

Epsom and St Helier University Hospitals NHS Trust

Paediatrics

Risk-based Review (focus group)



Quality Review report

20 April 2017

Final Report

**Developing people
for health and
healthcare**

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Quality Review details

Background to review	<p>The last review of paediatrics at Epsom and St Helier University Hospitals NHS Trust was undertaken on 10 December 2013 at St Helier Hospital. Following this review, it was found that the educational culture within the department had greatly improved and that there was a greater level of engagement between the consultants and trainees than had previously been identified. However, it was noted that the Trust required ongoing support to continue to achieve positive change.</p> <p>In the General Medical Council National Training Survey (GMC NTS) 2016 results, paediatrics at St Helier Hospital returned one red outlier in 'study leave' and four pink outliers in 'clinical supervision out of hours', 'induction', 'adequate experience' and 'feedback'.</p> <p>In the London School of Paediatrics End of Post Survey 2016, St Helier Hospital returned a red outlier for the overall placement rating. St Helier Hospital also returned red outliers in all team work questions relating to team working, culture and morale within the department as well as red outliers relating to the completion of workplace based assessments (WPBAs), and quality of educational supervision. When the survey was split by speciality the neonatal intensive care/special care was of the most concern.</p> <p>Following the results of the GMC NTS 2016 and London School of Paediatrics End of Post Survey 2016 a review of paediatrics at Epsom and St Helier University Hospitals NHS Trust was undertaken.</p>
Training programme / learner group reviewed	Paediatrics
Quality review summary	<p>The review team met with 16 trainees and one Trust grade doctor from Epsom Hospital and St Helier Hospital. Trainees were completing placements in community paediatrics, general paediatrics and neonatology and were at the following grades: foundation (F2), general practice speciality training (GPST) and speciality training (ST1-8).</p> <p>The review team identified the following areas that were working well:</p> <ul style="list-style-type: none"> • The community paediatrics trainees at the Trust highly praised their current placement, reporting that there was a strong educational element and that trainees had access to a diverse range of opportunities. • The trainees at Epsom Hospital described a supportive group of consultants, clinical supervisors and educational supervisors. The education leads at the Trust (on both acute sites and in the community) were highly regarded by the trainees and described as accessible and thoughtful. • The trainees at Epsom Hospital were appreciative of the structured teaching programme that was offered to general practice (GP), foundation and specialty training (ST) trainees. • The trainees at St Helier Hospital reported that the clinical supervision available to them was of good quality. It was reported that consultants were accessible on the phone and happy to come in to provide support out of hours (OOH).

- The review team identified that access to outpatient clinics was clearly prioritised for ST4+ general paediatrics trainees.

However, the review team also noted the following areas for improvement:

- The review team heard that there were staff shortages and some descriptions of shifts with an unacceptably low number of staff rostered. Although trainees could not identify any clinical safety issues they reported that there were a number of occasions where this could have happened.
- The trainees reported that there were operational issues with the new rota, since the imposition of the new contract for junior doctors. The review team identified that there was a lack of medical input into the rota design.
- The trainees reported that there were frequent last-minute changes to the rota. The trainees reported that they were not informed of these changes and therefore had to regularly check their e-rostering system for this information. However, the review team heard that not all trainees had logins for this system.
- The review team identified that the emergency department (ED) at St Helier Hospital appeared to be prioritised. Trainees sensed that service provision outweighed education and reported that if there was a need in the ED they would be pulled from the wards or clinics. This had resulted in GP trainees feeling that they would like more ward exposure.
- The review team identified that the ED at St Helier Hospital put pressure on the clinical and educational supervisor's ability to provide high quality education.
- Local faculty groups (LFGs) needed to be more clearly signposted and well-structured to enable meaningful engagement with trainees. LFGs could be used to allow trainees to influence the rota design and teaching programme.

Quality Review Team

HEE Review Lead	Dr Camilla Kingdon, Head of London Specialty School of Paediatrics	External Clinician	Dr Mehrengise Cooper, Consultant Paediatric Intensivist, Imperial College Healthcare NHS Trust
Trust Liaison Dean	Dr Anand Mehta, Trust Liaison Dean for Health Education England South West London	Lay Member	Caroline Turnbull, Lay Representative
Scribe	Heather Lambert, Learning Environment Quality Coordinator, Health Education England London and the South East		

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
P1.1	<p>Patient safety</p> <p>The trainees could not identify any clinical safety issues that had taken place at the Trust, but reported that there were a number of occasions where this could have happened due to staff shortages. The review team heard that as a result staff had to work longer hours in order to keep the department clinically safe. The trainees reported that this burdened those who were being stretched.</p> <p>The review team heard some descriptions of shifts with an unacceptably low number of staff rostered. The trainees described an example of a recent shift whereby one consultant, one ST4-8 trainee and one ST1-3 trainee were rostered to cover the emergency department (ED), paediatric ward and neonatal unit. The trainees acknowledged that the consultant rostered onto this shift was supportive but reported that they felt that there was the potential for a clinical incident to occur during this time.</p> <p>Additionally, the trainees reported that on a number of occasions, a locum ST4-8 trainee had called the consultant on call during the night and had requested them to come in, but the consultant only offered support remotely. The trainees reported that at this time there was the potential for the situation to become out of control.</p>	
P1.2	<p>Serious incidents and professional duty of candour</p> <p>The trainees reported that they had been informed of how to complete exception reports. However, it was noted that not all trainees were completing these. The trainees advised that this was because many examples did not fall under a given category and therefore did not qualify as an exception report. For example, trainees advised that they did not always leave on time but were often encouraged by consultants to do so, therefore this could not be reported. Similarly, as there was often no ST1-3 trainee on long days or nights in paediatrics, this results in ST4-8 trainees having to take on this work in addition to their workload. However, this did not fall into a category in order to exception report. Some of the trainees stated that in these events they had completed Datix reports.</p>	
P1.3	<p>Appropriate level of clinical supervision</p> <p>All of the trainees agreed that they had access to clinical supervision. The trainees at St Helier Hospital reported that the clinical supervision available to them was of good</p>	

	<p>quality and advised that during clinics a consultant would be running their own list but would be accessible for a discussion if needed.</p> <p>The review team heard that there was daily consultant presence in the ED until 10pm. From 10pm there was one ST1-3 trainee and one ST4-8 trainee covering the ED and the ward. In addition, at night the neonatal unit was covered by one ST1-3 trainee and one ST4-8 trainee. The review team heard that during the night trainees covering both the ED and ward would not usually leave the ED until the early morning, at approximately 5am.</p> <p>The trainees reported that out of hours (OOH) consultants were accessible on the phone and happy to come in to provide support. However, some of the trainees reported feeling at high risk when on their own OOH.</p>	
P1.4	<p>Responsibilities for patient care appropriate for stage of education and training</p> <p>The review team heard that some of the ST4-8 trainees at St Helier Hospital were having to act down in the post-neonatal unit due to staff shortages, which resulted in them undertaking a lot of baby checks. The trainees reported that midwives were trained to undertake baby checks but that there was a shortage of midwives at the hospital.</p>	Yes, see P1.4 below
P1.5	<p>Rotas</p> <p>The review team heard that at St Helier Hospital there had been a recent reduction in the staff in neonatology from seven to six. Additionally, there had been a shortage of one ST4-8 trainee in general paediatrics for several weeks which had resulted in the neonatology ST4-8 trainee covering the neonatal unit, ward and ED.</p> <p>The review team heard that there were operational issues with the trainees' new rota, which had been changed in order to comply with the regulations of the new junior doctor's contract. The trainees reported that the new rota design had introduced a shift that finished at 3.30pm. However, the trainees reported that it was impossible to finish on time and if they did leave at 3.30pm this would put a burden on the remaining staff members due to the number of jobs that required completing.</p> <p>The review team heard that the new junior doctor's contract had made it difficult for trainees to take a full week of annual leave and that trainees were only able to take annual leave on a clinic or administrative day. This had resulted in many trainees missing opportunities to attend clinics. However, the trainees highlighted that the Trust were attempting to resolve this issue.</p> <p>The review team heard that the previous rota for ST1-3 trainees at St Helier Hospital had required trainees to work three out of four weekends. The trainees reported that the new rota required them to work two out of four weekends, but the increase of work in the week did not ease the burden for trainees. However, the trainees were aware that the consultants had amended the rota based on feedback from the last rotation of trainees.</p> <p>It was reported that a trainee unable to work nights had been rostered to work the night shift on more than one occasion. As this had not always been realised by the consultants or trainees (despite the Trust being formally informed) until the beginning of the night shift, this had sometimes resulted in staff shortages.</p> <p>The review team identified that there was a lack of medical input into the rota design, which the review team felt was a missed opportunity for the Trust to resolve some of these issues. The trainees highlighted that the college tutor was keen to support trainee engagement with the rota design.</p> <p>Many of the trainees reported receiving their rotas at short notice, with one trainee reporting that they had received their rota two weeks before commencing their placement and another reporting that their rota had changed one week before commencing their placement.</p>	Yes, see P1.5 below

P1.6	<p>Induction</p> <p>All of the general paediatrics trainees agreed that the local induction was adequate. The GP trainees at Epsom Hospital reported that the local induction was well organised and included practical information relating to blood cultures. However, the GP trainees at St Helier Hospital provided mixed views of the local induction, with some trainees reporting that it was very good and others reporting that it felt sporadic and random.</p> <p>The community paediatrics trainees reported that their induction was very good and included time to undertake clinic observation. However, it did not include an ED specific induction and the trainees felt that this would have been beneficial, given that they had spent a significant proportion of their time working OOH in the ED.</p> <p>It was reported that the Trust induction took place over two days. The trainees felt that this was too long and included some irrelevant information, such as a one hour talk on dementia.</p>	Yes, see P1.6 below
P1.7	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The community paediatrics trainees reported that during nights in the ED they had good exposure to a diverse range of cases.</p> <p>All of the trainees reported that they had good access to outpatient clinics. The trainees reported that they had time allocated to complete clinic paperwork but that this time was not adequate and resulted in them often having to stay late.</p> <p>The review team heard that a neonatal clinic took place but that neonatology trainees struggled to attend due to staff shortages. However, the neonatology trainees reported that they attended the general paediatrics weekly fast-track clinic.</p>	
P1.8	<p>Protected time for learning and organised educational sessions</p> <p>The review team heard that GP trainees at St Helier Hospital had four allocated days to attend clinics. Although the GP trainees at Epsom Hospital reported no issues in attending their one-hour weekly teaching, the review team heard that GP trainees at St Helier Hospital did experience issues in attending their three-hour weekly teaching. The trainees reported that they were made to feel guilty for attending this as staff members had questioned when they would return and had made dismissive comments. The review team heard that this had resulted in trainees feeling too uncomfortable to stay for the full three hours.</p> <p>Furthermore, the review team heard that the paediatrics weekly teaching took place at the same time as the GP teaching at St Helier Hospital. Therefore, GP trainees were not able to attend both teaching sessions. In addition, other trainees reported that they were not always able to attend the paediatrics teaching as they were required to cover the GP trainees.</p> <p>The neonatology trainees reported that bleep free teaching had recently been introduced. However, the general paediatrics trainees reported that their teaching was not bleep free.</p> <p>The F2 trainees at Epsom Hospital anticipated that their Wednesday teaching could be problematic to attend as it was based at St Helier Hospital. Therefore, trainees would not be able to attend the morning handover to be made aware of any potential staffing issues. Previous foundation trainees at Epsom Hospital reported that they were able to attend approximately 60% of their foundation teaching.</p>	<p>Yes, see P1.8a below</p> <p>Yes, see P1.8b below</p> <p>Yes, see P1.8c below</p> <p>Yes, see P1.8d below</p> <p>Yes, see P1.8e below</p>
P1.9	<p>Access to simulation-based training opportunities</p> <p>The trainees reported that they were pleased with the current simulation training opportunities offered as part of the structured teaching programme, but expressed</p>	

	concerns about whether this programme would continue and be sustained in its current format.	
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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.

P2.1	<p>Impact of service design on learners</p> <p>The trainees reported that the Urgent Care Centre (UCC) at St Helier Hospital was not well developed and resulted in trainees seeing every paediatric patient that came through the door. Due to the high volume of patients being seen, the trainees felt that there was the potential for a child to become acutely unwell and for the trainee not to notice. The trainees expressed concern regarding this issue and some reported that they had felt very anxious going to work as a result. On the other hand, the trainees reported seeing large numbers of children with minor injuries and other minor ailments, making it frustrating as these cases offered very little educational opportunity, especially to senior paediatric trainees.</p>	
P2.2	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The trainees reported that the department had a local faculty group although the majority of the trainees met with by the review team had not attended this.</p>	Yes, see P2.2 below
P2.3	<p>Organisation to ensure access to a named educational supervisor</p> <p>All of the trainees agreed that they had access to a named educational supervisor. However, the trainees reported that it could be a challenge to get workplace based assessments (WPBA) signed off and that doing so required trainees to consistently chase their educational supervisors.</p>	

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.

P3.1	<p>Access to resources to support learners’ health and wellbeing, and to educational and pastoral support</p> <p>The trainees at Epsom Hospital described a supportive group of consultants, clinical supervisors and educational supervisors. The current education leads at the Trust were highly regarded by the trainees and described as accessible and thoughtful. However, it was highlighted by some trainees that before a recent change in the education lead at St Helier Hospital, the previous lead had been dismissive of trainee suggestions or complaints.</p> <p>The trainees at St Helier Hospital praised the college tutor for being proactive, supportive and for consistently providing feedback.</p> <p>The review team noted that the trainees appeared to be a cohesive group who were supportive of one another.</p>	
P3.2	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The review team sensed that there was a strained culture at St Helier Hospital. Some of the trainees reported that during the morning handover the hard work of trainees was not always recognised and the trainees felt that at times, feedback was not projected in the right manner. The trainees highlighted that this was consultant dependent.</p> <p>The review team heard that the majority of nurses were very good but trainees reported that there was one nurse in the ED that they felt undermined by. The trainees reported that they felt apprehensive when working with this individual. Additionally, the review team heard that neonatology trainees had felt undermined by one senior nurse in the neonatal unit but that this nurse was no longer working at the Trust.</p>	Yes, see P1.8a below
P3.3	<p>Access to study leave</p> <p>The trainees reported that the rota coordinator at Epsom Hospital did not always respond to their study leave requests.</p>	

4. Developing and implementing curricula and assessments

HEE Quality Standards

5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.

5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.

5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.

5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.

P4.1	<p>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</p> <p>The community paediatrics trainees reported that there was an extensive teaching programme in place that included simulation. The review team heard that trainees were able to schedule their clinics around teaching to optimise their attendance.</p> <p>The ST4-5 neonatology trainees expressed some concern in achieving the requirements set out in the neonatology level two curriculum. The neonatology trainees</p>	Yes, see P4.1 below
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	<p>at St Helier Hospital reported that they did not have an abundance of opportunities as the neonatal unit at the site was quiet. This issue was exacerbated by staff shortages. Similarly, the review team heard that the neonatal unit at Epsom Hospital was very quiet, with usually only three to four of the six beds filled.</p> <p>The ST4-5 neonatology trainees reported that they had the opportunity to insert long lines. However, the majority of trainees did not have exposure to intubating patients. The trainees reported that this was because there were not enough patients who required this procedure and therefore it was likely that some trainees would never see this during their placement.</p> <p>Paediatric ST1-8 trainees across the trust reported that they would recommend their placements to their colleagues as they provided good learning opportunities. However, some of the GP trainees at St Helier Hospital reported that they would not recommend their placement to their colleagues due to high levels of stress, the culture, induction and because they would like more ward days and more general paediatrics experience.</p> <p>All of the trainees reported that they would be happy to have their family treated at the Trust.</p>	
P4.2	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The review team identified that the ED at St Helier Hospital appeared to be prioritised over the ward and neonatal unit. Trainees sensed that service provision outweighed education and that the balance of service provision had sometimes come at the expense of a balance of training opportunities. The review team heard that neonatology and GP trainees were frequently pulled to provide support in the ED. As a result, GP trainees reported that they would like more ward exposure.</p> <p>Furthermore, general paediatrics trainees at the Epsom Hospital reported that they had the opportunity to attend clinics on their educational day but that these days were usually reassigned to the ward at the last minute.</p> <p>The review team heard that there were two nurses in the ED overnight who were required to complete a vast number of jobs, including cleaning and restocking areas. Because of this, trainees often had to collect medication and complete repeat observations when in the ED. The trainees felt that the addition of a healthcare assistant (HCA) in the ED would be a solution to this issue.</p>	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The review team identified that access to outpatient clinics was clearly prioritised for ST4+ general paediatrics trainees.	College Tutor	Please complete the attached pro forma and return to the quality and regulation team.	31/05/17

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
P1.4	The Trust is required to ensure that neonatology trainees are not undertaking	The Trust is required to conduct an audit on the type of inappropriate duties undertaken	R1.9

	inappropriate duties, such as excessive baby checks on the postnatal wards.	by neonatology trainees and how often/for how long. The Trust should submit a copy of the audit and outline subsequent actions taken. Compliance with this action should be monitored through LFG meetings. LFG minutes should evidence trainee satisfaction with this issue.	
P1.5	The Trust should ensure that trainees work with rota coordinators in influencing the rota design.	Compliance with this action should be monitored through LFG meetings. LFG minutes should evidence trainee satisfaction with this issue.	R1.12
P1.6	The Trust should ensure that all general and community paediatrics trainees have an induction into the emergency department that is sustainable, of high quality and specific to trainee needs.	The Trust to provide timetable, agenda, register and summary of feedback from trainees. The Trust to confirm, via audit of trainees, that each general and community paediatrics trainee has received an induction into the emergency department and that this was considered fit for purpose.	R1.13
P1.8a	The Trust must ensure that inappropriate behaviour by any member of the clinical team ceases as it is not conducive to a supportive learning environment and is not in keeping with the GMC's standards of good medical care and professional behaviours.	The Trust is to review any reported incidents of bullying and undermining behaviour within this report and provide evidence of the steps taken following this review. The Trust is required to draw the attention of all staff to the Trust's policy of expected behaviours in the workplace and provide evidence that this has occurred.	R3.3
P1.8b	The Trust should ensure trainee involvement in teaching programme design, to ensure relevance and minimise clashes so as to facilitate attendance.	Compliance with this action should be monitored through teaching attendance records and LFG minutes to evidence trainee satisfaction with this issue.	R1.16
P1.8d	Teaching sessions for all trainees must be bleep-free and the Trust must ensure that there is protected time for departmental teaching for all trainees.	The Trust should carry out an audit over a three-month period of all paediatrics and neonatology training sessions to record which are bleep-free. If they are not, reasons are to be given. Compliance with this action should be monitored through LFG meetings. LFG minutes should evidence trainee satisfaction with this issue.	R1.16
P2.2	The Trust must ensure that the departmental local faculty group (LFG) is robust, well sign-posted and has trainee representation at all levels (foundation, GP, ST1-3 and ST4-8).	The Trust to submit minutes from the next three LFG meetings at which there is trainee representation and a register of attendance.	R2.7
P4.1	ST4-5 trainees in neonatology should be facilitated to take advantage of	Compliance with this action should be monitored through LFG meetings. LFG	R5.9

	opportunities to undertake procedures as and when they arise.	minutes should evidence trainee satisfaction with this issue.	
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Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
P1.8c	<p>The Trust is to consider revising their structured teaching programme to avoid GP teaching clashing with paediatrics teaching.</p> <p>The Trust is to consider the possibility of rescheduling teaching sessions to a day/time which is more compatible with trainees' timetables.</p>	The Trust is to provide evidence that this has been considered and the outcome of this.	R1.16
P1.8e	The Trust should ensure that all foundation trainees are able to attend a minimum of 70% of foundation teaching.	<p>The Trust is required to conduct an audit on the number of teaching sessions foundation trainees do not attend over a three-month period and the reasons given.</p> <p>The Trust to send an email to all foundation trainees and supervisors reminding them of the importance of attending teaching and that those with less than 70% attendance will not be signed-off.</p>	R1.16

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

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Camilla Kingdon
Date:	09/05/2017

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.