher (grid) trainees; • ten locally employed doctors (LEDs) and non-PICM higher trainees based on the PICU, including adult ICM, general paediatrics and paediatric emergency medicine trainees; and • seven educational and clinical supervisors (ESs and CSs) based on the PICU. The review team also met with the following Trust representatives: • Medical Director – Evelina • Director of Medical Education – Evelina • Director of Medical Education – Guy's & St Thomas' NHS Foundation Trust (GSTT) • Associate Director of Education, Training & Development and Head of Education Programmes • PICU Education Lead • College Tutors • Head of Nursing for Children's Surgery, PICU and Theatres • PICU Lead Nurse • Clinical and educational leads and consultants

Background to review	This Risk-based Review was arranged to discuss the General Medical Council (GMC) National Training Survey (NTS) results for 2019 relating to PICM at GSTT. PICM was recorded on the GMC NTS 2019 as a post specialty, rather than a programme group. PICM at Evelina received only grey outliers on the GMC NTS for 2019, due to an insufficient number of trainees returning responses. However, PICM at the Trust's St Thomas' Hospital site (where the Evelina is based) received one red outlier for feedback and seven pink outliers related to handover, supportive environment, induction, adequate experience, educational governance, educational supervision and regional teaching. At a Trust level, PICM received four red outliers and five pink outliers. The red outliers related to handover, supportive environment, feedback and regional teaching. The pink outliers related to teamwork, induction, adequate experience, educational governance and educational supervision. In addition to the GMC NTS results for 2019, Health Education England (HEE) had received some concerning feedback from trainees based on the PICU at Evelina through various intelligence sources, including Paediatrics College Specialty Advisory Committees (CSAC) survey results, which supported the rationale for this Risk-based Review.
Supporting evidence provided by the Trust	The review team received the following supporting evidence from the Trust in advance of the on-site visit: • Local Faculty Group meeting minutes from 13 December 2019;

	• Free-text comments relating to the PICU at Evelina from the GSTT Junior Doctor Survey 2019/20; • Record of Trust meetings with PICU trainees – 2 and 4 October 2019; and • PICU ES training records.

Summary of findings	The quality review team would like to thank the Trust for accommodating the on-site visit and for ensuring that all sessions were well attended. The review team was pleased to note several areas that were working well: • The review team was pleased to hear there was recognition from the educational and clinical leadership who participated in the review that the PICU, whilst offering great educational opportunities, was a very overwhelming place to work for some trainees. • The review team noted that a huge amount of work had gone into improving the culture on the PICU, that ongoing work was understood to be needed, and would be maintained. • The educational supervisors were extremely motivated to improve the psychological safety of the trainees, in particular modelling their own vulnerabilities. • The review team heard that the team structures were felt by trainees to be well thought through and supportive. HEE also identified the following areas for improvement, which were verbally outlined to the Trust at the visit and shared in writing the following day: • The review team heard that some trainees felt very underprepared for their roles on the PICU, despite being at a senior training level. There was a need for a thorough review of induction processes, with input from the current cohort of trainees. • Handover was reported to be much improved but still required work. Particularly, there was a need for the consultants to specifically support trainees verbally in real time within handover meetings if they experienced incivility or disrespect during the handover process. • The review team noted that, whilst the rota structure had improved, there were difficulties reported in confirming leave requests, which were not being dealt with in a timely manner. • A number of trainees felt strongly that open access to a psychologist for one-to-one sessions would have a significantly positive impact on their ability to manage the challenges of working on the PICU. Their request was that this should include both prophylactic and therapeutic support. • The trainees reported significant difficulty in readily accessing key clinical guidelines on the intranet.

Quality Review Team			
HEE Review Lead	Jo Szram Deputy Postgraduate Dean Health Education England, South London	**Training Programme Director**	Mehrengise Cooper Training Programme Director London School of Paediatrics
Head of School Representative	Jonathan Round Head of School for Paediatrics	**Trainee/Learner Representative**	Anna Stilwell Trainee Representative

	Health Education England, London		
Lay Member	Sarah Puckrose Lay Representative	**HEE Representative**	Gemma Berry Learning Environment Quality Coordinator Health Education England, South London

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

Evelina's PICU Education Lead (EL) informed the review team that the unit currently employed 14 intensive care consultants, 190 whole time equivalent (WTE) nursing staff, a play specialist, two full-time technologists and a number of Allied Health Professionals (AHPs) and administrators. There were also approximately 30 medical trainees in the team, including LEDs. The review team heard that Evelina had one of the largest PICUs in England, receiving approximately one thousand admissions a year, only a third of which were internal referrals. The EL said the unit was very busy and the number of retrieval calls received by the team had increased in the last decade, with around 1700 calls in 2018, of which around 900 had been activated.

The EL expressed feeling disappointed by the negative GMC NTS 2019 results for PICM at the Trust; they were not sure what had significantly changed since 2018, when the survey results had been more positive. They also advised that the London School of Paediatrics survey results for 2019 had shown a more optimistic picture. The EL said the PICU leadership team had been working to address each of their lowest scoring indicators from the GMC NTS 2019, including asking for tips and advice from colleagues at other trusts to help implement improvements.

With regards to induction, the EL confirmed that the PICU had two large intakes of trainees each year (February/March and August/September). Whilst the PICU educational team had tested several induction programmes over the past few years, the EL said it was usually a challenge trying to fit all necessary information into the trainees' induction schedule, which was comprised of one corporate Trust induction day and two PICU induction days. Based on feedback from trainees, the EL said work was being undertaken to reduce the number of PICU induction sessions that were duplicated between PICM, ICU and general paediatrics trainees, so there was only one programme for all of these trainee groups, rather than three. A hands-on ventilation training session was also now being provided to those trainees with less experience of this. The review team heard that a 'survival guide' had been drafted by a recent trainee to assist with induction.

The EL acknowledged that the team needed a more structured process with regards to sharing formal feedback with colleagues, and that feedback was possibly not shared often enough across the team. They also acknowledged that ESs had not always been clear with trainees on how they addressed any feedback they received. However, the review team heard that in August 2019, a new application had been provided to staff on the PICU to allow them to share instant feedback on their working day, which was then reviewed by the EL and Lead Nurse and shared with the wider team where appropriate. This aimed to improve working practices on the unit and to address any concerns straight away.

The review team heard that trainees had 30-minute local teaching sessions scheduled four mornings per week, which incorporated other specialties, such as cardiology. The EL also said the trainees had one full day per month for PICM curriculum-based regional teaching, multi-disciplinary simulation sessions were held twice per month, and trainees were encouraged to attend conferences and other learning events during their posts. The EL informed the review team that they had received positive feedback from the trainees regarding their teaching. However, there were plans to more closely link the themes of local teaching sessions with the trainees' monthly regional teaching sessions. The monthly teaching dates were also going to be highlighted more clearly on rotas, to ensure they were fairly allocated to trainees.

The EL thought that one of the PICU's greatest strengths was that it offered good learning opportunities for general paediatrics trainees, who could gain a different perspective on retrieval calls and a greater insight into paediatric intensive care. It was hoped this experience helped general paediatrics trainees to feel more confident when managing critically ill children. The EL also said that research opportunities for trainees and LEDs on the unit had expanded and the team was engaged in developing learning opportunities internally and externally to the Trust. However, due to the trainees' and LEDs' varying levels of experience, learning needs were complex and could be challenging to accommodate, particularly if they were only working on the unit for a short time.

Furthermore, it was suggested that PICM grid trainees were often placed in a senior position within sub-teams on the PICU, but they did not always have prior PICU experience, which could be difficult for them to manage.

The EL stated that handover processes on the PICU had been repeatedly highlighted as a concern for trainees through various intelligence sources. Trainees had reported feeling intimidated and uncomfortable on multi-disciplinary ward rounds, and the EL thought interactions between specialties during handover could have been better. The review team heard that an internal survey was recently conducted across the team and the findings suggested that staff wanted their colleagues to be more respectful and polite to one another during the handover process. This was raised with consultants in cardiology as well as the PICU. One of the ESs said that a new system had since been implemented to diffuse the historically tense part of handover, and colleagues were now asked to introduce themselves and their roles as part of the process, which helped to alleviate tension. The ES also thought that staff were now more cognisant of their communication styles. The EL told the review team that they had asked trainees for their suggestions on how improve to the handover process. This was said to be work in progress, but one development was that case discussions were now more staggered, to allow each trainee the opportunity to input. The review team emphasised the importance of ensuring trainees were defended by their consultants during handover, in the face of any incivility.

The review team heard that the EL had received mixed feedback as to whether the PICU was a supportive environment. To address this, the EL said that regular debriefs with psychologists had been introduced for medical staff at least once a month, to offer pastoral support. The Lead Nurse also advised that a business case was in progress for increased psychological support on the PICU. It was acknowledged by the EL that at times, staff on the unit had been dismissive of other PICUs, so work was being undertaken to try to promote more positivity towards external colleagues.

According to the EL, a consultant was rostered onto the unit to provide clinical supervision (particularly one-to-one discussions regarding retrievals and new cardiac cases) almost every day. It was suggested that two additional WTE consultants were needed to deliver daily clinical supervision and meet on-call commitments. The EL thought that support for trainees dealing with retrievals could be improved and so plans were in place to recruit a 'education and retrieval fellow' post.

The review team was informed that all but two of the PICU consultants had completed ES training in the last three years. Trainees were each assigned to one ES (also a CS) and were matched by sub-specialty whenever possible, although there were only two WTE anaesthetics consultants on the PICU. The EL suggested more work should be done to ensure the ESs were kept up to date with current guidelines, feedback processes, maintaining e-portfolios, career progression (of trainees) and addressing resilience within the team. One of the ESs also thought that further consideration needed to be given to the sharing of intelligence between supervisors. They said at times, they may not have worked with some of their assigned trainees for several months, due to shift patterns, so it was important to get feedback on trainees' learning from other supervisors who had been working with them.

The review team offered support to the EL to address some of the issues raised through the GMC NTS 2019 and emphasised that improvement work needed to be maintained.

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive learning experience for service users.

1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.

1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).

1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.

1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.

1.6 The learning environment promotes inter-professional learning opportunities.		
Ref	**Findings**	**Action required? Requirement Reference Number**
PICU1.1	**Appropriate level of clinical supervision** The Paediatric Intensive Care Medicine (PICM) higher trainees told the review team they received excellent clinical supervision whilst working on the Paediatric Intensive Care Unit (PICU). They explained that each trainee worked within an allocated sub-team and each sub-team had a range of experience, skills and training backgrounds, so supervision and advice was always available, including on night shifts. This view was reiterated by the non-PICM higher trainees and Locally Employed Doctors (LEDs) based on the PICU, who felt they received a safe level of supervision and thought around 90 per cent of the sub-teams were well-balanced in terms of experience.	
PICU1.2	**Responsibilities for patient care appropriate for stage of education and training** The review team heard from some of the PICM higher trainees that, on joining the PICU team at a senior training level, there was sometimes an expectation from colleagues that they would have more experience and knowledge of PICM than they did. If trainees had previous PICM experience then their transition into the team could be very positive, but for trainees with little or no prior PICM experience, it could be intimidating, pressurised and overwhelming. For the latter type of trainee, the review team was told it could take between three to 12 months for them to feel comfortable in their posts and a significant amount of self-directed learning was required to develop the necessary practical skills. The review team heard that, whilst not all of the PICM higher trainees shared this experience and did not feel out of their depth on commencing their posts, they recognised that if a trainee's allocated sub-team was not supportive or they did not receive appropriate supervision for their level of experience, they could be negatively impacted. The non-PICM higher trainees shared a similar view that, although they joined the PICU team as senior-level trainees within their sub-specialties, they were new to PICM and this could be a daunting prospect. They also felt the PICU was a unique working environment and it could be difficult to acclimatise to it. The non-PICM higher trainees and LEDs thought, on average, it took around four to six months to feel comfortable in their posts, although they did not have any safety concerns during that time. They said they felt reliant on their sub-teams having a range of experience and a supportive culture for them to be able to conduct their duties. They also felt this was largely the case across the PICU's sub-teams, but the leadership team could still make improvements regarding who was grouped together.	Yes, please see PICU1.4
PICU1.3	**Rotas** The review team was informed that PICM higher trainees on their anaesthetics block did some of their anaesthetics training at Evelina and they would do their on-call work in anaesthetics; they were not on the PICU on-call rota. The PICM higher trainees told the review team that they did not want their rota to change, as this had recently improved. The non-PICM higher trainees and LEDs also felt that the rota had been carefully considered because there was a good skill mix rostered on shift at all times.	

	The non-PICM higher trainees and LEDs suggested that the large number of nursing staff working on the PICU could be problematic, as they often worked with nurses they had never met and they had to build relationships on every shift, which took time. They thought that, consequently, the nurses were not always aware of the trainees' and LEDs' levels of experience and capabilities. However, they felt knowledge was always being shared between the nurses and medical staff, which was positive.	
PICU1.4	**Induction** The PICM higher trainees thought that the Trust's corporate induction was one of the best they had received during their training. However, they felt their local induction to the PICU did not provide all of the clinical components they required for their posts. The trainees recognised that it was difficult for the PICU leadership team to create a short induction programme that catered to a cohort with mixed experience, and they were aware that work was underway to address this. However, they thought the Trust needed to better understand their training requirements on commencement of their posts, rather than relying on the trainees to work this out for themselves. The PICM higher trainees also advised that, whilst there were a lot of supportive consultants on the unit, orienting themselves in the team was difficult because they did not have clear guidance from the outset. The PICM higher trainees thought that, as part of their local induction, it would be advantageous for the unit to provide written standards of care (for standard cases) and a basic processes template which could be regularly updated. They also thought a post-operative management booklet would be helpful. The non-PICM higher trainees and LEDs shared the view that the local induction could be improved, such as tailoring the programme to an individual's training background and skill set, although they acknowledged this might be challenging. They suggested the programme could be ongoing over the first few weeks and ideally or separated by junior and higher levels of training. They also said they wanted a two-day (rather than one-day) local induction, although the PICU Education Lead (EL) said this was already the case. The non-PICM higher trainees and LEDs thought it would have been helpful to have been given some 'homework' or reading materials as part of the local induction programme, which had been the case at other trusts they had worked at. The review team heard that a 'survival guide' was being developed by the team, which would meet some of these needs, but the PICM higher trainees said this would take time to finalise as guidelines all had to be agreed between members of the team.	Yes, please see PICU1.4
PICU1.5	**Handover** The review team heard from the PICM higher trainees that the morning handover meetings had been problematic at times, both in terms of information sharing and interactions between multi-disciplinary teams. The PICM higher trainees thought that, on occasion, important patient details were not handed over because it was not feasible to cover everything in a one-hour meeting and that timekeeping during these meetings was not always managed well. They also advised that confrontational exchanges between consultants (for example, between cardiology and PICU consultants), had created an intimidating atmosphere in the past. The review team heard that the PICU consultants had tried to protect their trainees from difficult exchanges with consultants from other specialties by stopping the trainees from speaking up in the handover meetings, but this supportive intention had not always been made clear to the trainees at the time. The non-PICM higher trainees and LEDs told the review team that handover with cardiac surgeons could be intimidating and these consultants had, in their view, been overly critical and unnecessarily harsh at times, particularly regarding patient care decisions made by trainees and LEDs. The review team heard that the PICU	

	consultants would generally eventually intervene to support their trainees in these situations, but the trainees and LEDs thought in some instances, they could have done so sooner and in particular, during the discussion rather than afterwards. The trainees thought that it was now a rarity for members of the team to be spoken to disrespectfully at handover meetings, but they felt it was important that the individuals behaving in that way were held to account. Overall, the PICM higher trainees, non-PICM higher trainees and LEDs believed the handover meetings had significantly improved of late and they hoped this would continue. The non-PICM higher trainees and LEDs said a recent positive change was that they now had the opportunity to explain and discuss their patient care decisions, which offered a better learning experience than previously. The non-PICM higher trainees and LEDs also recognised that more of the PICU consultants were now verbalising their decision-making processes in more detail, and were talking through procedures, which they found very helpful. The review team heard the 'grand round' format of handover meetings had been changed and the number of participants reduced, which was generally less intimidating for trainees and LEDs.	Yes, please see PICU1.5
PICU1.6	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The PICM higher trainees expressed the view that the PICU at Evelina offered a rich learning environment and exposure to a variety of clinical situations. The non-PICM higher trainees and LEDs thought that ward rounds offered good learning opportunities, particularly as they focussed on specific patient cases.	
PICU1.7	**Protected time for learning and organised educational sessions** The review team heard that the PICM higher trainees had one local teaching session scheduled every weekday morning, except Mondays. However, the trainees said only around 60 per cent of these sessions went ahead as planned, due to the morning handover meeting overrunning or the relevant tutor not being available. The trainees advised that recently, even if no formal teaching was happening, they made a concerted effort to conduct a case discussion on a Friday, which still offered a significant benefit to their learning. They had also started to hold daily discussions regarding pending cardiac patients for the day ahead. The PICM higher trainees confirmed that they were able to attend PICM curriculum-based regional teaching on the last Wednesday of every month, provided they gave six weeks' notice for study leave. They said they were always informed about the regional teaching sessions and that the PICU team were flexible with the rota to enable them to attend. The non-PICM higher trainees and LEDs told the review team that their local teaching sessions went ahead most of the time and these were generally relevant to their learning needs, but they recognised that it was difficult to cater to everyone. These local teaching sessions were said to be both consultant- and trainee-led. The review team heard that PICU retrieval teaching sessions were usually led by a trainee with consultant input. The LEDs also said weekly reading and teaching sessions were open to those interested in specific subjects.	
PICU1.8	**Access to simulation-based training opportunities** The PICM higher trainees said they did not receive the twice-monthly simulation training they should have had as part of their programme; sessions were only occasional. They told the review team they wanted more in-situ simulation training, but this was sometimes directed more towards nursing staff. The review team heard that the non-PICM higher trainees found simulation training helpful, but they were also not receiving their twice-monthly sessions.	Yes, please see PICU 1.8

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.

2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.

2.3 The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.

2.4 Education and training opportunities are based on principles of equality and diversity.

2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

PICU2.1	**Effective, transparent and clearly understood educational governance systems and processes** The non-PICM higher trainees and LEDs felt that the PICU leadership team were open to suggestions regarding improvements to working practices and processes and acknowledged that positive change was taking place across the team.	
PICU2.2	**Impact of service design on learners** The PICM higher trainees thought that the PICU's sub-team structure worked well overall and trainees tended to stay within their allocated sub-teams. However, they felt that if a trainee was working in a sub-team that did not have a positive dynamic, their training and overall experience on the PICU could be negatively impacted. The supervisors also thought the introduction of sub-teams, whose members were always on-call together, had been successful and offered a better level of support to staff than previously. The non-PICM higher trainees and LEDs told the review team that in general, there was an even division of work between the trainees and LEDs and the culture was non-competitive and supportive. They said there was a 'chief registrar' (nominated higher trainee) on the PICU who tended to liaise with consultants the most of all the trainees and LEDs. The PICM higher trainees, non-PICM higher trainees and LEDs advised that the Trust's system for finding clinical guidelines and protocols online was very poor and created a significant barrier to accessing the information they required.	Yes, please see PICU2.2a Yes, please see PICU2.2b
PICU2.3	**Systems and processes to identify, support and manage learners when there are concerns** The supervisors recognised that their trainees were often placed in positions of seniority within sub-teams early on in their posts, which could be very overwhelming for them, particularly if they had not worked on a PICU before. The supervisors told the review team that they now shared information with one another regarding trainees in difficulty, and if they witnessed a trainee struggling they would support them in that present moment, whereas in the past concerns had not been dealt with in a timely manner.	

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 to achieve the learning outcomes required.

3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.

3.3 Learners feel they are valued members of the healthcare team within which they are placed. **3.4 Learners receive an appropriate and timely induction into the learning environment.** **3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.**		
PICU3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** The PICM higher trainees told the review team that a very supportive and beneficial multi-disciplinary debrief had been arranged following a particularly difficult and upsetting night shift, and they had had the opportunity to meet with a psychologist at that time. The non-PICM higher trainees and LEDs also said they had been offered debriefs on occasion, but they felt these should not just be arranged in response to patient deaths, but on an ongoing basis, given the emotional impact of working on the PICU. The trainees and LEDs felt there was a strong case for more regular and outwardly available psychological support for members of the team, including one-to-one sessions with a psychologist. The review team noted that the non-PICM higher trainees and LEDs were not fully aware of the pastoral support available to them at the Trust. However, they thought they received good mentoring and sometimes felt able to share their feelings more openly with a mentor than with their direct colleagues. The supervisors emphasised the importance of a compassionate culture and psychological safety within the PICU team. The review team was pleased to hear that the supervisors had conducted some supportive teaching sessions on the emotional impact of working on the PICU; setting expectations, sharing their personal experiences and talking about how they had been affected as consultants. These sessions aimed to make trainees aware that they were not alone in feeling upset about distressing situations that occurred on the unit. The supervisors told the review team that they encouraged the trainees to maintain a good work-life balance. The PICM higher trainees told the review team that their out-of-hours rest facilities were very good.	Yes, please see PICU3.1a Yes, please see PICU3.1b
PICU3.2	**Behaviour that undermines professional confidence, performance or self-esteem** The PICM higher trainees told the review team that the PICU matrons had undertaken a significant amount of work to promote a more supportive working environment for colleagues across the team and they felt the relationship between medical and nursing staff on the unit had improved. The review team heard that some senior nurses used to behave unpleasantly towards certain trainees, but they had been told to desist (although it was not clear who had addressed this with them). The PICM higher trainees said they were supported by their consultants to report any concerns regarding the behaviour of nursing staff in the team, but they thought the vast majority of PICU nurses were hard-working, kind and enthusiastic. Some of the non-PICM higher trainees told the review team that they felt there was an assumption on the part of some nursing staff that any gap in a trainee's knowledge indicated a lack of competence. However, they felt the consultants defended trainees if they were made to feel uncomfortable.	
PICU3.3	**Access to study leave** Whilst the PICM higher trainees did not report any issues with accessing study leave, the review team heard that some of the non-PICM higher trainees had found it difficult to confirm study leave (and annual leave) on several occasions. They said	

	leave requests were often only approved at very short notice, or occasionally no formal approval was received, which created psychological uncertainty for the trainees. However, they hoped this situation would improve with the confirmed appointment of a second rota manager for the team.	Yes, please see PICU3.3
PICU3.4	**Regular, constructive and meaningful feedback** The PICM higher trainees informed the review team that they were aware of the newly established instant feedback application available to all members of the team, although they had not used it yet. The supervisors told the review team they felt they had to be very careful about their delivery of constructive criticism, as they thought some trainees were offended by it, rather than viewing it as a learning opportunity.	
4. Supporting and empowering educators		
HEE Quality Standards **4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.** **4.2 Educators are familiar with the curricula of the learners they are educating.** **4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.** **4.4 Formally recognised educators are appropriate supported to undertake their roles.**		
PICU4.1	**Access to appropriately funded professional development, training and an appraisal for educators** The supervisors, who were all educational as well as clinical supervisors, told the review team they received a large amount of training for both of these roles.	
PICU4.2	**Sufficient time in educators' job plans to meet educational responsibilities** The review team heard that the supervisors did not always get the supporting programmed activity (SPA) time for educational supervision that they should, but they still believed the ES role was valued by the Trust. The supervisors thought their job plans were tight and due to rota arrangements, they did not always have much face-to-face contact with their assigned trainees. They said they sought or automatically received feedback from other supervisors who had spent more time with their trainees on a shift (providing clinical supervision), to understand how they were progressing. In order to fulfil their duties, they felt the ES role needed to be flexible.	Yes, please see PICU 4.2
5. Delivering curricula and assessments		
HEE Quality Standards **5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.** **5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.** **5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.**		
PICU5.1	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum**	

	The PICM higher trainees thought they were prioritised over non-PICM trainees and LEDs when opportunities arose to perform procedures, unless there was a compelling reason why this should not happen. This view was reiterated by the LEDs, who said they supported the trainees with their training requirements. The supervisors told the review team that, on commencement of their posts on the PICU, they asked their trainees what they hoped to achieve during their time in the team and helped them to meet these aims, recognising there were varying levels of need across each cohort. The supervisors felt they and the trainees learnt from this process and they enjoyed seeing the trainees' progression.	

6. Developing a sustainable workforce

HEE Quality Standards **6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.** **6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.** **6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs to patients and service.** **6.4 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.**		
	N/A	

Good Practice and Requirements

Good Practice
N/A

Immediate Mandatory Requirements

Given the severity of an Immediate Mandatory Requirement, the risk rating must fall within the range of 15 to 25 or have an Intensive Support Framework rating of 3. This risk rating will be reviewed once the Trust has provided their response to the Immediate Mandatory Requirement.

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

Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

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

PICU1.4	The review team heard that some trainees felt very underprepared for their roles on the Paediatric Intensive Care Unit (PICU), despite being at a senior training level. There is a need for a thorough review of induction processes, with input from the current cohort of trainees. Induction should be tailored to trainees' previous experience and learning needs and include more practical skills, such as hands-on airway skills.	The Trust is required to provide copies of induction programmes for trainees on the PICU to Health Education England (HEE) by 1 June 2020, as per the action plan timeline. Feedback on content should be collected at the next changeover in August/September, as a recommendation, and the timetable adjusted accordingly in a process of continuous improvement.	R1.13
PICU1.5	Handover was reported to be much improved but still required work. Particularly, there is a need for PICU consultants to specifically support trainees verbally if they experience incivility or disrespect during the handover process.	The Trust is required to provide feedback from trainees on handover and culture on the PICU to HEE by 1 June 2020, as per the action plan timeline.	R1.14
PICU 1.8	The paediatric intensive care medicine (PICM) and non-PICM higher trainees should receive twice-monthly simulation training in line with their curriculum requirements.	The Trust is required to provide a timetable and attendance rate of twice-monthly simulation training for higher trainees (PICM and non-PICM) and feedback through survey or trainee forum to HEE by 1 June 2020, as per the action plan timeline.	R1.20
PICU3.3	There were difficulties reported in confirming leave requests, which were not being dealt with in a timely manner. HEE asks that this process is clarified and that confirmation of leave request approvals be made via email to trainees.	The Trust is required to provide feedback from trainees on whether leave requests and approval confirmation are being actioned in a timely manner. Please provide this evidence to HEE by 1 June 2020, as per the action plan timeline.	R1.12
PICU3.1 a	A number of trainees felt strongly that open access to a psychologist for one-to-one sessions would have a significantly positive impact on their ability to manage the challenges of working on the PICU. Their request was that this should include both prophylactic and therapeutic support.	The Trust is to provide an update on the action being taken to ensure accessible, one-to-one psychological support for trainees. Please provide this evidence to HEE by 1 June 2020, as per the action plan timeline.	R3.2
PICU3.1 b	The review team was pleased to note that the educational supervisors were extremely motivated to improve the psychological safety of the trainees, in particular modelling their own vulnerabilities. The review team recommends more frequent discussions of this kind are made available to the trainee cohort, such as Schwartz rounds and personal reflections on challenging cases.	The Trust is to provide evidence that discussion sessions focussing on psychological support have been scheduled for trainees, via timetables and trainee feedback. Please provide this evidence to HEE by 1 June 2020, as per the action plan timeline.	R3.2
PICU2.2 a	The review team heard that the team structures on the PICU were felt by trainees to be well thought through and supportive. However, the review team suggests a formal 'check-in' process is established for new trainees, to ensure they feel secure in their allocated teams.	The Trust is to provide documented evidence of a formal 'check-in' process for new trainees on the PICU. Please provide this evidence to HEE by 1 June 2020, as per the action plan timeline.	R2.3
PICU2.2 b	The trainees reported significant difficulty in readily accessing key clinical guidelines on the intranet. This could be addressed through a quality improvement project.	The Trust is to provide evidence that access to key clinical guidelines has improved, via relevant trainee feedback such as a survey or focus group. Please	R1.13 & R1.19

		provide this evidence to HEE by 1 June 2020, as per the action plan timeline.	
PICU4.2	The review team heard that the supervisors did not always get the programmed activity (PA) time for educational supervision, which needs to be rectified.	The Trust is to provide evidence that PA time has been agreed within the job planning cycle for each educational supervisor, at the national rate of 0.2PA per educational supervisee. Please provide this evidence to HEE by 1 June 2020, as per the action plan timeline.	R4.2

Minor Concerns **Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.**			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
	N/A		

Recommendations **These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.**		
Rec. Ref No.	**Recommendation**	**GMC Req. No.**
	N/A	

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 Jo Szram, Deputy Postgraduate Dean for South London
Date:	19 March 2020

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.