

Lewisham and Greenwich NHS Trust (Kaleidoscope)

Community Paediatrics

Risk-based Review (focus group)



Quality Review report

21 February 2018

Final

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Quality Review details

Background to review	<p>The Trust was visited by Health Education England in June 2017 for a Risk-based Review (on-site visit) of community paediatrics at Kaleidoscope Lewisham, which was prompted by feedback provided by trainees within the department to the Head of the London School of Paediatrics. During the review, a number of issues were raised including: limited time allocation for trainees to see patients, a lack of time to complete administration work, trainees felt it was difficult to speak up and raise concerns with the consultants due to a lack of cohesion within the consultant body leading to arguments and heated discussions taking place in front of the trainees.</p> <p>Health Education England therefore felt it was necessary to conduct a subsequent Risk-based Review (focus group) of community paediatrics at Lewisham and Greenwich NHS Trust in February 2018 to garner the feedback from trainees that had been in post since September 2017, allowing for a comprehensive overview from the trainees in the post to ascertain the situation regarding the issues brought up during the review in June 2017 and whether sufficient progress had been made.</p>
Training programme / learner group reviewed	<p>Community paediatrics</p>
Quality review summary	<p>The quality review team would like to thank the Trust for accommodating the focus group 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 panel heard that the trainees felt well supported within their roles and had good access to supervision from within the department and the consultant body. • The trainees indicated that the time allocation to see patients was well managed and that none of the trainees felt that they were being pushed beyond their capabilities. • The review team heard from the trainees how they felt that they had excellent administrative support, and that this was mainly due to the appointment of the new Administrative Manager. • The trainees highlighted to the review panel that they had all received a comprehensive induction, lasting between three to four weeks. <p>However, the quality review team also noted a number of areas that still required improvement:</p> <ul style="list-style-type: none"> • The review panel felt that more thought should be given towards the formal teaching programme in place within the department. The panel felt that a system to create more bespoke teaching courses for both core and GRID trainees would be beneficial. • The review panel felt that a greater participation from the whole consultant body in the trainees teaching sessions was needed.

- The review panel heard that the trainees did not have clarity about the number of patients that they were meant to see over a six-month period. The panel felt that a benchmark for trainees would allow them to manage their clinic load more effectively.
- The review panel heard that a number of trainees had fallen behind on their clinical administrative work due to receiving overly complex and time consuming cases. The panel felt that the department should provide better consultant oversight for each trainee to help the trainee in managing their time and cases more effectively.
- The review panel felt that the Trust had made significant improvements within the department and that the department had a number of confident trainees who were proactive in suggesting changes to their own training. The panel wanted the Trust to look in to ways to make this improvement sustainable over the long term using an over-arching and structured approach from the entire consultant body, allowing for any trainee to come in to the post and feel supported.

Quality Review Team

HEE Review Lead	Dr Camilla Kingdon, Consultant Neonatologist and Honorary Senior Lecturer, Head of London Specialty School of Paediatrics and Child Health	Lay Member	Catherine Walker, Lay Representative
Deputy Post Graduate Dean	Dr Catherine O'Keefe, Deputy Postgraduate Dean, South London, Clinical Lead, Professional Development, London and South East	Scribe	Ed Praeger, Learning Environment Quality Co-ordinator, 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
CP1.1	<p>Patient safety</p> <p>The review panel were happy to hear from the trainees that they had not experienced any patient safety issues whilst in the role.</p>	
CP1.2	<p>Appropriate level of clinical supervision</p> <p>The trainees informed the review team that they were undertaking shared clinics within the new rota structure, to allow for the appropriate clinical supervision to be provided. The trainees indicated to the review team that for the six-month period prior to the review, they had not had a joint clinic with a consultant. They were clear that they had access to a consultant if there was an acute concern, however clinics did not happen in parallel to a consultant clinic list and so less pressing questions could only be addressed after the family had left, which was not felt to be ideal.</p>	
CP1.3	<p>Responsibilities for patient care appropriate for stage of education and training</p> <p>The trainees indicated that a parallel room set up was to be introduced in March 2018, which would allow them access to consultants to discuss any acute clinical issues, but on the whole, the trainee often did feedback to the consultant until after the patient had left the building and returned home.</p>	
CP1.4	<p>Rotas</p> <p>The trainees indicated to the review team that prior to the review they had reworked the rota so that they had both the service and teaching needs to meet their curriculum requirements.</p> <p>The trainees informed the review team that they had not experienced any problems when booking annual leave.</p>	
CP1.5	<p>Induction</p> <p>The trainees highlighted to the review team that they had all received a comprehensive three to four-week induction when starting in post, including shadowing of consultants and help with and examples of report writing.</p> <p>A trainee highlighted that although they had been offered the opportunity to attend the Lambeth and Southwark community paediatrics induction course, they had not attended due to the costs involved. The trainee informed the review team that their study budget had been used up prior to this course and although they had been unable to attend, they did not feel that it would have offered anything more than the induction that they had received at the Trust.</p> <p>The trainees informed the review team that they did not feel that the induction was tailored to different grades of trainees (i.e. core vs Grid).</p>	Yes, please see CP1.5 below
CP1.6	<p>Protected time for learning and organised educational sessions</p> <p>The trainees informed the review team that although there was a regular Monday morning teaching session, that this was tailored for the whole department and did not</p>	

	<p>focus upon the specific topics that the trainees needed to cover in order to meet their curriculum.</p> <p>The trainees informed the review team that they required formal GRID teaching sessions.</p> <p>The trainees indicated that it had fallen on them to try and organise the teaching sessions, with the trainees finding slots that allowed them all to be present and presenting teaching topics that needed to be covered. The trainees indicated that their educational supervisor was keen to push for these teaching sessions to continue. The trainees indicated that a number of consultants were not actively involved in the formal teaching sessions and the trainees felt that this needed to improve. The review panel felt that more thought should be given towards the formal teaching programme in place within the department. The panel felt that a system to create a more bespoke teaching programme that was tailored to the needs of both core and GRID trainees would be beneficial.</p>	<p>Yes, please see CP1.6a below</p> <p>Yes, please see CP1.6b below</p>
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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.

<p>CP2. 1</p>	<p>Impact of service design on learners</p> <p>When asked about the administrative aspect of the role, the trainees informed the review team that since the appointment of the new Administrative Manager, elements of the role had been running a lot better.</p>	
<p>CP2. 2</p>	<p>Organisation to ensure access to a named clinical supervisor</p> <p>The trainees highlighted that they each had two clinical supervisors which had its benefits as well as its drawbacks. The trainees highlighted the potential difficulty in two clinical supervisors feeding back to their educational supervisor, but conceded that having two sets of feedback from two different clinical supervisors could be beneficial.</p>	
<p>CP2. 3</p>	<p>Organisation to ensure access to a named educational supervisor</p> <p>The trainees informed the review team that they had a named educational supervisor who provided excellent advice, clinical and emotional support to the trainees.</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.

CP3.1	<p>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</p> <p>The educational supervisor informed the review team during the feedback session that the department had looked into facilitating pastoral support sessions for the trainees to allow for the trainees to talk about patients and cases. The educational supervisor indicated that they could imbed these support sessions into the Monday teaching session.</p>	
CP3.2	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The trainees informed the review team that they did not feel that there were any unpleasant discussions between the consultants and that they felt that the consultant body generally got on.</p>	
CP3.3	<p>Access to study leave</p> <p>The trainees informed the review team that they had no problem in booking and attending study leave days. The trainees highlighted that they were able to reschedule their clinic sessions in order to meet their study commitments.</p>	

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.

N/A

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.

CP5.1	<p>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</p>	
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	<p>The review team heard that the trainees did not receive GRID specific teaching sessions. The trainees informed the review team that they would often liaise with the rota coordinator to look at placing themselves into specialty school clinics to make sure that they covered the necessary curriculum cases.</p> <p>The trainees informed the review team that although the previous cohort of trainees had had a bad experience in post, the current trainees had seen an improvement throughout the department and that they did not want this improvement to slip. The trainees indicated that consultants had provided feedback to the trainees highlighting areas of the department that they also felt where improving.</p>	
CP5.2	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>When discussing the time allocated for seeing a patient, the trainees informed the review team that they would generally be allocated one hour per patient, although one trainee indicated that because they were newer in post, they were allocated one hour fifteen minutes. The trainees stated that when they first started the post, they had been allocated one hour thirty minutes with each patient and that the time had subsequently been reduced the longer they had been working within the department.</p> <p>One of the trainees that the review team met with indicated that for a period of time they had been allocated too many patients to review. The trainee indicated that the knock on effect of this was that they had to slot in extra clinic sessions and that this then did not allow them enough time to complete the administrative work required after seeing each patient. The trainee indicated that they had now managed to catch up with the administrative work.</p> <p>The trainees informed the review team that they worked past their designated hours on occasion to finish the administrative work required from the clinic sessions. The trainees highlighted that their educational supervisor had been extremely supportive in helping the trainees reduce and manage their workloads.</p> <p>The educational supervisor indicated to the review team during the feedback session that the department had looked in to blocking out time at the end of the day for the trainees to complete any administrative work required, but found this difficult to maintain due to the uncertainties of each case and times required.</p> <p>The trainees stated to the review team that to deal with the workload, they had spoken to the administrative manager who had helped in cancelling a number of clinics, allowing for the trainees to complete their workload successfully. The trainees indicated that the consultants and administrative workforce had an improved understanding of each trainee's workload, but the panel felt that the department should provide better overall consultant oversight for each trainee to help the trainees manage their time and cases more effectively.</p> <p>The trainees informed the review team that they did not have any benchmarks for the number of patients that they would be expected to see over a six-month period.</p> <p>The trainees highlighted to the review team that a large amount of their workload involved new patients, with the consultants generally reviewing follow-up patients. The trainee highlighted that this made their service contribution very high and meant that they may miss out of possible education values of seeing follow up patients.</p> <p>The review team felt that the Trust had made significant improvements within the department but that at the time of the review, the department had a group of confident trainees who were proactive in suggesting changes to their own training. The review team felt the Trust should look into ways to make this improvement sustainable over the long term using an over-arching and structured approach from the entire consultant body, allowing for any trainee to come in to the post and feel supported.</p>	<p>Yes, please see CP5.2a below</p> <p>Yes, please see CP5.2b below</p> <p>Yes, please see CP5.2c below</p>

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

The review panel heard that the trainees felt well supported within their roles and had good access to supervision from within the department and the consultant body. The trainee's educational supervisor in particular was noted for her support.

The trainees indicated that the time allocation to see patients was well managed and that none of the trainees felt that they were being pushed beyond their capabilities.

The review team heard from the trainees how they felt that they had excellent administrative support, and that this was mainly due to the appointment of the new Administrative Manager.

The trainees highlighted to the review panel that they had all received a comprehensive induction, lasting between three to four weeks.

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.
CP1.5	The Trust should ensure that the induction provided to trainees is tailored to the	Evidence in the form of an induction schedule and trainee confirmation/feedback	R1.13

	different levels of trainees working within the department	of the changes and tailoring through LFG minutes.	
CP1.6a	The Trust to ensure that a larger number of consultants are actively participating in the trainees teaching sessions.	Evidence of all consultants running and/or actively participating in the trainees teaching sessions.	R2.4
CP1.6b	The Trust is to create a more bespoke teaching programme for both the core and GRID trainees	Trust to provided evidence of bespoke teaching programmes for both the core and GRID trainees.	R2.4
CP5.2a	The Trust is to provide the trainees with better consultant oversight in regards to the trainee's cases to help manage their time and cases more effectively.	Feedback from trainees highlighting improved consultant oversight of their cases and workload, through LFG minutes.	R1.8

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
CP5.2b	The Trust is to provide trainees with information regarding the number of patients the trainee is expected to see over a six-month period. This information can be included in the Trust departmental induction.	The Trust to provide Health Education England with patient number information included in the departmental induction.	R3.7
CP5.2c	The Trust is to develop a clear, structured approach to sustaining the quality of training in the long term that engages the entire consultant body. The purpose of this is to ensure all trainees can benefit from the learning opportunities afforded by their time at Kaleidoscope.	The Trust to provide Health Education England with evidence of plans put in place to continue the improvements seen in the department over the longer term.	R2.6

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

Requirement	Responsibility
N/A	

Signed

By the HEE Review Lead on behalf of the Quality Review Team:

Dr Camilla Kingdon
Head of London Specialty School of Paediatrics and Child Health

Date:

12 March 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.