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Pan-London Quality and Regulation Unit

Chelsea and Westminster Hospital NHS Foundation Trust

Neonatology

Quality Visit Report

Date of visit: 19 May 2015

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Health Education
North West London

SPECIALTY-FOCUSED VISIT REPORT

Visit Details	
LEP	Chelsea and Westminster Hospital NHS Foundation Trust
Specialty	Neonatology
Date of visit	19 May 2015
Background to visit	The neonatal department at Chelsea and Westminster Hospital NHS Foundation Trust is one of only two level three accredited tertiary neonatal departments in North West London. The unit is renowned for good clinical outcomes. The service includes neonatal surgery allowing the department to offer the whole spectrum of training credentials and opportunities. Unfortunately, over recent years unacceptable practices and behaviour in relation to bullying and undermining within the department had not only inhibited the training opportunities available to trainees, but also affected their clinical supervision and general progress. Bullying and undermining behaviour had been raised as an issue in the department since 2012. After concerning comments of bullying and undermining in the 2014 General Medical Council National Training Survey (GMC NTS), a Conversation of Concern in November 2014 was undertaken by the Pan-London Quality and Regulation Unit and the General Medical Council (GMC) to assess the training environment of the department. The visit team found that bullying and undermining behaviour was present within the department and observed that a strict hierarchy perpetuated this behaviour. Following this, the department was placed under enhanced monitoring by the GMC. However, at the 2015 follow up visit there was evidence of improvement and a commitment to sustained changes in behaviour. This report relates to a follow up visit undertaken in May 2015 to assess the training environment and any progress that has been made by the department.. In addition to the bullying and undermining, concerns had been raised regarding the impact of work load on the training environment since the Conversation of Concern held in November 2014.
Visit summary and outcomes	The visit team would like to thank all the members of staff of the Chelsea and Westminster Hospital NHS Foundation Trust for taking the time to attend the visit. The neonatology visit team met with the Neonatal college tutor, clinical director for paediatrics, divisional lead for children and clinical lead for neonatology in the first session. This was followed by the trainee session where the visit team met three trainees from specialty training (ST) grades two to seven and two equivalent Trust-grade doctors. The third session comprised the visit team meeting six of the non-resident consultants and then a fourth session where the visit team met two of the resident consultants; both groups of consultants served as the trainees' educational and clinical supervisors. A session in the morning was also held, where some members of the visit team met with the senior management team which included the director of medical education (DME), and the medical director (MD).

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	The visit team heard testimony from trainees and consultants that there had been a significant and positive change within the neonatology department at the Trust since the Conversation of Concern in November 2014. The visit team was pleased to hear that the Trust and the neonatology department had instigated a programme to change previously unacceptable patterns of behaviour and change the culture of the department regarding how the consultants worked together as a team, and to increase commitment to providing excellent education and training. There was acknowledgement and regret, amongst those consultants that the visit team met, that the past departmental culture and behaviour had affected the quality of trainees' educational experience and had been detrimental to their training reputation. The visit team would like to commend the work that the department had already engaged in and especially the efforts of the college tutor and the DME, whom the trainees reported had made invaluable efforts to be accessible and approachable to the trainees. The visit team acknowledged that, despite the clear commitment to sustainable improvements with support from the Trust and postgraduate medical education team, there was still work to be done.. The visit team would like to commend the good practice reported by the trainees who all praised the departmental induction. The visit team heard from the trainees that they appreciated that nearly all of the consultants within the neonatology department attended the induction and introduced themselves by their first names. The visit team was pleased to hear that the department was engaging with the trainees from inception. All the trainees stated that all the consultants, nursing staff and midwifery staff were supportive and excellent. The visit team found that the work load within the department was very high and this led to trainees being unable to complete quality improvement projects (QIPs) and audits within their rostered time. The visit team heard that the rotas could be better designed to allow for extra training opportunities such as QIPs but also to allow for trainees to optimise their training opportunities. The visit team was pleased to hear that the Trust had an active role in the discussions of Shaping a Healthier Future (SaHF). This initiative was likely to increase the existing workload of the department and the visit team would like to see the neonatology department take an active role in SaHF, and in developing their broader workforce to manage the increase in workload, without trainee numbers increasing. The visit team was pleased to hear that the Trust offered a broad range of training opportunities and that the department was committed to increasing the accessibility of different training opportunities. The visit team would like to commend the multi-disciplinary team (MDT) meeting as an opportunity for training and teaching. Trainees reported that they were encouraged to contribute to discussions and their decisions were being valued. Although this could potentially have been the case for the combined surgical and neonatology ward round/meeting, the trainees reported that they had no wish to be engaged in this. It was seen to be adversarial and the trainees had witnessed unprofessional behaviour. The visit team viewed this as unacceptable in a training environment and urgently needed to be addressed. Overall, the visit team found a group of trainees who would all recommend the training post to a colleague and praised the high clinical standards and care that patients received whilst at Chelsea and Westminster Hospital NHS Foundation Trust. Early feedback from trainees regarding the impact of the programme of change in order to change previously unacceptable patterns of behaviour was encouraging.
Visit team	

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Lead Visitor	Dr Camilla Kingdon	**Trainee Representative**	Dr Amutha Anpananthar
GMC Representative	Ms Jennifer Barron	**Lay Representative**	Mrs Kate Rivett
GMC Representative	Professor Alastair McLellan	**Quality and Visit Officer**	Miss Lizzie Cannon
Trust Liaison Dean	Dr Chandi Vellodi	**Observer**	Dr Orla Lacy
Lead Provider Representative	Dr Robert Klaber	**Observer**	Mr Ian Bateman
Specialty Representative	Dr Ruth Shephard		

Findings

GMC Domain	Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
1	NN 1.1	**Clinical supervision** The college tutor for neonatology reported that despite the department being very busy and consultants being focused on high clinical performance, they were now aware as a group that patient safety would be greatly enhanced when trainees felt able to approach the consultants and ask for advice. The college tutor stated that as a group of consultants, they were working hard to make sure that they were accessible and approachable to trainees at all times. The visit team heard from the trainees that they found all the consultants (non-resident and resident) to be approachable and supportive. The visit team was pleased to hear from the trainees that they had witnessed massive improvement in support and consultant approachability since November 2014. The trainees commended the support of the nursing staff in the department, describing them as brilliant.		

		The visit team heard that out of hours there was a resident consultant working in the department during the majority of nights and there was always a non-resident consultant on call. The clinical lead stated that when there were no resident consultants in the department out of hours, in the early evenings at the weekends, this was seen as a good training opportunity for the higher trainees to make decisions and formulate treatment plans. The trainees stated that they felt they could call the non-resident on call if needed and the resident consultants provided more than adequate clinical supervision during the night. The visit team heard that the trainees had no patient safety concerns and the standard of clinical care was excellent.		
1	NN 1.2	**Handover** The visit team heard that handover occurs at 8.30am every morning, where the resident consultant (who had just finished the night shift) walked round with the non-resident consultant (starting the day shift) to review each patient and update the non-resident consultant on the patients status and management plan. The visit team heard that the handover in the evening comprised of the resident consultant (starting the night shift) calling the non-resident consultant (who had finished the day shift) and enquiring about each patient. The trainees stated that there was a continuity of care with the handover, and if the patient's management plan was changed this was due to a change in the patient's status. This change would be discussed thoroughly between consultants and unlike in November 2014 this was no longer an awkward and unprofessional endeavour. The non-resident consultants stated that this was work in progress but there was more unity within the consultant body. The resident consultants stated that they had seen a definite improvement and felt that the non-resident consultants now showed more respect for the resident consultants' clinical decisions and facilitated more discussion around clinical issues. The trainees stated that sometimes the parents of the patients would be confused by the change in management plan; however, this was a common occurrence in neonatology departments. The trainees stated that the department was supportive to the patients' parents		

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		and the consultants had also implemented a system of notes (the pink notes) where any problems the parents had, were written down and the consultants would then address these worries and record their conversations with the parents so that there was a record of these discussions.		
2	NN 2.1	**Trainee engagement** The MD stated that they were encouraging trainees to feedback and engage with the senior management through in-house trainee surveys. The visit team heard that the Trust was committed to supporting trainees and viewed training and education as very important. The MD stated that there could be more communication with the trainees and were trying to solve how to communicate with the trainees who chose not to use the Trust email address issues when they started at the Trust. The visit team heard from the college tutor that they had supported the implementation of trainee forums, where the higher grade trainees met with each other and then in a separate meeting the lower grade trainees meet with one another to discuss training issues. The trainee representatives from each meeting then provided a conduit to the college tutor to discuss and implement change. The visit team also heard that there was a Local Faculty Group (LFG) meeting where trainees could discuss issues within the department. The trainees stated that there were trainee meetings held once per month and then two meetings with the consultants per month. The trainees stated that they were encouraged and felt able to speak at these meetings and discuss any issues that might have arisen. The visit team was pleased to hear the active engagement of trainees within the neonatology department and the open and supportive environment this was set in.		
5	NN 5.1	**Training opportunities** The visit team heard from the college tutor that trainee feedback always rated the range of training opportunities and exposure available very highly. The visit team heard from the senior management that they were aware of the excellent training and clinical exposure at the Trust and they were now working on developing attitudes to ensure trainees were able to optimise the opportunities available.		

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		The visit team heard that the department had recently been discussing the effect of the two tier consultant system on the training opportunities for higher grade trainees. The college tutor stated that the resident consultants did not intentionally limit the training opportunities of the higher grade trainees but conceded that there had been feedback from the trainees who were higher than ST6 grades who felt that the presence of the resident consultants could diminish the number of leadership opportunities available to them. The visit team was pleased to hear that because of this feedback the department had taken a constructive approach and made a conscious effort to ensure training opportunities were available for the higher grade trainees. The visit team heard that at the weekend, in the early evenings, the higher trainees were the highest grade doctor in the department and made the decisions. The visit team was assured by the clinical lead that the non-resident consultants were on call too, to support the trainees, if needed. There was also the opportunity for the higher training grades to lead the ward round every Wednesday. The visit team was pleased to hear from the college tutor that the department was beginning to look at trainees' individual training needs and facilitate specific training opportunities for individual trainees. The visit team heard from the trainees that the Trust offered excellent training opportunities with exposure to a broad range of clinical cases. The trainees did however state that the high workload could sometimes impede their training and education. After the Conversation of Concern in November 2014 the Trust recruited a phlebotomist to ease the trainees' workload, however, the trainees informed the visit team that after two months the phlebotomist left. No phlebotomist was found to fill the vacancy. However, the trainees stated that the nurses were excellent and took most of the bloods, except for on the post-natal ward where the trainees were responsible for the phlebotomy work. This had increased the trainees' workload while attending the post-natal ward, but the midwives were now responsible for baby checks on the post-natal ward which had relieved some of the workload. However, one trainee stated that sometimes if the midwife was inexperienced you would have to double check the patients. The visit team was pleased to hear that the department was utilising the broader workforce to ease work load pressures.	The visit team would like to see more progress being made by the department to develop a bespoke learning and training structure for each trainee, with recognition given to the different learning needs to grid verses general paediatric trainees. The visit team would like the Trust and the neonatology department to review the	**Green** Recommendation

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		The Special Care Baby Unit (SCBU) was reported to have high levels of paperwork which the trainees stated could sometimes impede training opportunities. The Neonatal Intensive Care Unit (NICU) and the High Dependency Unit (HDU) were all reported to be very busy but the support of the nursing staff was excellent, which relieved the trainees' work load. The trainees stated that at night the department was less busy and a good opportunity to sign off Work Place Based Assessments (WPBAs). They had also been able to undertake some WPBAs during the day with the non-resident consultants. The visit team was concerned to hear that although the trainees were able to receive advice from consultants regarding audits and Quality Improvement Projects (QIPs) the trainees had to undertake these in their own private time. All the trainees the visit team met recommended the training post to colleagues, despite the high workload, because of the huge range of training opportunities on offer.	broader workforce and how it can be used to alleviate work load pressures, not only on trainees but the staff in general. The Trust is required to allocate time within the trainees' rotas to allow them to complete audits and QIPs inside of their rostered hours.	**Green** Recommendation **Amber** Mandatory Requirements
5	NN 5.2	**Teaching** The visit team heard that there was a MDT meeting held on Wednesday mornings. This meeting involved nurses, trainees and consultants. The college tutor stated that this meeting could sometimes be very intense but the department was committed to ensuring the trainees felt comfortable to engage in the discussions and to ensure that the MDT meeting was a good teaching environment for trainees to learn in. The trainees reported that the Wednesday MDT meeting was an excellent learning opportunity, where they felt that their clinical decisions and opinions were valued by the department and especially the consultant body. The visit team would like to commend this as good practice. The visit team heard from the trainees that although the MDT meeting on Wednesday was an excellent training opportunity where they felt able to participate in discussions, this was not the case for the meeting between the neonatal consultants and surgeons. The visit team heard that this meeting was regarded by the trainees as unprofessional and adversarial. The trainees stated that they would not want to be included in this because of the behaviour of participants. The visit team was displeased to hear that the behaviour of consultants was excluding the trainees from a potentially excellent learning opportunity.	The Trust is required to address the unacceptable and unprofessional conduct at the neonatal and surgery weekly meeting, as this is not acceptable in a training environment.	**Amber** Mandatory Requirements

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		The trainees also stated that the consultants respected the decision made regarding the patient's management plan at the end of the meeting and reported that patient plans were changed primarily because of a change in the patient's status. The trainees stated that they understood why the consultants had differing approaches to patient management plans but sometimes found it difficult with multiple approaches. The visit team was told that there were clinical guidelines available on the intranet but the college tutor stated that due to the nature of the specialty of neonatology it was impossible to write concrete guidelines on every clinical issue that could be encountered as a neonatologist. However, the consultants were aware that there would be variation in their approach with respect to clinical decisions, but that these needed to be communicated for the purposes of training. They also stated that they were working on engaging the trainees in the clinical decision making process.		
6	NN 6.1	**Induction** The DME stated that the postgraduate medical education team met with each trainee in their induction and informed the trainees that the team were there to support them during their time at the Trust. The DME also stated that the trainees were explicitly told that the Trust did not tolerate any bullying and undermining behaviour and that if trainees experienced or witnessed any such behaviour the trainees should contact the postgraduate medical education team. The college tutor corroborated the DME's sentiments of an encouraging and open environment. The visit team heard that trainees were briefed at their departmental induction on the bullying and undermining behaviour that had occurred within the department and that this was no longer tolerated. The trainees stated that they had been briefed on the past bullying and undermining behaviour and where to access support. The trainees reported that they appreciated meeting nearly all the consultants in the department who introduced themselves by their first name. This had gone a long way to dispel the trainees' assumptions which had been based on the negative reputation of the department.		

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		The trainees also stated the departmental induction was very good with a useful practical element where they were introduced to how the department worked and how to use equipment.		
6	NN 6.2	**Educational supervisors** The visit team was pleased to see that the Trust were 90% compliant with training requirements for the approval and recognition of trainers. The visit team heard from the MD that the Trust recognised the educational responsibilities of the consultants in the consultants' job plans. The MD also stated that there were good numbers of educational supervisors within the Trust which could adequately support the trainee body. The visit team heard from the trainees that they all had a named educational supervisor and a clinical supervisor. They stated that the supervisors could be either resident or non-resident consultants and both groups were accessible. The trainees who had a resident consultant for a supervisor stated that they had to plan far in advance when to meet with them, because the majority of the time the resident consultants worked at night.		
6	NN 6.3	**Rotas** The visit team heard from the college tutor that the rotas were European Working Time Directive (EWTD) compliant. The visit team heard that there had been a time a few months before the May 2015 visit where the rota had been a little stretched but this was no longer an issue. The visit team heard that the rota consisted of two trainees with a non-resident consultant and Trust-grade doctors during the day. At night, one trainee would cover the on call bleep from 5pm; there would also be a resident consultant present and a non-resident consultant on call. The trainees stated that the major issue with the rota was the lack of time off and that there was no contingency within the rota to allow for illness or annual leave. The trainees stated		

		that the design of the rota did not allow the trainees to optimise the training opportunities available, because the trainees were fatigued after a succession of four long day shifts in a row (8.30am – 9.00pm), one day off and then working Saturday and Sunday. The trainees stated that they had undergone a diary card exercise but were unsure if they were consistently EWTD compliant. The trainees stated that if they left on time, they would be EWTD compliant but there were often occasions that they had to stay late due to emergencies. The visit team heard from the non-resident consultants that one of the problems they perceived the trainees faced was the intensity of the workload and the inability to take study leave. The trainees stated that they could redesign the rota but the main problem was the lack of doctors on the rota.	The Trust is required to undertake a diary card exercise to ensure that the trainees are EWTD compliant. If the trainees are not compliant the rotas must be amended so that all trainees work within the requirements of the EWTD.	**Amber** Mandatory Requirements
6	NN 6.4	**Bullying and undermining** The visit team noted from the small number of trainees interviewed, that there were grounds to support the conclusion that the engagement of consultants (resident & non-resident) in the occupational psychology intervention to address bullying and undermining behaviours was having a positive impact. However it would be premature to conclude that the problem had been eradicated. All of the trainees that the visit team met stated that there was a noticeable improvement in the behaviour of all staff in the department and no trainee reported being a victim of bullying and undermining behaviour since the Conversation of Concern in November 2014. The trainees also stated that they felt comfortable to discuss clinical decisions and opinions with the consultants. The visit team would like to commend the work of the college tutor and the DME for their work to improve support to trainees and allow different conduits for reporting any type of bullying and undermining behaviours. The consultants also appreciated having direct lines of communication with the management and appreciated the openness and honesty with which the management when addressing bullying and undermining behaviour.	The Trust is required to submit a progress report to HENWL by 31 December 2015 to demonstrate on-going and sustained improvement and engagement by all consultant members.	**Amber** Mandatory Requirements

		The college tutor informed the visit team that there had been progress made through group meetings, some of which were facilitated by an external occupational psychologist but conceded that there was still progress to be made, one of which was to further involve the resident consultants in this process. The resident consultants stated that they had found the external occupational psychologist sessions very useful and there were now plans to have joint meetings with the other consultants. The visit team was concerned that the hierarchy within the consultant body could remain an obstacle to improvement. The visit team appreciated that whilst there may be variations in experience between the non-resident and resident consultant groups, the way in which the resident consultants were demarcated and their role within the department was perpetuating the perception of undermining behaviour. None of the trainees the visit team met with would return to the department as a resident consultant.They stated that with limited clinical decisions in the day time, the amount of nights they had to work and the lack of input the resident consultants had in the management of the department, this role would not be seen as attractive. The trainees also stated that during induction they were told that if they were unhappy with patient care at night then they could bypass the resident consultant and call the on call non-resident consultant. The visit team stated that the nurses were also allowed to do this. This can be seen as undermining behaviour. The resident consultants stated that there had been an improvement in the respect they received from the non-resident consultants and were very happy with the progress that had already been made, including both groups of consultants meeting together on a weekly basis. The non-resident consultants the visit team met corroborated this statement, reporting that they had worked hard to work as a team and treat the resident consultants as equals. The visit team also heard from some of the non-resident consultants, that it was wrong to demarcate the consultants into resident and non-resident when the distinguishable feature between the groups of consultants was a rota pattern. However, other non-resident consultants stated that there were clear phases in the progression of a consultant and for a resident consultant to become a non-resident consultant there would have to be an interview process.		

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8	NN 8.1	**Shaping a Healthier Future** The visit team was pleased to hear that the Trust had been involved with the reconfigurations occurring in North West London under the Shaping a Healthier Future programme. The divisional lead for Women's, Children's and Sexual Health attended a fortnightly meeting to discuss the impact of the reconfiguration on increased admissions, bed capacity, workforce numbers, trainee and educational supervisors numbers and the general ramifications for education and training. The closure of the maternity unit at Ealing Hospital was expected to increase the number of births at Chelsea and Westminster Hospital by 200 – 300 per year. This could have an impact on the volume of cases admitted into the neonatology department. The visit team would encourage the neonatology department to engage in the discussions involving SaHF.		

Good Practice	**Contact**	**Brief for Sharing**	**Date**
• Wednesday MDT meeting was said to be an excellent leaning opportunity.	College tutor	The visit team would like to see the structure and practice of the MDT meetings.	31 August 2015

Other Actions (including actions to be taken by Health Education North West London)

Requirement	**Responsibility**

Information and reports provided to the team prior to the visit

DME Annual Report	*No*	Regulator Reports/Data	*Yes*	LFG Reports	*No*	MEM minutes	*No*
GMC Survey - trainees	*Yes*	GMC Survey - trainers	*No*	Previous visit reports & action plans	*Yes*		

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PVQs - trainees	*Yes*	PVQs - trainers	*No*	Result of school survey	*Yes*		
Signed							
By the Lead Visitor on behalf of the Visiting Team:	*Dr Camilla Kingdon*						
Date:	*8 July 2015*						