

King's College Hospitals NHS Foundation Trust (Princess Royal University Hospital)

Paediatrics

Risk-based Review (on-site visit)



Quality Review report

8 February 2018

Final

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Quality Review details

Background to review	<p>The quality review to the Princess Royal University Hospital (PRUH) site of the King's College Hospital NHS Foundation Trust was due to a number of reasons, detailed here.</p> <p>The paediatrics department received two red flags in the General Medical Council National Training Survey (GMC NTS) 2017 for handover and feedback. The site also received seven pink flags in overall satisfaction, clinical supervision, clinical supervision out of hours, reporting systems, induction, adequate experience and educational supervision.</p> <p>The site had shown a significant improvement in the results from the GMC NTS in 2016 (nine red flags and two pinks) to the results seen in 2017. Health Education England wanted to explore what had changed at the Trust and site to determine the reasons behind this change.</p> <p>Paediatrics at PRUH had been under enhanced monitoring by the GMC since June 2016. The GMC was keen to attend the visit to assess the quality of education and training in the department and to check the sustainability of any improvements.</p>
Training programme / learner group reviewed	<p>Paediatrics</p>
Number of learners and educators from each training programme	<p>The review team met with thirteen trainees from both paediatrics and also General Practice. The training grades of the trainees was as follows;</p> <ul style="list-style-type: none"> • Specialty Training (ST) Level 1-4 • General Practice Specialty Training (GPST) Level 1 • Junior Clinical Fellow (JCF) • Senior Clinical Fellow (SCF) <p>The review team also met with the educational and clinical supervisors for paediatrics.</p>
Review summary and outcomes	<p>The quality review team would like to thank the Trust for accommodating the on-site visit and for ensuring that all sessions were well-attended. The quality review team was pleased to note the following areas that were working well:</p> <ul style="list-style-type: none"> • The review team heard that consultant support and clinical supervision both in and out of hours was reported to be excellent. • The out of hours and weekend team consisted two 'SHO' grades, two middle grades and a consultant for general paediatrics and neonatology each. The consultants were either on site or readily available if required. • Handovers had previously been an issue but have much improved, particularly as there are now separate handovers for neonatology and general paediatrics, which was reported as being more efficient. The handover is followed by a teaching session. • GP trainees reported a good educational experience; they confirmed they were released for their weekly teaching. • Trainees at all levels reported good access to teaching sessions. • Trainees of all grades recommended this post for training

- The GMC representative felt that improvements had been made across the board within the paediatrics department.

However, the quality review team also noted a number of areas that still required improvement:

- The review team felt that although trainees indicated that educational sessions were regular and of high quality, these could be improved by being mapped to the new curriculum.
- The review team heard that the induction to and consultant oversight of the jaundice clinic was lacking.
- Most trainees have not received an appropriate work schedule and are unsure if they are being paid correctly for their work.
- The review team heard that feedback from incidents was reportedly patchy with this dependent on the consultant involved. It is recommended that the Trust look into ways to make this more consistent.

Quality Review Team

HEE Review Lead	Dr Camilla Kingdon Head of London Specialty School of Paediatrics	Lay Member	Jane Gregory, Lay Representative
Trust Liaison Dean/County Dean	Dr Anand Mehta, Deputy Postgraduate Dean, Health Education England South London	Scribe	Ed Praeger, Learning Environment Quality Co-ordinator, Health Education England (London and the South East)
GMC Representative	Jane MacPherson, Education Assurance Programme Manager, General Medical Council		

Educational overview and progress since last visit

Since the last visit to paediatrics at Princess Royal University Hospital (PRUH) in November 2016, the Trust has shown a great improvement in a number of the key areas highlighted through that review.

The morning handover had been described as being unstructured and having never kept to time during the 2016 review, with the handover session often running over in to the planned morning teaching session. During this review, the panel heard how the handovers had been split between the children's and neonatal wards, which allowed a well-structured and streamlined handover to take place, allowing trainees to attend the teaching sessions on time.

The review team also heard how an increased number of staff members during out of hours (OOH) or weekends allowed for the out of hours and weekend teams to consist of two 'SHO' grades, two middle grades and a consultant for general paediatrics and neonatology each. The panel also heard how the consultants were either on site or readily available if required. This marked a significant improvement from details recorded through the November 2016 review, where it was heard that trainees found the workload OOH or weekends to be very heavy and that the trainees felt under significant pressure to manage a number of different areas OOH. The review team noted during the November 2016 review that there had been a number of unsafe clinical practices due to

the lack of staff OOH and at weekends, impacting patient safety. With the change in staffing numbers, the panel did not hear any negative comments from the trainees regarding these areas during the most recent review.

During the review in November 2016, the review team heard how the consultant body had had culture and morale issues. The panel had felt that this was impacting on morale and team working. During this review, the panel felt that the consultants had come together and were acting as one to try and improve the service provided at the PRUH. The panel felt that this was a very good change in direction.

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>Appropriate level of clinical supervision</p> <p>When asked about attending deliveries, the GP trainees stated to the review team that they felt well supervised, with the specialty trainees happy to answer any questions or to help the GP trainees with the deliveries themselves.</p> <p>The trainees indicated that with no consistent named consultants in charge of the jaundice clinic, there was a lack senior input in the clinic. The trainees felt that there was a constantly shifting pattern of consultants in charge of the jaundice clinic. The trainees explained to the review team that they would rely heavily on the nurses present to help in running the clinic.</p> <p>The middle grade trainees informed the review team that they work a seven-week rota with one week set aside for outpatient clinics. In clinics they had their own list of patients and received debriefing from the supervising consultant at the end of the clinic. They reported clinic to be a good teaching and learning experience..</p>	Yes, please see P1.1 below
P1.2	<p>Rotas</p> <p>The trainees informed the review team that with increase in staffing numbers within the department, the consultants were able to split the rota to be able to cover general paediatrics and the neonatal unit separately. The trainees indicated that the overnight and weekend rotas consisted of two "SHO" level and two middle grade doctors and that apart from unforeseen circumstances causing rota gaps, that this was a regular</p>	

	<p>model the department was now able to provide. The trainees highlighted that even with unforeseen rota gaps, the Trust would try and fill with another junior doctor before going to locum doctors.</p> <p>The trainees told the review team that all consultants were approachable and highlighted that they felt very comfortable to call consultants out of hours and that if the consultants needed to come to the hospital, that they would arrive promptly.</p> <p>The trainees indicated to the review team that the rota coordinator for the department was a junior doctor, with consultant oversight. The trainees indicated that they did not have an up to date rota currently due to personal issues of the rota coordinator and that they found it difficult to plan ahead regarding teaching and training days.</p> <p>The trainees indicated to the review panel that they were aware of the exception reporting system in place at the Trust, although none of the trainee's present had filled an exception report in. A number of trainees informed the review team that they would on occasion stay on later than their rota required to complete work, but felt that this was their responsibility and that this was not pushed by the Trust.</p> <p>When asked about their work schedules, the trainees highlighted to the review team that they had yet to receive an accurate work schedule for the period of September 2017 to March 2018. The trainees felt that this should be something they should receive before starting in post and that a number of trainees felt that this was causing them to be paid incorrectly. The trainees felt that they had brought this up with the correct contacts within Human Resources (HR) at the Trust but felt that little was being done to rectify the situation. The trainees highlighted that with a number of trainees leaving the Trust for new posts in March, that this needed to be corrected before then.</p> <p>The educational supervisors and clinical supervisors (ESCS's) indicated to the review team that they felt the department had improved to be a very positive place to work in and this was mainly due to the increase in the number of consultants present.</p> <p>The ESCS's indicated to the review team that the Trust was moving towards cross site job plans, as well with the possibility of a number of roles being shared between two people across both sites. The ESCS's indicated that they were currently one week out of five on the shop floor at Denmark Hill, although this was currently a one-way swap, with no consultants currently working at the Princess Royal University Hospital (PRUH) from Denmark Hill.</p> <p>The review team heard from the ESCS's that there were currently five consultants on the neonatal unit at the PRUH doing a 1:5 neonatology rota. On the General Paediatric side there are 7 consultants working a 6.5 WTE.</p> <p>The ESCS's indicated to the review team that they were planning on employing a paediatric consultant with an interest in cardiology to work cross site to bring further expertise, with a core team set up already to work cross site in paediatrics. The ESCS's indicated to the review team that they would soon be gaining a new paediatric nurse practitioner at the PRUH, who was known to be very hands on and helped set up the 'Hospital at Home' programme.</p> <p>The review team heard that there was a precedent at King's with regards cross-site working - a number of the radiology consultants attend meetings at both sites and that a number of other clinical teams work similarly.</p> <p>The ESCS's informed the review team that they felt that the financial situation at the Trust current was greatly improved, allowing for a number of departmental plans to be pushed through. This included taking on two Medical Training Initiative (MTI) doctors, which the neonatal clinical lead indicated had functioned well at junior level and would be relocated to the Denmark Hill site at middle grade level. The neonatal clinical lead indicated to the review team that they were getting a good number of applications to all of the posts that the department was putting out for employment.</p> <p>When asked about the department introducing physician assistants (PA's), the neonatal clinical lead indicated that the department was indeed keen to bring a number in, with one PA student starting in July 2018 for a three-week period.</p>	<p>Yes, please see P1.2 below</p>
<p>P1.3</p>	<p>Induction</p>	

	<p>The trainees informed the review team that they had all received a three-day induction when starting in post, although a number of trainees had stated that they found the induction to be a little weighted towards the neonatal elements and not towards the general paediatric elements.</p> <p>The trainees stated to the reviews team that the junior doctors would attend a twice weekly jaundice clinic, and this was not fully covered in the induction the trainees received.</p> <p>The trainees informed the review team that there was no option to comment on the induction until the induction was completed and that there was no exit surveys or interviews in place to get feedback from the trainees.</p> <p>The ESCS's indicated to the review team that the college lead would often take the induction for the trainees, with special consideration for doctors in difficulty and the MTI doctors taken into account during the induction process. The neonatal clinical lead indicated that the department would look into sending one of the MTI doctors onto a MTI support day to try and further the doctor's opportunities.</p>	
P1.4	<p>Handover</p> <p>The trainees indicated to the review team that the handover process in the Trust had improved significantly, with the trainees able to leave at the end of shift on time feeling that they had handed over completely to the in-coming shift. The trainees put this down to a number of reasons; the trainees indicated that with the increase staff numbers, the neonatal and general paediatric handover in the mornings had been split, which had greatly sped up and streamlined the handover process as well as allowing for a more formal sit down handovers to take place.</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.

P2.1	<p>Systems and processes to make sure learners have appropriate supervision</p> <p>The trainees felt that a buddy system would help in introducing new trainees with less paediatric experience to the specialty and working environment.</p>	
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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 indicated to the review team that although they did not get regular breaks, the senior trainees were very good at reminding them and pushing for them to go on break.</p>	
P3.2	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>When asked whether the consultants were ever critical towards the trainees at handovers, the trainees indicated that although they had occasionally witnessed trainees crying after handover, they felt that this was related more to the trainees wanting to impress and make sure that they got all of the answers asked by the consultants correctly, and not so much pressure coming down from the consultants themselves.</p> <p>The trainees highlighted to the review team that they did not feel any bullying or undermining from any of the staff at the Trust.</p>	
P3.3	<p>Access to study leave</p> <p>The trainees informed the review team that they were able to book Royal Society of Medicine (RSM) training days and indicated that the Trust had recently started to use the Intrepid system.</p>	
P3.4	<p>Regular, constructive and meaningful feedback</p> <p>The trainees indicated to the review team that difficult cases were regularly discussed at the risk management meetings held on the last Friday of each month, and although they had yet had the opportunity to attend, they did state they all received both email and verbal feedback on the cases.</p> <p>When asked about debriefs after deaths in the department, the trainees stated to the review team that they did all receive a debrief, although the trainees felt that the debrief quality was very consultant dependent. Some trainees stated that they had been asked to provide a statement after events but had not received any feedback after the investigation was completed.</p>	Yes, please see P3.4 below

4. Supporting and empowering educators

HEE Quality Standards

4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.

4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.

P4.1	<p>Sufficient time in educators' job plans to meet educational responsibilities</p> <p>The ESCS's indicated to the review team that they had 0.25pa allocated for educational supervision per trainee into their job plan at the PRUH. The neonatal clinical lead highlighted to the review that the consultants within the department required a little flexibility within their job plan to cover the educational and clinical supervision issues as when they came up.</p>	
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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.

P5.1	<p>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</p> <p>The review team heard from the trainees that they would receive regular teaching sessions (four days a week) after handover in the mornings before ward rounds start. The teaching sessions themselves are generally expected to finish at 9:30am, allowing trainees to leave for home on time after the night shift, although a number of trainees stated that they could sometimes finish a little later around 10 am. A number of the trainees stated that they felt obliged to stay for the teaching sessions even after a busy night shift, although this sentiment was not echoed by all the trainees present.</p> <p>The review team heard that a trainee organised the teaching rota, with normal weekly sessions consisting of neonatal run teaching on Tuesdays, simulations and paediatric run teaching on Wednesdays, general paediatric run teaching on Thursdays and junior doctor run teaching sessions on Fridays. The trainee indicated that they would distribute this teaching schedule to all trainees and consultants at the beginning of the month to allow for trainees and consultants to prepare teaching material.</p> <p>When asked if the teaching material taught during these sessions covered each area of the curriculum, the trainees indicated that without a teaching material list kept, they were unsure if all areas of the curriculum that had been covered and were unsure if areas had been repeated. The review panel suggested that it may be helpful to map the teaching sessions to the new curriculum starting in September so that all areas would be covered and so that trainees are confident of being taught all areas required.</p>	Yes, please see P5.1 below
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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.

	N/A	
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Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The review team heard that consultant support and clinical supervision both in and out of hours was reported to be excellent.			
The out of hours and weekend team consisted two 'SHO' grades, two middle grades and a consultant for general paediatrics and neonatology each. The consultants were either on site or readily available if required.			
Handovers had previously been an issue but have much improved, particularly as there are now separate handovers for neonatology and general paediatrics, which was reported as being more efficient. The handover is followed by a teaching session.			
GP trainees reported a good educational experience; they confirmed they were released for their weekly teaching.			
Trainees at all levels reported good access to teaching sessions.			
Trainees of all grades recommended this post for training			

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.
P1.1	The Trust to ensure that trainees receive an adequate induction to the jaundice clinic when they begin their posts. The Trust to also ensure that there is a named dictated consultant providing clinical supervision to trainees at all times during the jaundice clinic.	The Trust to submit evidence of the trainees' induction to the jaundice clinic. The Trust to submit a timetable of the clinic, highlighting which consultant is providing clinical supervision to trainees.	R1.8 R1.13

P1.2	The Trust to ensure that trainees receive an appropriate work schedule to ensure that they are being paid correctly for their work.	The Trust to submit evidence that all trainees within paediatrics at Princess Royal University Hospital (PRUH) have received an appropriate work schedule and trainee feedback from local faculty group (LFG) meetings confirming this.	R3.7
P5.1	The Trust to ensure that the trainees' educational sessions are mapped to the new training curriculum.	The Trust to submit evidence that the educational sessions are being mapped to the curriculum and a timetable of the sessions provided, showing what topics they cover.	R2.4

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
P3.4	The Trust to ensure that trainees receive consistent and appropriate feedback during debriefs following patient deaths.	The Trust to provide evidence from trainees that feedback from consultants is more consistent across the department.	R3.13

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

Requirement	Responsibility
The PRUH is currently a Level One Neonatal unit (SCBU), which is probably inappropriate given the rising number of deliveries (approx. 6000 per year) and overall acuity. The review team heard that with improvements in staffing and working practices in the Paediatric department, the department hoped to be recognised as a Level Two Neonatal unit (LNU). This sentiment was echoed by the review team who felt that an increase to a Level Two neonatal unit would greatly benefit all involved, most particularly the patients.	

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Dr Camilla Kingdon Head of London Specialty School of Paediatrics
Date:	12/03/2018

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.