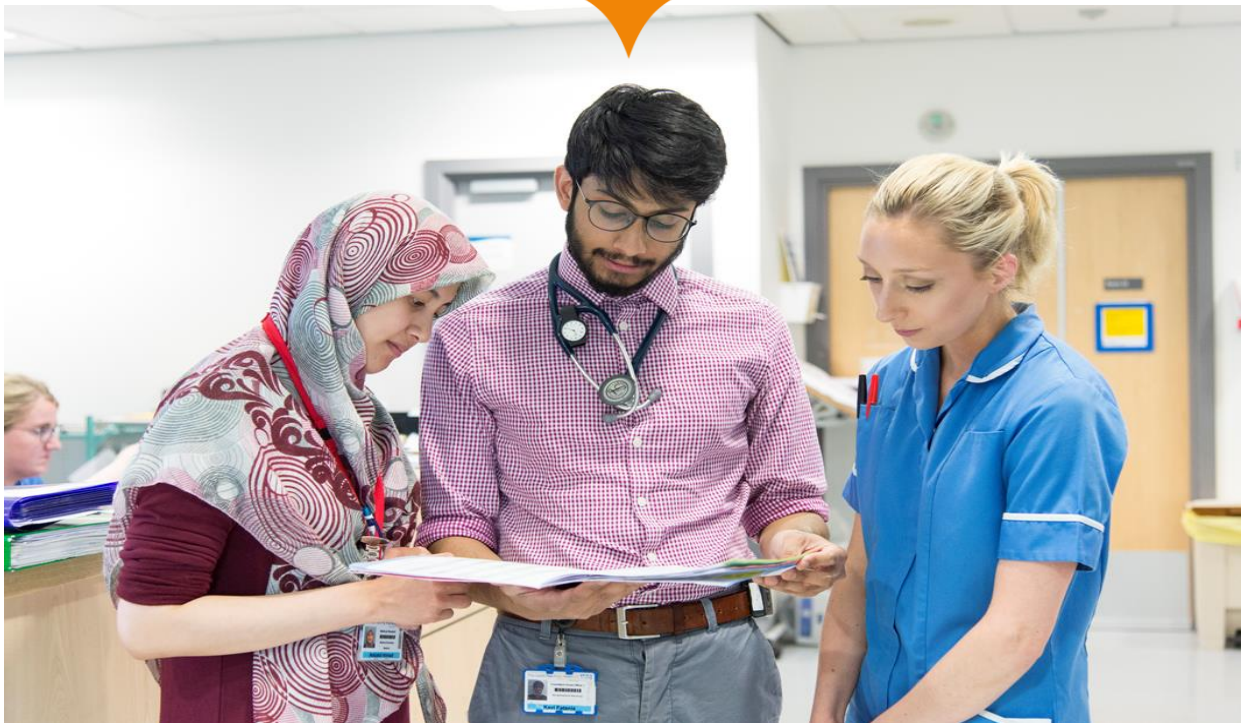


HEE Quality Interventions Review Report

**Royal Free NHS Foundation Trust
Cardiology (higher training)
Learner Review**



HEE London

15 June 2021

Final Report 16 July 2021

Review Overview

Background to the review:	<p>This review was undertaken following a number of concerns raised about the clinical learning environment at both the Royal Free and Barnet Hospitals. These issues centre around:</p> <ul style="list-style-type: none"> • No consistent access to training directed towards completion of core cardiology curriculum; angiography; pacing; and echocardiography. • Non-training tasks including nursing duties in the catheterisation laboratory. • Lack of consultant cover or supervision in clinics. • Lack of engagement by trainers to respond to concerns raised by trainees. • Balance between service provision and education and training <p>In addition, the review will address the four outstanding quality actions on QMP. Three from a quality review in April 2019, and one action from the GMC NTS 2018, pertaining to Overall Satisfaction.</p>
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	Cardiology – higher training programme
Who we met with:	The review team met with six specialty training years 2-6 trainees from across the Royal Free Hospital (RFH) and Barnet Hospital (BA).
Evidence utilised:	<p>The review team received the following evidence in preparation for this review:</p> <ul style="list-style-type: none"> - Cardiology Most recent LFG minutes - Details of the number of exception reports RFH - GoSWH Board report 2020-21 Q3 BH - Most recent MEC minutes

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Dr Bhanu Williams, Deputy Postgraduate Dean
Specialty Expert	Dr Andrew Deaner, Head of London School of Medicine
HEE Quality Representative(s)	John Marshall, Deputy Quality, Patient Safety and Commissioning Manager
Lay Representative	Robert Hawker
Supporting roles	Nicole Lallaway, Learning Environment Quality Coordinator

Executive summary

The review team was encouraged to hear of the potential that the Trust had as centre for cardiology training, with trainees noting the breadth of services and training opportunities available across both sites. However, trainees based at both sites reported feeling there was an imbalance toward service provision over education and training.

The review team was concerned to hear that consultant supervision was not always readily available. Trainees at both sites reported that they had been unable to reach a consultant for support during registrar-led clinics.

The review team was concerned to hear of incidences of bullying and undermining across both sites.

Review findings

The findings detailed in the sections below should be referenced to the quality domains and standards set-out towards the end of this template. Specifically, mandatory requirements should be explicitly linked to quality standards. Not all of HEE's domains and standards have been included, only those that have a direct operational impact on the quality of the clinical learning environment, which a quality review will be most likely to identify (although this does not preclude other standards outlined in the Quality Framework being subject to review, comment and requirements where relevant).

Mandatory requirements

Mandatory requirements and Immediate Mandatory Requirements (IMRs) should be identified as set out below. IMRs are likely to require action prior to the draft Quality Review Report being created and forwarded to the placement provider. The report should identify how the IMR has been implemented in the short term and any longer termed plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the 'Review Findings' section. Requirements identified should be succinct, SMART and not include the full narrative from the detailed report. Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider.

Immediate Mandatory Requirements Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales		
Requirement Reference number	Review Findings	Required Action, timeline, evidence
	N/A	
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence

Mandatory Requirements The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.		
Requirement Reference number	Review Findings	Required Action, timeline, evidence
RF1.4a	Barnet: Trainees reported that, in general, the consultant body was supportive and readily available on the wards. However, it was noted that some clinics were trainee-led and that consultant supervision was not always on hand.	The Trust is required to ensure that where clinics are trainee/registrar-led, that a named consultant is available for the duration of the clinic at all times. If a consultant is not available to provide support the Trust should cancel the clinic. The request for immediate cessation of unsupervised clinics has been communicated to the trust.
RF1.4b	Royal Free: Trainees reported that, in general, the consultant body was supportive and readily available on the wards. However, it was noted that some clinics were trainee-led and that consultant supervision was not always on hand.	The Trust is required to ensure that where clinics are trainee/registrar-led, that a named consultant is available for the duration of the clinic at all times. If a consultant is not available to provide support the Trust should cancel the clinic. The request for immediate cessation of unsupervised clinics has been communicated to the trust.
RF3.2	Trainees at both sites reported that due to service demands they found meeting their curriculum requirements and associated administrative work a challenge.	Please provide HEE with evidence that trainees have protected time in their work schedules to complete their curriculum requirements, workplace-based assessments, and administrative work by 1 September 2021.
RF3.1	The review team was concerned to hear that some trainees had felt pressured into working during the Covid-19 pandemic despite being on sick leave by non-clinical service managers. It was not clear to the review team if there was a misunderstanding between what could reasonably be expected of individuals who were isolating	The Trust is required to review its policy for staff who are either isolating or off sick following a positive Covid test and provide clear guidance of staff responsibilities in light of both. Please provide evidence of this and that this has been communicated to trainees by 1 September 2021.

	following a contact with a Covid positive person in contrast to those who were on sick leave following a positive Covid test.	
RF5.1a	Barnet: The review team was concerned to hear that trainees had not been encouraged to exception report on the occasions that they had been required to stay beyond their contracted hours.	The Trust is required to remind all trainers and trainees of the importance of exception reporting. Please provide evidence via the local faculty group minutes that this has been stressed to trainers and trainees by 1 September 2021.

Recommendations

Recommendations are not mandatory but intended to be helpful, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Recommendation	
Related Domain(s) & Standard(s)	Recommendation
	N/A

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review Team, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)
	N/A	

HEE Quality Standards and Domains for Quality Reviews

Domain 1 - Learning environment and culture		
<p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p> <p>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.</p> <p>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).</p> <p>1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.</p> <p>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.</p> <p>1.6. The learning environment promotes interprofessional learning opportunities.</p>		
HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.2	<p>Bullying and undermining</p> <p><u>Barnet</u></p> <p>The lay representative and a member of the HEE quality team met with a trainee in a closed session to discuss their experiences of bullying and undermining. Some details of this discussion were fed back to the Trust outside of this report.</p> <p><u>Royal Free</u></p> <p>The review team heard that constructive feedback was not usually offered voluntarily. Trainees reported that in the event of a clinical incident, or other potential learning opportunity, a number of consultants, and one in particular, would admonish trainees. In some incidences, this feedback was felt by trainees to be delivered in a way to maximise the negative impact on them and to undermine their confidence. It was also noted that criticism extended into comments about trainees' personalities and character traits. However, this was not the experience of all trainees.</p> <p>Some trainees also provided further feedback in a closed session. Some details of which were fed back to the Trust outside of this report.</p>	
1.4	<p>Appropriate levels of Clinical Supervision</p> <p><u>Barnet</u></p> <p>Trainees reported that, in general, the consultant body was supportive and readily available on the wards. However, it was noted that some clinics were trainee-led and that consultant supervision was not always on hand.</p> <p>The review team was pleased to hear trainees had no concerns with clinical supervision in or out of hours when covering medical on-calls. Nights and weekends in particular were described as well supported.</p> <p><u>Royal Free</u></p>	Yes, please see RF1.4a

	Trainees reported that supervision was readily available on the wards. However, similar to their colleagues at Barnet, it was reported that some clinics were trainee-led and that the on-call consultant on occasions was unable to be reached.	Yes, please see RF1.4b
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Domain 2 – Educational governance and leadership

- 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.

HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
	N/A	

Domain 3 – Supporting and empowering learners

- 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.

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.2	<p>Time for learners to complete their assessments as required by the curriculum or professional standards</p> <p><u>Barnet</u></p> <p>Trainees reported that they had struggled to cover their core curriculum requirements through formal teaching, with much of the learning taking part on the job. The review team was disappointed to hear that there had been occasions where some trainees had felt deterred from attending scheduled teaching or regional training days.</p> <p>It was also noted that trainees had the opportunity to work cross-site to take advantage of the clinical services and associated learning opportunities across the Trust. However, opportunities to increase exposure to echocardiogram (ECHO) and angioplasty at the Royal Free site were limited due to service demands.</p>	

	<p>As a result, trainees reported that they did not have the necessary case numbers commensurate with their level of training. It was reported that trainees had 10-15 ECHO cases in contrast to previous cohorts, whom they believed to be achieving 100+ cases.</p> <p><u>Royal Free</u></p> <p>The review team heard that there were good on the job learning opportunities. However, it was felt that the consultant body lacked awareness of trainee curriculum requirements and how to meet them.</p>	Yes, please see RF3.2
3.3	<p>Access to study leave</p> <p><u>Royal Free</u></p> <p>Trainees reported that booking and then taking study leave had been a challenge in the past year. Consultant support in this regard was described as 'neutral to poor'. It was noted however, that the new education lead (working across both Barnet and Royal Free Hospitals was) had made a positive impact in increasing and raising the quality of the educational offer from the Trust to trainees.</p> <p>Trainees did report feeling that the new lead for education did not have the support or resources necessary to address all the issues within the training environment.</p>	
3.1	<p>Regular constructive and meaningful feedback</p> <p><u>Barnet</u></p> <p>The review team was pleased to hear trainees were regularly offered what was described as 'valuable feedback'.</p> <p><u>Royal Free</u></p> <p>The review team was disappointed to hear that constructive feedback was usually not forthcoming. It was reported that feedback following a clinical incident, or other learning opportunity, that feedback was negative to the point it was construed as bullying and undermining.</p>	
3.1	<p>Access to resources to support learners' health and wellbeing and to educational and pastoral support</p> <p><u>Barnet Hospital</u></p> <p>The review team was disappointed to hear that some trainees had felt pressured into working during the Covid-19 pandemic despite being on sick leave by non-clinical service managers. It was not clear to the review team if there was a misunderstanding between what could reasonably be expected of individuals who were isolating following a contact with a Covid positive person in contrast to those who were on sick leave following a positive Covid test.</p>	Yes, please see RF3.1

<p>4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.</p> <p>4.2. Educators are familiar with the curricula of the learners they are educating.</p> <p>4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.</p> <p>4.4. Formally recognised educators are appropriately supported to undertake their roles.</p>		
HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
	N/a	

Domain 5 – Delivering curricula and assessments		
<p>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.</p> <p>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.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
5.1	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p><u>Barnet</u></p> <p>Trainees unanimously agreed that the workload within the department was 'excessive'. The review team heard that workload in the department had been adversely affected by staffing levels on the middle grade rota. It was understood by trainees that the department operated with a minimum of five whole-time equivalent (WTE) doctors on the middle grade rota. However, it was reported that the department had been operating with 3.5 WTE doctors, which was further reduced to 2.5 WTE following staff sickness. This meant that already limited learning opportunities were reduced further. To address this, it was planned that a locum middle grade doctor be brought in in December 2020. However, this did not materialise. An additional junior grade doctor has since been added to the rota with effect from 7 June 2021.</p> <p>The review team heard of trainees routinely staying late to complete administrative work, something they had no time to complete during contracted hours. Whilst trainees could not identify individual episodes of patients coming to harm due to the staffing model or the delay in communicating patient appointments and outcomes, they could not be certain that patients had not come to harm. Trainees also reported that the quality and availability of IT equipment was poor.</p> <p>The review team was concerned to hear trainees had not been encouraged to exception report on the occasions that they had been required to stay beyond their contracted hours.</p> <p><u>Royal Free</u></p> <p>The review team heard that the workload in the department was 'intense' but felt to be manageable. However, it was noted that trainees described on-calls</p>	Yes, please see RF5.1a

	<p>in particular to be very busy, leaving trainees to worry that due to the volume of cases they could not give each case the attention they would have liked to.</p> <p>It was reported that clinics were often oversubscribed and that trainees found it a challenge to be fully briefed and familiar with all their patient histories, particularly those with longstanding conditions. Trainees reported staying late to ensure that their administrative work was complete. The review team was disappointed to hear that consultant support during these clinics was not always available.</p> <p>The review team was pleased to hear trainees had good access to ECHO cases and that the head of physiology gave regular and constructive feedback. It was noted that part of the appeal of the Trust for cardiology training was the cross-site working opportunities. Trainees reported having no pacing experience prior to joining the Trust, something that is offered at Barnet Hospital. However, it was noted that to take advantage of this that trainees were undertaking this work on their days off due to clinical pressures.</p> <p>The consensus among trainees was that the Trust had potential to be a centre of excellence for cardiology training, particularly for specialty training years 3 to 5. However, similar to their colleagues at Barnet, gaps in the middle grade rota meant that making the most of the opportunities available was a challenge. It was reported that the middle grade rota had been reduced from 10 WTE doctors to eight.</p>	
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Domain 6 – Developing a sustainable workforce

- 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 of 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.

HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
6.1	<p>Retention and attrition of learners</p> <p><u>Barnet</u></p> <p>The review team was encouraged to hear trainees had noticed recent improvements in relation to education and training in balance to their clinical workload. It was also encouraging to hear the impact that the new education lead had on the department. The general sense among trainees was that the department was improving, with anticipation that the rota from August 2021 would be back up to a full complement.</p> <p>However, based on experience to date, some trainees would not recommend their training post to their peers. It was noted that some trainees had felt they had more educational opportunities in a previous role when working as a Trust-grade doctor. This sentiment was broadly shared among all trainees.</p>	

	<p>Those that would recommend their posts added the caveat that they would only do so if the staffing levels were adequate.</p> <p><u>Royal Free</u></p> <p>The review team heard that some trainees would not recommend their posts to their peers. Trainees cited both workload, limited constructive feedback, and a culture among some in the consultant body that they felt to be bullying an undermining.</p> <p>However, it was noted that senior trainees in interventional roles, primarily in the catheterisation laboratory, would recommend their posts.</p>	
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Report sign off

Quality Review Report completed by (name(s) / role(s)):	John Marshall, Deputy Quality, Patient Safety and Commissioning Manager
Review Lead name and signature:	Dr Bhanu Williams, Deputy Postgraduate Dean
Date signed:	24 June 2021

HEE authorised signature:	Dr Gary Wares Postgraduate Dean for North London
Date signed:	16 July 2021

Date final report submitted to organisation:	16 July 2021
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What happens next:

Any requirements generated during this review will be recorded and monitored following the usual HEE Quality Assurance processes.

As part of our intention to develop a consistent approach to the management of quality across England, Quality Reports will increasingly be published and, where that is the case, these can be found on HEE's national website. Information from quality reports will usually be shared with other System Partners such as Regulators and Quality Surveillance Groups