

King's College Hospital NHS Foundation Trust

Paediatrics

Risk-based Review (focus group)



Quality Review report

02 March 2017

Final Report

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Quality Review details

Background to review	<p>The purpose of the Risk-based Review (focus group) to paediatrics at King's College Hospital NHS Foundation Trust was primarily instigated by the results the Trust received in the 2016 London School of Paediatrics trainee end of post survey.</p> <p>The King's College Hospital Site received a significant number of red outliers across paediatrics, relating to: departmental morale, feedback on patient management, supervised clinical practice, ability to approach consultants to discuss patients, ability to attend teaching, accessing funds for study leave, opportunities to see patients related to their specialty, opportunities to attend regular and specialist clinics and having consultants complete their workplace based assessments.</p> <p>The quality review team felt that due to the issues raised in the London School of Paediatrics survey, a review was necessary in order to ensure that the learning and training environment was suitable for trainees.</p>
Training programme / learner group reviewed	<p>Paediatrics</p>
Number of learners and educators from each training programme	<p>The quality review team met with a number of trainees, working within general paediatrics, respiratory, hepatology, neonatology, and within the paediatric intensive care unit, as well as GP and foundation trainees working within paediatrics at the following grades:</p> <ul style="list-style-type: none"> - Foundation Year 2 (F2) - Specialty Training Year 1 (ST1) - Specialty Training Year 2 (ST2) - Specialty Training Year 6 (ST6) - Specialty Training Year 7 (ST7) - Specialty Training Year 8 (ST8)
Review summary and outcomes	<p>Health Education England would like to thank the Trust for accommodating the Risk-based Review (focus group) as well as ensuring the session was well attended.</p> <p>During the course of the focus group, the quality review team was informed of a number of areas that were working well with regard to the education and training of paediatric trainees, as outlined below.</p> <ul style="list-style-type: none"> - Overall, the trainees were extremely positive about their time based at King's College Hospital and many reported that they would be pleased to return to the Trust to work in the future, as well as commenting that they would recommend the post to their colleagues. - Trainees at all levels commented that they could access a wide range of training opportunities, due to the diverse case-mix of patients within the department. - The quality review team heard that trainees at all levels felt extremely well supported, both by the consultant body and the department as a whole. The trainees commented that staff were approachable if they had any

clinical questions and that they felt extremely valued within the department.

However, the review team also identified a number of areas for improvement within paediatric training, such as:

- Despite the trainees working within general paediatrics reporting that a robust debriefing system was in place, the quality review team ascertained that this was not the case in hepatology, neonatology and the paediatric intensive care unit (PICU). The team felt that the Trust needed to review this and ensure that debriefing opportunities were available for all trainees.
- Trainees at all levels indicated that formal teaching opportunities within hepatology, PICU and neonatology were limited and that such sessions did not occur on a regular basis.
- The quality review team heard that in the neonatal unit, on-the-job training opportunities during the ward round were limited, as the ward round and morning handover were combined and completed quickly within an hour, so as to ensure the night staff could leave on time. Due to the rushed nature of the ward round, this led to missed opportunities for informal, bed-side teaching to occur and reduced the opportunities for the higher trainees to lead the ward round and make clinical decisions.
- The quality review team heard that the paediatric surgery ward was run by a paediatric trainee at level ST2 or 3. The trainee typically missed the morning surgery ward round, which did not provide any notes on patients for the paediatric trainee to check to ascertain what management plans had been decided upon for their patients. The review team felt that one potential solution would be to change the time of the ward round, so the paediatric trainee could attend. Not only would this reduce the possibility of patient safety issues arising, but it would also increase the teaching opportunities available to the trainee.

Quality Review Team

HEE Review Lead	Dr Camilla Kingdon Head of the London Specialty School of Paediatrics	External Clinician	Dr Sanjiv Sharma Consultant Paediatric Intensivist & Deputy Medical Director for Medical Education Great Ormond Street Hospital for Children NHS Foundation Trust
Lay Member	Robert Hawker Lay Representative	Scribe	Elizabeth Dailly Learning Environment Quality Coordinator

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.

1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.

1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.

1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.

1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.

Ref	Findings	Action required? Requirement Reference Number
1.1	<p>Rotas</p> <p>The higher trainees working within the neonatology department commented that the workload could at times be extremely onerous, which had led to a rebanding exercise. The review team heard that due to the heavy workload, this could at times result in a decrease in training opportunities available, as the trainees were extremely busy and had a number of tasks to complete in a short space of time, which reduced the amount of 'on-the-job' learning they were able to access.</p> <p>The junior trainees in neonatology commented that they felt that working nights was extremely beneficial as they often worked more independently and received bed-side teaching from the higher trainees.</p>	
1.2	<p>Induction</p> <p>It was reported by the trainees that there were plans to reduce the length of the induction provided for trainees working within the paediatric intensive care unit (PICU) to just one day, which they felt would have a negative impact upon the next cohort of trainees. Although a lot of training was provided on the job, the trainees commented that the post could initially be extremely 'stressful' and that an adequate induction was necessary to prepare trainees and make them feel comfortable when starting the post.</p> <p>The quality review team heard that although the induction for foundation year 1 trainees (F1) was robust, that this had not been the case for the foundation year 2 trainees (F2). One trainee commented that they were unsure of their role when they started their post in neonatology as they started at a time different to the paediatric trainees and so had missed local induction.</p>	<p>Yes, please see P1.2a below</p> <p>Yes, please see P1.2b below</p>
1.3	<p>Handover</p> <p>The quality review team heard that the handover system in neonatology was conducted in tandem with the morning ward round, which was typically completed quickly within an hour so as to ensure the night team could leave on time. The effect of this was two-fold. Firstly, as the ward round was completed in a quick manner, this reduced the ability for trainees to ask questions about interesting cases and learn on the job, as all patients needed to be seen within the hour.</p> <p>Secondly, it typically meant that the ward round was led by the consultants which reduced the higher trainees' opportunities to lead the ward rounds and make the relevant clinical decisions.</p> <p>The trainees felt that one possible solution could be to have the handover session with the night team first, before starting a longer, more comprehensive ward round in which there was time for the trainees to ask questions.</p> <p>The trainees in hepatology reported that they felt their handover system worked extremely well and was led by the junior trainees, which gave them opportunity to present patients to the consultants.</p>	<p>Yes, please see P1.3a below</p>

	<p>The quality review team heard that the handover system within general paediatrics worked well on Monday and Friday, when the weekend handover took place, but that it had the potential to be more structured and focused during the week. The trainees informed the review team of the system in place for their outlier patients on other wards, and reported that there was only one computer which all trainees needed to use to update the patient list, that was then the basis of their handover. Due to multiple people needing to use the one computer, the trainees commented that this could then delay the handover from starting, whilst everyone updated their patients. It should be noted that none of the trainees reported an instance where this caused them to lose a patient on an outlier wards.</p> <p>The trainees commented that there could on occasion be difficulties regarding the communication between the surgical paediatric team and the general paediatric team and any outlier patients on the surgical ward, which was run by a junior paediatric trainee. As the only junior trainee on the surgical ward, the trainees commented that they felt expected to complete a number of tasks by a number of teams, which could greatly increase their workload.</p> <p>In relation to the paediatric surgical experience, the quality review team heard that the junior paediatric trainee on the paediatric surgery ward was not part of the surgical ward round which took place at 8am daily. Often the surgeons did not document anything in the patient's electronic notes, resulting in the trainee being unsure about any management plans that had been made in relation to their patients. The trainee reported that they felt more communication and clarity from the surgical team would be beneficial. The review team suggested that the time of the ward round could maybe be changed, so the trainees could attend. Not only would this reduce the possible of patient safety issues arising, but it would also provide added training opportunities.</p>	<p>Yes, please see P1.3b below</p> <p>Yes, please see P1.3c below</p>
1.4	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The trainees working with neonatology reported that they received excellent exposure to a range of conditions and that they had had opportunities to be involved within many procedures. The trainees reported that a 'star chart' system was in place, which not only instigated friendly competition between themselves and their colleagues, but also worked as a beneficial tool to highlight which procedures trainees needed more experience of, which the higher trainees and consultants then took into consideration.</p> <p>The general paediatric trainees reported that they had the opportunity to attend clinics, during which they were adequately supported by a consultant. The trainees commented that they found this an extremely beneficial element of the training they received at King's College Hospital.</p>	
1.5	<p>Protected time for learning and organised educational sessions</p> <p>In relation to the teaching opportunities provided, the trainees in neonatology reported that due to their workload and how busy the unit was, the formal teaching sessions that were scheduled to take place when they started the post, were no longer provided on a regular basis. Furthermore, this was then exacerbated by the limited training opportunities provided during the morning ward round and handover, as it meant not only were trainees unable to access formal teaching, but that 'on-the-job' teaching also did not consistently take place.</p> <p>The trainees within hepatology echoed the sentiments of the neonatology trainees, and reported that formal teaching sessions were not provided on a regular basis, due to the heavy workload within the department. However, the trainees stressed that they received a lot of ad-hoc, 'on-the-job' teaching, which mitigated the effects of the lack of formal teaching to some extent. The trainees commented that this issue had been raised at the Educational Faculty Group meeting.</p> <p>Moreover, a lack of formal teaching was also highlighted by the trainees in PICU, who commented that such opportunities were rare. The trainees reported that a weekly teaching session was held in the PICU but that this was aimed at learners of all levels, including medical students and therefore was not necessarily suitable for the higher trainees.</p>	<p>Yes, please see P1.5a below</p>

	<p>The junior trainees within general paediatrics reported that formal teaching sessions were held three times a week and that they found the sessions extremely beneficial. However, the higher trainees at level ST6 and above, commented that there was no designated teaching for higher trainees provided in terms of providing them with opportunities to learn about business planning and managerial systems. It was reported that such a training programme was previously in place within the paediatrics department but that it had not occurred during the rotation of the cohort the quality review team met with. However, it should be noted that the trainees reported that they could access similar Trust-wide programmes and management and leadership courses, but that they needed to apply for study leave in order to attend.</p> <p>The GP trainees reported that they often found it difficult to attend their mandatory, weekly, GP teaching due to their workload and the rota. They commented that this issue had been raised and that the department were taking steps to address it.</p>	Yes, please see P1.5b below
1.6	<p>Adequate time and resources to complete assessments required by the curriculum</p> <p>When discussing their workplace based assessment (WPBAs), the general paediatric trainees and those in hepatology, reported that the consultants within the department were extremely proactive and encouraged the trainees to submit their WPBAs so they could complete them, and that they were managing to get them signed off without difficulty. However, this was not necessarily the case for the trainees in neonatology, who commented that although the consultants in theory were willing to complete the WPBAs, in practice it was often difficult to ensure this happened due to the busy nature of the department. This appeared to have less of a significant impact upon the junior trainees, who could have their WPBAs completed by one of the higher trainees and who reported that they could often complete a large number of WPBAs on night shifts, when they were receiving one-to-one bed-side teaching from the higher trainees.</p>	Yes, please see P1.6 below
1.7	<p>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</p> <p>Trainees at all levels reported that they were aware of who their educational supervisors were and felt well supported by not only them and their clinical supervisors, but the department as a whole. Many commented that even if they could not access their educational supervisors, they felt they were able to approach anyone within the department with any clinical questions or problems.</p>	

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.

2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.

2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.

2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.

2.1	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The quality review team was informed about a regular educational faculty meeting which took place within the department, during which trainees could raise any concerns they had about their education and training.</p>	
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	Furthermore, the trainees gave examples of instances in which issues that had been raised had been adequately resolved. For example, the general paediatric trainees commented that a piece of work had been undertaken to address the communication issues that were present between the doctors and nursing staff within the department prior to the review. Significant discussions had taken place and a document setting out how each professional group was to structure their day and what they expected from each other had been created.	
3. Supporting and empowering learners		
HEE Quality Standards		
3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.		
3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.		
3.1	<p>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</p> <p>The trainees within general paediatrics reported that the debriefing opportunities available to them after the loss of a patient were very good, and that the trainees felt well supported. However, the trainees working in PICU, hepatology and neonatology commented that such a debriefing system was not in place in their departments, and that following the death of a patient there was no mechanism in place by which they could access adequate bereavement support if necessary.</p> <p>However, the trainees commented that the lack of debriefing opportunities had been flagged at the educational faculty group and that at the time of the review, there were plans to create a formal strategy for the whole department.</p>	Yes, please see P3.1 below

Good Practice and Requirements

Good Practice

All the paediatric trainees reported feeling valued by their consultant and nursing colleagues

The paediatric consultants were described as a cohesive group who acted as excellent role models for the trainees

Immediate Mandatory Requirements

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

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
P1.2b	The Trust is to ensure that all trainees who start within the neonatology department, even if they are out of sync with the other	The Trust to confirm that all trainees receive a thorough departmental induction.	R1.13

	trainees, receive a robust departmental induction.		
P1.3a	The Trust to review the current system of the combined handover and ward round system on the Neonatal Unit, and to consider whether a brief handover session before a more comprehensive ward round took place would be suitable and more conducive to learning.	The Trust to provide the outcome of the review and outline what steps have been taken to ensure trainees can receive more bed-side learning during the ward round.	R1.14
P1.3b	The Trust to review the IT infrastructure in place in regard to updating the patient list for handover, within general paediatrics and consider whether a system could be introduced which the trainees could use on a number of different computers.	The Trust to provide the outcome of this review, and what steps have been taken to address the issue.	R1.14
P1.3c	The Trust to review the current system regarding the morning ward round within the paediatric surgery ward and whether it can be rescheduled to allow the general paediatric trainees to attend, so they can be clear on what management plans have been made for their patients.	The Trust to provide the outcome of this review and what necessary steps have been taken to address the lack of communication. E.g. moving the time of the ward round so the general paediatric trainee can attend or ensuring the surgery team complete notes for the trainees to read.	R1.12
P1.5a	The Trust to ensure that formal teaching is provided for trainees within neonatology, hepatology and PICU.	The Trust to confirm that such formal teaching is taking place, and submit a timetable of such teaching sessions.	R1.16
P1.5b	The Trust to ensure that all GP trainees can attend their weekly, mandatory GP teaching sessions.	The Trust to confirm that all GP trainees are released from clinical activities in order to attend the GP teaching, and submit a register evidencing this.	R1.16
P1.6	The Trust to ensure that trainees within neonatology, especially higher trainees, can have their workplace based assessments (WPBAs) carried out by a consultant.	The Trust to provide a log of WPBA over the next 6 months, thus confirming that all trainees can have the requisite number of WPBAs completed by consultants.	R1.16
P3.1	The Trust to ensure that adequate debriefing opportunities are available for all patients, especially those within neonatology, hepatology and PICU.	The Trust to confirm and outline what debriefing arrangements have been introduced within neonatology, hepatology and PICU.	R3.2

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
P1.2a	The Trust to review its plans to shorten the length of trainees' induction into the paediatric intensive care unit (PICU) and decide whether this may have a negative impact upon trainees.	The Trust to provide the results of this review and whether it continued with its plans to reduce the length of the PICU induction to just one day. If so, the Trust to outline what steps it has taken to mitigate the negative impact a one day departmental induction may have upon future trainees.	R1.13

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

Requirement	Responsibility
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N/A	
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Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Camilla Kingdon
Date:	06 March 2017

What happens next?

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.