QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Kingston Hospital NHS Foundation Trust

Paediatrics

Risk-based Specialty Review

Quality Review report

28 June 2016
Final Report

Developing people
for health and
healthcare

www.hee.nhs.uk

THE NHS
CONSTITUTION
the NHS belongs to us all

Quality Review details

Background to review	The General Medical Council National Training Survey (GMC NTS) 2015 indicated that the Trust had five red outliers overall, with the following red outliers generated in paediatrics: 'overall satisfaction', 'supportive environment' and 'access to educational resources'. Additionally, there were two pink outliers generated in paediatrics: 'clinical supervision out of hours' and 'adequate experience'. Two trainees had raised patient safety concerns; the key themes were staff shortages in paediatrics. The last visit conducted by Health Education England to Kingston Hospital NHS Foundation Trust was on 13 January 2015, where a Speciality Focused Visit took place of acute care common stem (ACCS), ophthalmology and paediatrics. The trainees reported good opportunities at the Trust with a broad range of pathologies and clinical experience. Several consultants were identified as being outstanding role models. Although trainees received good clinical support, it was reported that pastoral support was lacking. The visit team felt that there was a disconnect between the consultant body and the trainees regarding the condition of the training environment. The visit team noted that the intensity of workload was high in the department, particularly during the night shift. There was some evidence of undermining behaviour by certain consultants. The visit team noted that this had contributed in a large part to a decrease in morale within the department. The visit team heard of the Trust's plans to increase the advanced neonatal nurse practitioner (ANNP) pool and to increase the consultant numbers, with the proposal of five new consultants initially working solely on the late shift. The visit team found that patients in the neonatal unit were not always reviewed by consultants over the weekend or on Mondays. The visit team felt that this lack of consultant presence in the neonatal unit posed a potential patient safety risk and therefore issued one Immediate Mandatory Requirement (IMR). The purpose of the visit was to review education and training within paediatrics and to review the extent of progress the department had made with the additional five consultants.
Specialties / grades reviewed	The visit team had the opportunity to meet with a number of trainees within paediatrics at the Kingston Hospital site during the Risk-based Specialty Review. Additionally, the visit team met with the clinical director, the college tutor and a number of paediatric consultants for paediatrics.
Number of trainees and trainers from each specialty	The visit team met with seven paediatric trainees from speciality training grades (ST) 1-3 and ST4-8, and six educational supervisors. No general practice (GP) trainees in paediatrics were available on the visit day, however their feedback had been sought by the GP training programme director (TPD) prior to the visit.
Review summary and outcomes	The visit team thanked the Trust for accommodating the visit. Overall, in the Risk-based Specialty Review, the visit team noted the following positive areas: • The visit team was very pleased to hear that in the last 18 months a huge amount of work had been undertaken by the department, which had brought tangible improvements in culture, morale and the training environment. The visit team felt that the paediatric department should be

	commended for the substantial progress made. • The monthly teaching symposium was received very well by all of the trainees and was a model of good practice. Both the trainees and Health Education England (HEE) hoped that this would continue. The weekly simulation training on Tuesday mornings was also well received. • The trainees reported a consultant body that were both pastorally and clinically supportive. • The paediatrics department provided multiple conduits of feedback and reacted well to feedback. • The addition of five new paediatric consultants in the paediatric assessment unit (PAU) had made a substantial difference to the contact time between consultants and trainees, as they were both accessible and clinically focused. • Although the GP trainees were not present at the visit, prior feedback received by the visit team indicated that it was a supportive environment that enhanced GP trainees' training. However, the visit team noted the following areas for improvement: • The gaps in the rota inhibited the experience of trainees in several ways: trainees were reticent about requesting study leave and trainees had a reduced ability to attend outpatient clinics and regular weekly teaching. This included the GP weekly vocational training scheme (VTS) training. • The gaps in the rota also posed a potential patient safety risk due to the fragility of the out of hours (OOH) staffing arrangements. Between the hours of 10pm-8am, the maximum number of doctors available was one middle grade and two junior trainees (GP or ST1/2/3 Paediatric). Depending on the experience, competence and workload the ability to provide safe patient care could result in the risk of a clinical incident. The visit team strongly suggested the Trust look at long-term workforce strategies to enhance the clinical team, especially out of hours. Overall, most of the trainees reported that they would recommend the paediatrics department to friends and family for treatment at the Trust. However, two of the trainees would not recommend the neonatal unit for intensive care of neonatal patients.

Quality Review Team			
Lead Visitor	Dr Camilla Kingdon, Head of the London Specialty School of Paediatrics	**External Representative**	Dr Anne Opute, Consultant Neonatologist, Royal London Hospital
Trust Liaison Dean	Anand Mehta, Trust Liaison Dean	**General Practice Representative**	Dr Kheelna Bavalia, Associate Director, South West London General Practice
Lead Provider Representative	Dr Kumudini Gomez, Training Programme Director	**Trainee Representative**	Dr Cherry Alviani, Trainee Representative
Lay Member	Robert Hawker, Lay Representative	**Observer**	Heather Lambert, Quality Support Officer
Scribe	Lizzie Cannon, Learning Environment Quality Coordinator		

Findings

GMC Theme 1) Learning environment and culture

Standards

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

Ref	Findings	Action required? Requirement Reference Number
P1.1	**Patient safety** The visit team heard that the out of hours (OOH) staffing arrangements in the department were fragile. The trainees indicated that between the hours of 10pm-8am, the maximum number of doctors was one middle grade and two junior (GP or ST1/2/3 Paediatric) trainees. Although the trainees reported that there had been no incidents, both consultants and trainees agreed that there was a potential patient safety risk. This could be exacerbated by multiple, simultaneous emergencies; gaps in the rota, or; the level and competency of ST1-3 trainees, which would stretch the responsibilities of the senior trainee. The college tutor and clinical director both stated that a rota with two ST4-8 trainees at night was preferential. The visit team supported the introduction of a two-person middle grade rota out of hours and alternative workforce to manage the clinical workload and to relieve the training environment for trainees; this may include an increase in advanced nurse practitioners, advanced neonatal nurse practitioners or physician associates. Overall, most of the trainees reported that they would recommend the paediatrics department to friends and family for treatment. However, two of the trainees hesitated to recommend the neonatal unit because, although the care in the department was personal, intensive care was slightly limited. It was reported that the neonatal intensive care unit (NICU) did not have carbon dioxide (CO_2) sensors or ventilators to deliver volume-guaranteed ventilation.	
P1.2	**Appropriate level of clinical supervision** The visit team heard from the trainees that many of the consultants were very supportive OOH and that some of the consultants had stayed late to provide assistance. However, the visit team heard of a small number of instances in which a consultant was initially reluctant to provide support during OOH, and when a consultant had been called for support had not come. The trainees commented that emergencies could hit suddenly and therefore they did not always have the chance to call a consultant for support. However, the trainees stated that they would not hesitate to call a consultant for support, even if they expected that the consultant was not likely to come in. Some of the trainees commented that since the Trust recruited five additional consultants to the paediatric department, the occurrence of this had reduced. The visit team found that this was due to a larger pool of consultants, rather than a change in some consultants' behaviour.	

	The clinical director reported that in October 2015 the department had undergone a workforce restructure; consequently five additional consultants were recruited, bringing the total number of consultants to 13.8 whole time equivalent substantive consultants. Additionally a paediatric assessment unit (PAU) system was introduced. The clinical director stated that this had resulted in closer, increased direct clinical supervision for trainees, seven days a week until 10pm; senior input for both trainees and patients; enhanced educational credentials for the department and closer working relations with trainees, which benefited the training environment. Many of the trainees agreed that there had been substantial improvements in the department within the last 12-18 months. The visit team heard from the trainees that the consultants were more approachable and that there was a greater consultant presence in the PAU, which provided more opportunities for learning. Although the GP trainees were not present at the visit, prior feedback received by the visit team indicated that the department was a supportive environment, which had enhanced GP trainees' training. The clinical director indicated that the emergency department (ED) had one specialist paediatric consultant and two dual-qualified consultants, with additional experienced nurses for support. It was reported that ED was undergoing large structural changes. The visit team heard that clinical supervision was provided for general practice (GP) trainees and that the educational supervisors met with GP trainees every two to three months. One educational supervisor reported that they had helped in facilitating GP trainees to attend clinical supervision and that they would encourage a trainee to hand over the bleeps so that they could attend teaching and training opportunities. It was indicated by the educational supervisors that they were in discussions with GP trainees about more innovative ways to attend teaching and training opportunities.	
P1.3	**Rotas** The clinical director acknowledged that there were gaps in the rota. It was confirmed that at night there was one ST4-8 trainee covering the paediatric department, ED and neonatal unit. The college tutor stated that the department had assessed the safety of having one ST4-8 trainee at night through their incident reporting system, undertaking anonymous surveys with doctors and senior staff, and retrospectively reviewing two years of incident reports. It was reported that the majority of staff did not feel unsafe with one ST4-8 trainee and that the college tutor could not link any safety issues to this matter. The clinical director stated that they would like to split the rota to enhance the presence of ST4-8 trainees; however, the current staffing did not permit the rota to have two ST4-8 trainees on OOH and be compliant with the European Working Time Directive. Both the college tutor and clinical director stated that a rota with two ST4-8 trainees at night was preferable and that they were in the process of seeking a solution to this. The trainees reported that they trusted locums as they were stringently selected by the department. However, many of the trainees suggested that the Trust had no contingency plan for gaps in the rota if staff were on sick leave or maternity leave. It was reported that at the time of the visit, the department was short of two ST1-3 trainees and three ST4-8 trainees. All of the trainees agreed that planned and unplanned gaps in the rota had inhibited trainees' access to training and teaching opportunities and had decreased patient safety. The visit team heard that, due to gaps in the rota, the trainees had a reduced ability to attend outpatient clinics and regular weekly teaching. This included the weekly teaching for the GP vocational training scheme.	Yes, see below P1.3.

P1.4	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The educational supervisors reported that recent changes in the education programme had been well received by trainees. It was indicated that throughout shifts in the PAU, consultants were assessing patients alongside trainees. This provided opportunities for informal feedback and the trainees commented that they had appreciated the learning opportunity. The visit team also heard from the trainees that with an additional ST4-8 trainee OOH, there would be a greater potential for learning and feedback at night, due to a shared workload. This in turn would allow for enhanced clinical supervision for ST1-3 trainees and opportunities to do WPBA.	
P1.5	**Protected time for learning and organised educational sessions** The clinical director reported that the department had introduced a one-day monthly education symposium. This was a protected day, during which bleeps would be covered by the skeleton staff on the ward. The symposium had multi-disciplinary input and topics covered included grey cases, workload management, a quiz, simulation, guidelines and algorithms. Attendance was open to all doctors on shift and materials were accessible online. The college tutor stated that the symposium had been held twice, for one day in both May and June, and that they had received very good feedback from the trainees. All of the trainees interviewed by the visit team were extremely positive about the symposium. The trainees reported that other staff in the department would make an effort to ensure that trainees could intend. The trainees stated that they were impressed with the efforts made by the Trust to change and that they wanted the symposium to continue, particularly as they valued that the symposium brought the trainees together. Some of the educational supervisors commented that previously, the training calendar required improvement. However, they stated that as the symposium had allowed for all training to take place on one day, the training calendar had been enhanced. However the trainees did state that they would like weekly teaching in addition to the symposium. The visit team heard from the trainees that the weekly teaching programme was not regular and, due to the rota, trainees were not always able to attend. The trainees reported that they had received additional teaching before 9am. However, some of the trainees interviewed had reported that they did not get a lot out of this teaching as time constraints only allowed for 20 – 30 minutes and that, at times, the teaching would result in the handover being cut short. Although no GP trainees were interviewed by the visit team, the trainees interviewed indicated that the ST1-3 trainees had tried to take the bleep from GP trainees so that the GP trainees could attend their half day release. The trainees interviewed suggested that the rota might limit the days in which GP trainees could have their half day release.	Yes, see P5.1 below.
P1.6	**Adequate time and resources to complete assessments required by the curriculum** All of the trainees stated that they were able to complete their workplace-based assessments (WPBAs), although some indicated that there had been some minor problems with operating the e-portfolio system.	
P1.7	**Access to simulation-based training opportunities** The visit team heard that the trainees received weekly simulation training on a Tuesday morning. The trainees reported that they valued this training and that the consultant delivering the training was very good.	

	The visit team was informed that the trainees had been invited to suggest topics that they would like to be covered in the training, and that the trainees were aware of the topic before each session. Additionally the educational supervisors indicated that positive feedback had been received from the trainees. The educational supervisor stated that simulation and teaching had at times, covered the same topic in one week in order to support theoretical training. Additionally, events that had recently happened in the department that had corresponding learning points had been used in a simulation. It was indicated that each training session included a feedback session and debrief. The visit team heard that nurses also attended the simulation. The educational supervisor stated that a consultant had taken the ST4-8 trainees' bleeps during the training to ensure that this was protected time.	

GMC Theme 2) Educational governance and leadership

Standards

S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

P2.1	**Impact of service design on learners** The visit team was informed that the neonatal unit was a level two unit. The clinical director indicated that there were approximately 5,800 deliveries a year; the majority of these deliveries were straightforward. The visit team heard from the clinical director that one long-term goal of the department was for advanced neonatal nurse practitioners (ANNPs) to have a greater presence on the neonatal unit with trainees. It was indicated that one nurse had been put forward for ANNP training. The clinical director reported that the PAU system was co-located with the ward and that it could be referred to directly. The PAU was open 8am – 10pm. Patients younger than six months were referred to the ED as a triage and then sent to the PAU. The trainees confirmed that this system was working well.	
P2.2	**Appropriate system for raising concerns about education and training within the organisation** The trainees stated that many of the consultants were approachable and that the environment was open and supportive. One trainee commented that in the past 12 months the morale and atmosphere within the department had improved substantially. The visit team heard that the department used an 'emoji box' to collate feedback from the trainees. This was well received by the trainees, who reported that they felt listened to. The trainees indicated that junior – senior meetings were timetabled into the trainees' schedules, however the trainees were not able to attend due to gaps in the rota. Similarly, the trainees struggled to attend local faculty groups due to the rota. The college tutor stated that the minutes of education faculty meetings, trainee-led meetings and consultant-led meetings were frequently shared. Furthermore it was indicated that junior–senior meetings were held in March, April and May 2016 and that the minutes of these had been shared with the college tutor and all consultants. Additionally, the college tutor informed the visit team that juniors were invited to the	Yes, see P2.2 below.

	monthly education faculty meetings; however, trainees were unable to attend due to gaps in the rota. The visit team heard from the college tutor that the department had acted upon the feedback received by trainees through: the discussion of systematic or group issues in a forum, inclusion of feedback in the departmental newsletter, sharing feedback with the individual concerned, a follow up survey, incident reporting and acting upon safety concerns. The educational supervisors reported that the trainees had fed back to them if they had difficulty in obtaining educational and pastoral support and that if this did occur, an informal discussion would be held or, alternatively, an incident report would be submitted.	

GMC Theme 3) Supporting learners

Standards

S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

P3.1	**Behaviour that undermines professional confidence, performance or self-esteem** Trainees reported no incidents of bullying and undermining behaviour, with huge improvements in department morale and a supportive environment described by all trainees.	
P3.2	**Academic opportunities** The college tutor stated that for those trainees that wanted to take on an educational role in the department they were able to do so, as the paediatric education trainee faculty offered opportunities such as participation in the newsletter or to be a library liaison. Additionally, it was reported that the Trust had two representatives, one at a senior grade and one at a junior grade.	
P3.3	**Access to study leave** The clinical director stated that since the responsibility of the rota had moved from the college tutor to an independent person, this system had been working well for trainees. The visit team heard from the college tutor and consultants that a robust system was in place for trainees to apply for study leave and to ensure that positions were filled. However, the visit team heard that due to gaps in the rota and a busy workload, many trainees had not wanted to apply for study leave as they felt guilty that they were letting one another down. Furthermore, the trainees reported instances in which they had taken annual leave to sit exams or to attend a training day. This had resulted in consultants perceiving that the trainees were not having difficulties in accessing study leave.	

GMC Theme 4) Supporting educators

Standards

S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.

S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.

P4.1	**Access to appropriately funded professional development, training and an appraisal for educators** The college tutor and clinical director confirmed that all education supervisors had appraisals and that all of the supervisors were accredited. It was reported that the educational supervision was being incorporated into the Trust appraisal system and that consultants were being appraised yearly. The visit team heard that time was put in the consultants' job plans to deliver weekly simulation training. The visit team heard that the department was operating at 0.25 programmed activities per trainee. It was reported by the educational supervisors that all consultants had enough time to fulfil their educational responsibilities. The visit team was assured by the clinical director and college tutor that there was adequate time to support trainees in difficulty.	

GMC Theme 5) Developing and implementing curricula and assessments

Standards

S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.

S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.

P5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** The visit team heard that the neonatal unit had an educational float week which was used to attend outpatient clinics. Many of the trainees stated that theoretically, the educational float week was a good idea. However, some of the trainees commented that if there was no one able to cover the trainee whilst they attended the outpatient clinic, they could not attend. The trainees stated that they could not access specialist training and if they wanted to undertake SPIN modules this would have to be done on their off days. On the other hand, the college tutor stated that if a trainee wanted to undertake a SPIN module then the rota would be adjusted, assuming enough notice was provided. Both the college tutor and clinical director confirmed that personal programmes could be put in place and that SPIN training could be delivered, if this was desired by trainees. The college tutor stated that the theoretical rota would have enabled the trainees to attend five supported clinics per week and to observe three additional clinics per week. However, the gaps in the rota did not allow for this.	Yes, see P5.1 below.

P5.2	**Opportunities for interprofessional multidisciplinary working** The visit team heard that the trainees had opportunities for multidisciplinary working, including work with nurses and midwifes. All of the trainees praised the nursing staff and stated that they were very supportive.	
P5.3	**Regular, useful meetings with clinical and educational supervisors** The visit team heard from the college tutor that all trainees had access to an educational supervisor. It was reported that all consultants within the department were offered the chance to be an educational supervisor. The visit team heard that many of the trainees found their educational supervisors to be supportive and effective in setting the trainees developmental goals. However, one of the trainees commented that the support received was dependent on which supervisor was appointed to the trainee. Furthermore, the visit team heard of an instance in which a lack of constructive feedback was given to the trainee by their educational supervisor. The trainee commented that they perceived that there was a lack of interest from the supervisor and that the meeting was overly focused on completing online forms.	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The monthly teaching symposium.	College Tutor.	Please complete the good practice case study.	Initial Response due date.

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
P2.2	The Trust is required to ensure that a Local Faculty Group or trainee fora are regularly held, well attended and documented to ensure training issues are being raised and acted upon.	The Trust is required to provide the minutes of the trainee fora or LFG for the next 6 months.	R2.1
P5.1	The Trust is required to ensure that trainees are able to access and attend regular teaching and training opportunities as well as outpatient clinics.	The Trust is required to provide a review of the frequency of trainees' attendance at teaching and clinics, with an action plan of how to increase this attendance if the review results in an inadequate outcome. This should also be monitored through the LFG minutes.	R5.9

Recommendations

Req. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
P1.3	It is strongly recommended that the Trust keep the London Specialty School of Paediatrics informed regarding the implementation of a 2-person middle grade out of hours rota and additional workforce options. This will significantly enhance the educational opportunities and overall experience of trainees.	It is recommended that the Paediatric department provide an update on the plans for expanding the workforce and the creation of a split-level rota.	R1.7

Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility
N/A	

Signed

By the Lead Visitor on behalf of the Visiting Team:	Dr Camilla Kingdon, Head of the London Specialty School of Paediatrics
Date:	*11 August 2016*