

Lewisham and Greenwich NHS Trust

Community Paediatrics

Risk-based Review (focus group)



Quality Review report

21 June 2017

Final Report

Developing people
for health and
healthcare

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Quality Review details

Background to review	<p>The risk-based review (focus group) at Lewisham and Greenwich NHS Trust was organised to review the quality of training provided for trainees in community paediatrics.</p> <p>Whilst there were too few trainees in community paediatrics to produce results in the General Medical Council National Training Survey (GMC NTS) 2016, the Head of the London School of Paediatrics had been made aware of a number of serious concerns raised by trainees in relation to the learning environment, organisational culture and the time given for trainees to examine patients.</p>
Training programme / learner group reviewed	<p>The review team met with three trainees in community paediatrics.</p>
Quality review summary	<p>The review team identified the following areas that were working well:</p> <ul style="list-style-type: none"> • Trainees reported that they had access to a diverse range of clinical cases. • It was reported that the induction offered at the Kaleidoscope Children’s Centre was excellent; offering a thorough overview of all departments, clinical protocols and the referral process. • Clinical supervision arrangements were very clear. Trainees reported that they were aware of who to approach if they had safeguarding concerns and that they were mostly able to escalate concerns and discuss cases with consultants. <p>However, the review team also identified the following areas for improvement:</p> <ul style="list-style-type: none"> • The review team was concerned to hear that there remained an expectation for trainees to see patients in 60 minutes and that this allocated time was not always sufficient. The review team felt that there needed to be greater flexibility in the time allocated for trainees to see patients and that this should be adapted to the competency and learning needs of trainees. • Trainees reported that the time allocated to complete administrative work was not sufficient, and therefore completing this work impinged upon other educational opportunities. • Although the Monday morning meetings provided some brilliant learning opportunities, both formal and informal, they often led into heated discussions between consultants. Some trainees reported finding this challenging to be part of as not only were strong opinions voiced about patient referrals, arguments also ensued about operational issues such as the on call safeguarding rota. • The review team felt that the consultant body needed to have more recognition that trainees experience the learning environment in different ways, particularly when there is a difference of opinion among consultants. Trainees commented that there seemed to be a lack of recognition amongst the consultant team of the impact of team working problems on some trainees. • Some trainees found it difficult to speak up or raise concerns. Trainees felt that there was a hierarchy not just within the consultant body but within the wider team of medical and non-medical staff.

Quality Review Team			
HEE Review Lead	Dr Camilla Kingdon, Head of the London School of Paediatrics	External Clinician	Dr Anne Opute, Consultant Neonatologist at Royal London Hospital, Barts Health NHS Trust
Deputy Postgraduate Dean	Dr Catherine O’Keeffe, Deputy Postgraduate Dean, Health Education England South London	Lay Member	Kate Rivett, 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
CP 1.1	<p>Patient safety</p> <p>It was reported that for the first month of trainees conducting clinics independently, 90 minutes was allocated for the initial assessment of patients. This was then reassessed and either reduced to 75 minutes for an additional month and then 60 minutes thereafter, or reduced immediately to 60 minutes.</p> <p>Whilst some trainees felt that 60 minutes was adequate, others felt that this time was insufficient to assess patients. Trainees commented that whilst they felt comfortable to</p>	

	<p>raise this with their supervisors, the consultant body had made it clear that trainees had to see patients in 60 minutes. The review team felt that there needed to be greater flexibility in the time allocated for trainees to see patients, particularly for complex cases, and that this should be adapted to the competency and learning needs of trainees.</p> <p>The review team was informed that patients who were not attending clinics (DNAs) were not being followed up in a timely manner and that when these patients were followed up, serious issues were sometimes found. The review team felt that the process for monitoring those patients who did not attend on a regular basis required urgent improvement.</p> <p>Whilst the review team was not informed of any direct patient safety issues at the time of the review, the review team felt that the apparent difficulties in communication within the wider team of medical and non-medical staff (see CP2.1) posed a significant risk. All members of the team should be encouraged to actively participate in open discussion, and a culture where members of staff do not feel that their views are of value or are open to undermining is not in the best interests of the patients they care for.</p>	<p>Yes, see CP1.1a below</p> <p>Yes, see CP1.1b below</p>
CP 1.2	<p>Appropriate level of clinical supervision</p> <p>The review team identified that clinical supervision arrangements were very clear. Trainees reported that they had good access to supervision, were aware of who to approach if they had safeguarding concerns and that they were mostly able to escalate concerns and discuss cases with consultants. It was reported that consultants organised cover arrangements when they were known to be away.</p> <p>However, the review team felt that, at times, the difficulties in communication within the wider team of medical and non-medical staff prevented case based discussions from taking place.</p>	
CP 1.3	<p>Rotas</p> <p>The review team was informed that the system of coordinating the rota had recently changed and was now coordinated by one secretary with consultant input.</p> <p>Trainees reported that the time allocated to complete administrative work was not sufficient and that they were often using their study days to catch-up on this work, therefore resulting in the impingement upon other educational opportunities.</p>	Yes, see CP1.3 below
CP 1.4	<p>Induction</p> <p>It was reported that the induction offered at the Kaleidoscope Children's Centre was excellent; offering a thorough overview of all departments and teams, clinical protocols and the referral process. Trainees were also able to shadow consultant-led clinics for the first month of their placement before they conducted clinics independently.</p> <p>However, not all trainees were made aware of the Lambeth and Southwark community paediatrics training course on offer, which had resulted in a missed training opportunity.</p> <p>Trainees also received an induction at University Hospital Lewisham (UHL) and commented that this was streamlined and comprehensive.</p>	Yes, see CP1.4 below
CP 1.5	<p>Protected time for learning and organised educational sessions</p> <p>The review team heard that trainees had departmental weekly teaching which occurred on a Monday morning and was consultant-led. Trainees also had the opportunity to discuss referrals during the Monday meetings, which they greatly valued.</p> <p>Trainees felt that the teaching offered could be enhanced by the opportunity to undertake bespoke child and adolescent mental health training.</p>	

2. Educational governance and leadership		
<p>HEE Quality Standards</p> <p>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.</p> <p>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.</p> <p>2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.</p> <p>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.</p> <p>2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.</p>		
CP 2.1	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>Trainees reported that some consultants were approachable and that their feedback had been acted upon. For example, a separate senior meeting had been implemented as trainees felt that not all content in the Monday meetings was relevant to them.</p> <p>However, some trainees found it difficult to speak up or raise concerns. Trainees felt that there was a hierarchy not just within the consultant body but within the wider team. Additionally, trainees highlighted that communication was poor between some team members, at both SAS doctor and consultant levels, and between consultants and SAS doctors, which impacted negatively on overall team working.</p>	<p>Yes, see CP2.1 below</p>
3. Supporting and empowering learners		
<p>HEE Quality Standards</p> <p>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.</p> <p>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.</p>		
CP 3.1	<p>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</p> <p>Trainees were very appreciative of the significant pastoral support offered by some consultants.</p> <p>The review team was informed that during the Monday meetings the consultant child protection rota would be discussed; this could often lead to heated discussions. Trainees felt that they did not need to be party to all discussions that took place during the Monday meetings, particularly in these instances. Although some trainees saw this as a learning opportunity, this could also present as challenging for some trainees.</p> <p>The review team felt that the consultant body needed to have more recognition that trainees experience the learning environment in different ways, particularly when there is a difference of opinion among consultants. This needed to be better accommodated by the consultant body and consideration should be given to the tone and appropriateness of the Monday meetings to ensure that contributions are encouraged from all members, within a supportive team.</p>	<p>Yes, see CP3.1 below</p> <p>Yes, see CP3.1 below</p>

CP 3.2	Less-than-full-time training Trainees in less-than-full-time training commented that staff had been supportive of their needs.	
CP 3.3	Regular, constructive and meaningful feedback Trainees reported that they had received feedback in formal meetings but not regularly or in an informal manner.	Yes, see CP3.3 below

5. 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.

CP 5.1	Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum Trainees reported that they had access to a diverse range of clinical cases which provided a good breadth of practical experience. During their rotation trainees were required to work at UHL, covering either neonatology or general paediatrics. Full-time trainees worked at UHL for one long day and one long weekend per month. Trainees were not required to work nights.	
CP 5.2	Opportunities for interprofessional multidisciplinary working Trainees reported that allied health professions (AHPs) were based at Kaleidoscope Children's Centre, in addition to safeguarding consultants and looked after children consultants. Trainees reported that they were easily able to liaise with AHPs.	
CP 5.3	Appropriate balance between providing services and accessing educational and training opportunities Trainees reported that the Kaleidoscope Children's Centre was very busy. The review team felt that the service pressures that were resulting in trainees having to see patients in 60 minutes (see CP1.1) were causing service provision to be prioritised over educational and training opportunities.	Yes, see CP1.1a below

6. Developing a sustainable workforce

HEE Quality Standards

- 6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.
- 6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.
- 6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.
- 6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.
- 6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

CP 6.1	Learner retention Some trainees would recommend their posts and commented that they would return to the placement.	
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Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
It was reported that the induction offered at the Kaleidoscope Children's Centre was excellent; offering a thorough overview of all departments and teams, clinical protocols and the referral process. Trainees were also able to shadow consultant-led clinics for the first month of their placement before they conducted clinics independently.	College Tutor	Please complete the attached pro forma.	31 July 2017

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
CP1.1a	<p>There is the potential for a patient safety issue to arise if trainees' requests for greater time allocated to see patients in clinics is not considered.</p> <p>The Trust is required to adopt greater flexibility in the time allocated for trainees to see patients, particularly for complex cases, in accordance with the competence and learning needs of trainees.</p> <p>Educational supervisors should regularly discuss this issue with trainees, to ensure that trainees' needs are being accommodated.</p>	<p>The Trust to submit details of trainee timetables which should clearly indicate time allocated for seeing patients, by 31st July.</p> <p>The Trust to submit copies of the communication sent to educational supervisors, requiring them to have regular discussions with trainees regarding this issue, by 31st July.</p> <p>The Trust should provide trainee feedback to evidence that this issue has been resolved by 31st October. This could be in</p>	R1.1

		the form of LFG minutes with trainee representation.	
CP1.3	The Trust is required to review the time allocated for trainees to complete administrative work to ensure that this is sufficient. Completing administrative work should not result in the impingement upon other educational opportunities for trainees.	The Trust to submit copies of the trainees' rotas, indicating where the time allocated to complete administrative work has been lengthened. The Trust should provide trainee feedback to evidence that this issue has been resolved.	R1.12
CP1.4	The Trust is required to ensure that trainees are made aware of the Lambeth and Southwark community paediatrics training course during their induction, including clarity about funding the course, to enable trainees to plan how to spend their study budget.	The Trust should provide a copy of the induction agenda, evidencing that this will be a standing item. The Trust should provide trainee feedback from trainees who rotate to the site in September 2017, confirming that they have been made aware of the course.	R1.16
CP2.1	The Trust needs to ensure that the Kaleidoscope Children's Centre offers a safe learning environment for trainees. The Trust is required to appoint a community paediatrics trainee representative and regularly release them to attend the specialty local faculty group. The Trust is required to ensure that trainees are encouraged to speak up and raise concerns, and that when doing so, this is dealt with in a professional manner by consultants.	The Trust to evidence that a community paediatrics trainee representative has been appointed and to supply LFG minutes evidencing that they are being released to attend the LFG, by 31 st October. The Trust to provide evidence that trainees are appropriately sharing views and concerns through submitting LFG minutes with trainee representation, by 31 st October.	R3.1
CP3.1	The Trust is required to review the Monday morning meetings to ensure that all content is of relevance and educational benefit to trainees. Trainees should still be enabled to attend the relevant parts of this meeting.	The Trust to supply an agenda of the Monday morning meetings indicating where trainees are in attendance, by 31 st July.	R5.9
CP3.3	The Trust should review its process of delivering feedback to trainees, to ensure that trainees are receiving regular feedback from their educational or clinical supervisor that is constructive and meaningful.	The Divisional Education Lead to undertake informal interviews with all trainees to document their experience of receiving feedback, by 31 st December 2017.	R3.13

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
CP1.1b	The Trust should consider reviewing its mechanism for following up patients who do not attend clinics to ensure that they are	The Trust should provide a plan of action.	R1.1

	followed up in a timely manner, especially those who do not attend repeatedly.		
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Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility
The Head of School should make arrangements for an external training programme director to meet with the trainees every six weeks from September 2017 to March 2018 in an informal manner, to provide pastoral support to trainees and ensure compliance with action CP2.1.	Dr Camilla Kingdon
Health Education England to conduct a review with the next cohort of trainees, in order to follow-up on concerns outlined in the report and review progress made by the department.	Dr Camilla Kingdon, Catherine O'Keeffe, HEE Quality Reviews team.

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Dr Camilla Kingdon
Date:	17 July 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.