

# Epsom and St Helier University Hospitals NHS Trust

Paediatrics

Risk-based Review (focus group)



## Quality Review report

23 April 2019

Final report

Developing people  
for health and  
healthcare

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## Quality Review details

<b>Background to review</b>	<p>Health Education England (HEE) planned this quality review based on the poor results for paediatrics in the General Medical Council National Training Survey (GMC NTS) 2018.</p> <p>The Trust received red flags at Epsom Hospital in overall satisfaction, induction, educational supervision, local teaching and rota design. The Trust also received pink flags in clinical supervision, clinical supervision out of hours, reporting systems, adequate experience, educational governance, regional teaching and study leave.</p> <p>The Trust received red flags at St Helier Hospital in reporting systems, induction, local teaching, regional teaching, study leave and rota design. The Trust also received pink flags in handover, adequate experience and educational governance.</p>
<b>Training programme / learner group reviewed</b>	<p>Paediatrics</p>
<b>Number of learners and educators from each training programme</b>	<p>The review team met with seven higher trainees from Epsom Hospital and St Helier Hospital. The trainees were completing placements in community paediatrics, general paediatrics and neonatology and were speciality training levels four to seven (ST4-7).</p>
<b>Review summary and outcomes</b>	<p>The quality review team would like to thank the Trust for accommodating the focus group and for ensuring that 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"> <li>- The review team was pleased to hear consultants were very supportive and felt the department was a friendly environment.</li> <li>- The review team was pleased to hear that there was a good local teaching programme for all levels of trainees which was fit for purpose.</li> <li>- The review team noted that rota management had improved with the appointment of the new rota coordinator who responded to emails and queries in a timely manner.</li> <li>- The trainees at both sites commended the nursing staff and felt very supported by them on wards and in the emergency department (ED).</li> <li>- The review team was pleased to hear that all trainees at Epsom Hospital would recommend their post to friends and colleagues.</li> </ul> <p>However, the quality review team also noted a number of areas for improvement:</p> <ul style="list-style-type: none"> <li>- Whilst Paediatric ED at St Helier was seen as a positive for higher trainees supervising core trainees and patients being seen at the right time, there was a lack of joint working between paediatric ED and adult ED in dealing with paediatric trauma.</li> <li>- Whilst trainees were rostered for clinics at St Helier Hospital, there was a loss of educational opportunities as no clinics were rostered to the rota at Epsom Hospital.</li> </ul>

Quality Review Team			
<b>HEE Review Lead</b>	Anand Mehta Deputy Postgraduate Dean for South London	<b>Head of School</b>	Anne Opute Deputy Head of School for Paediatrics
<b>Deputy Postgraduate Dean</b>	Kheelna Bhavalia Deputy Postgraduate Dean for South London	<b>Training Programme Director</b>	Kumudini Gomez Training Programme Director for Paediatrics
<b>Lay Member</b>	Jane Gregory, Lay Representative	<b>HEE Representative</b>	Bindiya Dhanak Learning Environment Quality Coordinator Quality, Patient Safety & Commissioning Team (London)

## 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><b>Patient safety</b></p> <p>The review team was pleased to hear that no patient safety issues were reported by trainees in the department.</p> <p>The review team was pleased to hear that trainees from both sites would feel comfortable having their children or children they knew treated at either sites.</p>	

P1.2	<p><b>Serious incidents and professional duty of candour</b></p> <p>The trainees at the Epsom site reported that they all knew how to report on Datix and those that had reported received detailed responses. It was noted that there were joint clinical governance meetings that took place quarterly which trainees were invited to where cases selected by consultants were discussed. It was noted that trainees had reported on Datix in regards to a locum doctor which was taken seriously by consultants and addressed in a timely manner.</p> <p>The review team was informed that there were morbidity and mortality meetings that took place at Epsom Hospital which trainees were able to attend.</p>	
P1.3	<p><b>Appropriate level of clinical supervision</b></p> <p>The review team heard from all trainees that they had access to clinical supervision. The trainees at St Helier Hospital reported that the clinical supervision available to them was of good quality and advised that during clinics a consultant would be running their own parallel list but would be accessible for a discussion if needed. It was noted that at St Helier there was consultant presence in the emergency department (ED) from 8am - 10pm. From 10pm there was one core trainee and one ST4-8 trainee covering the ED and the ward.</p>	
P1.4	<p><b>Rotas</b></p> <p>The review team heard that there was a full junior trainee rota and five out of eight in the higher trainee rota at Epsom Hospital. The higher trainees reported that staff shortages in the higher trainee rota meant clinics were not rostered in due to service provision. The higher trainees noted that they would be implementing clinics into the rota in May 2019. The trainees at St Helier Hospital mentioned that clinics were rostered in which was one of the highlights of the role as trainees had their own list of patients to manage and where not taken out of clinics to cover ED or wards.</p> <p>It was noted by the higher trainees at Epsom Hospital that the management of the rotas had improved with the appointment of a new rota coordinator who was responsive to emails. The higher trainees informed the review team that it was often difficult to distinguish gaps in the rota from the e-rostering system. The trainees mentioned that there was consultant oversight for rota management but would benefit from the consultant having access to update the e-rostering system alongside medical staffing. It was noted that at St Helier Hospital, there was a named consultant who worked closely with the medical staffing team and had oversight over rotas.</p> <p>At Epsom Hospital, it was noted that when there were unforeseen gaps in the junior trainee rota due to sickness, the higher trainees would step down to cover. It was mentioned that consultants were supportive and covered the higher trainee bleeps. It was mentioned by trainees that due to middle grade rota gaps there was an increased requirement to cover night shifts, which meant they missed out on day time learning from direct consultant supervision. The trainees at St Helier Hospital mentioned a similar issue with only being rostered mainly for weekend and night shifts, but this had improved six weeks into the role having gained more day shifts than nights. When asked by the review team if the trainees had submitted exception reports for loss of training opportunities, trainees felt they were covering night shifts to cover the service so hadn't thought to do so. The higher trainees noted that it was mentioned at induction of who the guardian of safe working hours (GoSWH) was and were aware of how to exception report.</p> <p>Some of the trainees at St Helier Hospital reported receiving their rotas at short notice, with one trainee reporting that they had received their rota three weeks before commencing their placement. It was heard by the review team that St Helier Hospital had two gaps out of six in the higher trainee neonatal rota and one gap in the general paediatric rota.</p>	<p>Yes, please see P1.4a</p> <p>Yes, please see P1.4b</p>
P1.5	<p><b>Induction</b></p>	

	<p>All of the trainees at Epsom Hospital agreed that the Trust and local induction was adequate and was noted that part of local induction included traveling to St Helier Hospital. It was noted that local induction consisted of a tour of the department, local guidelines and protocols which were easily accessible. Although trainees felt induction was adequate, the trainees reported that they were unsure of where to go on their first day as induction invitations were only sent the Friday before starting the placement. It was noted that the Trust had emailed trainees for feedback post induction but were unsure if suggestions were taken on board.</p> <p>The trainees at St Helier Hospital reported that induction was in depth with useful information. The review team heard that trainees that were not initially working in the neonatal unit were not shown the unit and therefore felt anxious if required to cover or assist. The trainees felt that this should be included as part of induction as there was a requirement to cover. One of the trainees highlighted to the review team that they had not received any information in regards to mandatory training and had only started to complete online training six weeks into post.</p>	<p>Yes, please see P1.5a</p> <p>Yes, please see P1.5b</p>
P1.6	<p><b>Protected time for learning and organised educational sessions</b></p> <p>The review team heard that local teaching had changed at the Epsom Hospital since the release of the General Medical Council National Training Survey (GMC NTS) 2018. It was noted there was now supervised simulation training available on Tuesday morning and various teaching throughout the week. It was mentioned that there was a positive board which highlighted what was learnt during weekly teaching which was informally gone through on Friday mornings.</p> <p>The higher trainees at St Helier Hospital mentioned that there was a good teaching programme available which was organised by a higher trainee. It was noted that teaching was easy accessible as it was arranged during the middle of the day. The speciality trainees level 4 (ST4s) indicated to the review team that although teaching was not bleep free, consultants ensured that trainees are able to attend teaching sessions and encourage trainees to take study leave for regional teaching days.</p>	<p>Yes, please see P1.6</p>
<h2>2. Educational governance and leadership</h2>		
<p><b>HEE Quality Standards</b></p> <p><b>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.</b></p> <p><b>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.</b></p> <p><b>2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.</b></p> <p><b>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.</b></p> <p><b>2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.</b></p>		
P2.1	<p><b>Impact of service design on learners</b></p> <p>It was heard that at Epsom Hospital that paediatrics patient in ED were seen by the EM department. This was different to St Helier hospital where there is a Paediatric ED run by paediatricians. Whilst paediatric ED at St Helier was seen as a positive for higher trainees supervising core trainees and patients being seen at the right time, there was a lack of joint working between paediatric ED and adult ED worked especially when it came to paediatric trauma. One trainee reported to have asked for advice from the higher trainee in adult ED who refused as they did not feel comfortable to advise.</p>	<p>Yes, please see P2.1</p>

	The trainees on both sites commended the excellent service nurses gave to patients and the support they gave to higher trainees on the wards and in ED.	
P2.2	<b>Appropriate system for raising concerns about education and training within the organisation</b> The review team heard from trainees at both sites there was a quarterly local faculty group (LFG) meeting where issues could be raised.	
P2.3	<b>Organisation to ensure access to a named educational supervisor</b> The trainees across both sites indicated to the review team that they had all been allocated an educational supervisor (ES) and had met with them since starting their posts in March 2019.	

### 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	<b>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</b> The trainees at Epsom Hospital described a supportive group of consultants, clinical supervisors and educational supervisors. The review team sensed from the trainees at St Helier Hospital that there was a strained culture amongst consultants. The trainees at St Helier Hospital indicated to the review team that consultants were very supportive in sensitive situations. It was noted that consultants would debrief with trainees more than once and trainees were involved in the case reviews so were able to know exactly what happened from start to finish. The review team heard that there were rest facilities at Epsom Hospital for trainees during the night shift and heard that consultants encouraged trainees to take rest during night shifts. It was noted that at the top of handover sheet there was a section in regards to self-care as a reminder.	
P3.2	<b>Access to study leave</b> All trainees at both sites confirmed they knew who to contact to apply for study leave which was booked in a timely manner.	

### 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	
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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.

N/A	
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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

The review team was pleased to hear that trainees felt the consultants were very supportive and felt the department was a friendly environment.

The review team was pleased to hear that there was a good local teaching programme for all levels of trainees which was fit for purpose

### 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.
P1.4a	At Epsom Hospital, the trust should have a rota for trainees to attend clinics to ensure training opportunities.	The Trust is to provide rotas at Epsom to show clinics have been formally incorporated into rotas from May 2019 onwards. Please provide an update within two months.	R1.12
P1.4b	The Trust should ensure that the named consultant involved in rota management has access to update the e-rostering system alongside medical staffing at Epsom Hospital.	The Trust should provide evidence that consultants have access to update the e-rostering system to manage gaps better. Please provide an update in two months.	R1.12
P1.5a	The Trust should ensure that all general and community paediatrics trainees have an induction into the emergency department and neonates that is sustainable, of high quality and specific to trainee needs.	The Trust to provide timetable that each general and community paediatrics trainee has received an induction into the emergency department and neonates that this was considered fit for purpose. Please provide a response within two months.	R1.13
P1.5b	The Trust should ensure that mandatory training information and how to complete training should be communicated with trainees on arrival.	The Trust is to provide evidence through local induction and LFG meetings which indicates that trainees have been advised about mandatory training and received emails of how to complete mandatory training when starting in post. Please provide a response within two months.	R1.13
P1.6	The Trust is to ensure that the teaching sessions for all trainees must be bleep-free protected time for departmental teaching.	The Trust is to provide evidence through LFG meetings which evidences trainee satisfaction with bleep-free teaching. Please provide a response within two months.	R1.16

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.



P2.1	HEE recommends the Trust look into the improving joint working between paediatric ED and adult ED work especially for paediatric trauma at St Helier Hospital.	Trust to develop protocols for joint working between Paediatric ED and Adult ED especially for paediatric trauma.	R1.7
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**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:**

Anand Mehta, Deputy Postgraduate Dean, HEE London

**Date:**

22 May 2019

**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.