NHS
Health Education England

Barking, Havering and Redbridge University Hospitals NHS Trust

Paediatrics (including Neonatology)

Risk-based Review (on-site visit)

Quality Review report

14 November 2019

Final Report

Developing people for health and healthcare

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Quality Review details

Training programme / learner group reviewed	Paediatrics (including Neonatology)
Number of learners and educators from each training programme	The review team met with five foundation and general practice trainees, and five paediatric trainees. The review team also met with higher paediatric trainees working within the neonatology unit. The review team met with the following Trust senior management team: • Morgan Keane, Clinical Lead Paediatrics • Rajesh Bagtharia, Associate Director of Medical Education • Ravikiran Kotian, Consultant Paediatrician • Khalid Mannan, Consultant Paediatrician • Srikanth Rao, College Tutor Paediatrics • Jayanta Barua, Director of Medical Education • Anthony Lovell, Deputy Medical Education Manager • Caroline Curtin, Head of Medical Education & Training Manager • Yvonne Aldham, Deputy Medical Education Manager • Susan Coull, Medical Education Advisor • Junaid Solebo, Consultant Paediatrician • Anand Shirsalkar, Consultant Paediatrician • Lindsey Bezzina, Medical Education Fellow • Arez Mohamed, Medical Education Fellow • Louise Head, Associate Director of Research & Chief Medical Officers Services • Magda Smith, Chief Medical Officer • Carmen De Wet, Finance Manager

Background to review	This risk-based review was organised to explore a number of ongoing concerns that had impacted on the quality of education and training in the paediatrics and neonatology specialities at Barking, Havering and Redbridge University Hospitals NHS Trust, Queen's Hospital. Health Education England had concerns around the significant deterioration of the 2019 General Medical Council (GMC) National Training Survey (NTS) results.
Supporting evidence provided by the Trust	In advance of the quality review on 14 November 2019, Barking, Havering and Redbridge University Hospitals NHS Trust submitted the following evidence to the HEE QRI team: • Staff Survey 2017 This evidence was reviewed by the quality review team as part of the pre-review processes.

Summary of findings	
	Health Education England (HEE) thanked the Trust for the work done to prepare for this review. HEE also thanked the trainees for their attendance and participation in the review. The review team was pleased to note the following areas that were working well: • The review team commended the practice of holding an early multi-professional 'Roundtable' discussion for any concerns raised. • The review team was pleased to hear that the neonatal team had appointed an additional College Tutor. This had led to an improved focus for neonatal trainees and better educational experience and support to supervisors. • The inter-personal relationships between nurses in paediatrics and neonatology were described by the trainees as very supportive. • The review team noted that the system of junior-junior meetings well established with trainees advising that their issues were listened to. The review team identified the following area of serious concern: • The Trust was required to ensure that a second middle-grade doctor (was available for all out-of-hours shifts to ensure safe cover for 30 inpatient beds and any paediatric emergency medicine attendances at Queen's Hospital. Should this not be possible, there should be an agreed contingency plan which may include a 'step-down' policy for the consultant on call to attend on site. However, the review team also noted several other areas for improvement: • Workload (a) The paediatric emergency attendances at Queen's Hospital was felt by the review team to be unmanageable and the current protocol of the paediatric team triaging all general practitioner referrals was adding to the trainees' workload. (b) The out-of-hours paediatric trainee was required to manage all emergency department attendances and several deteriorating patients in the ward including the high dependent unit (HDU). (c) The lack of a paediatric assessment unit had made it difficult for the on-call team to triage, diagnose, manage and discharge patients safely. (d) The paediatric inpatient unit required a minimum of two teams to manage safely. The review team heard that the stress and intensity associated with this workload was leading to a high sickness rate among staff. (e) The paediatric rota of 11 consecutive days/nights without appropriate breaks was not conducive to health and well-being of staff. • Consultant supervision It was felt by the trainees that the high level of workload had impacted on the consultants' ability to sustain any form of teaching, feedback, workplace-based assessments or pastoral care. • Out-of-hours working The review team described the current system of consultants working until 19:00, and subsequently being on-call overnight with full clinical commitment the next day, as unsustainable. • Educational supervision

	The review team heard that there were limited opportunities for consultants to participate in faculty development, to update their knowledge on curricula/e-portfolios and to support specialty training committee activities.

Quality Review Team			
HEE Review Lead	Indranil Chakravorty Deputy Postgraduate Dean Health Education England (North East London)	**School of Paediatrics and Child Health Representative**	Anne Opute Deputy Head of School and Grid Programme London School of Paediatrics and Child Health
Training Programme Director	Sue Laurent Consultant Paediatrician and Training Programme Director (North Central and East London Sector Lead)	**Lay Member**	Jane Gregory Lay Representative
HEE Representative	Tolu Oni Learning environment Quality Co-ordinator Health Education England (London)	**Observer**	Emily Patterson Health Education England (London)
Observer	Louise Lawson Quality, Patient Safety & Commissioning Administrator		

Educational overview and progress since last visit – summary of Trust presentation

The review team thanked the Trust for facilitating the review and for all the evidence that was submitted to Health Education England (HEE).

In terms of the General Medical Council National Training Survey 2019 (GMC NTS) results, the College Tutor indicated that feedback was the result of patient safety alerts, which had been linked to a recent increase in paediatric population. In describing the current pressure on the paediatric unit, the College Tutor expressed that there had been an unprecedent increase in the size of paediatric attendances being received at the QUH site. Previously, it was understood that the paediatric and obstetrics and gynaecology (O&G) units worked collaboratively to absorb the high level of attendance10,000 going into O&G. However, the recent cap of 8,000 attendances on the O&G unit was noted to have intensified the service pressures experienced within the paediatric department. The Associate Director of Medical Education confirmed that the paediatric unit now received over 60,000 Accident and Emergency (A&E) attendances across both sites as a result.

There was a recognition from the Trust that the recent increase in the paediatric population had significantly strained the balance between staffing and service activities within the emergency department. The review team was concerned to hear that night cover on the emergency department (which comprised of a 30 bedded paediatric unit and a high dependency unit (HDU) with four beds was provided by one middle-grade doctor. The review team heard that the department was in receipt of funding support and that recruitment plans were underway to appoint into the posts of six additional middle-grade doctors.

In relation to the 2019 GMC NTS survey for neonatal medicine, the Director of Medical Education (DME) reported that the GMC NTS survey results had been discussed at the Local Faculty Group, and that the trainees' feedback highlighted some areas of concerns specific to clinical supervision and rota gaps. The review team noted that the Trust were looking to implement a new version of the rota from February 2020.

Overall, the trust senior leadership team expressed that the sudden rise in paediatric attendances coming through the emergency department at the QUH site combined with feedback received following the recent Care Quality Commission (CQC) inspection were catalyst to the changes seen across the division. The Trust also expressed that the general paediatrics department would benefit from support from HEE and GMC around consultant job plan implementation.

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive learning experience for service users.

1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.

1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).

1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.

1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.

1.6 The learning environment promotes inter-professional learning opportunities.

Ref	Findings	Action required? Requirement Reference Number
P1.1	**Patient safety** The review team heard from the trainees that the level of patient attendances (18-25 referrals) received in the emergency department was disproportionately higher than the number of HDU beds (between four to six). The trainees felt that the lack of a paediatric assessment unit (PAU) and the high intensity workload, combined with staff shortages in the department, was a potential risk to patient safety. The trainees also described their shift pattern, particularly in relation to nights, as stressful and indicated to the review team that they often missed their breaks as a result. The review team further heard that the stress and intensity associated with this workload was leading to a high sickness rate among staff. When asked if the trainees would recommend training to peers, the trainees reported that consultant staffing issues were perceived to be a deterrent particularly in relation to the quality of educational opportunities offered to trainees. The trainees also indicated that the current system of having one middle-grade doctor providing cover for the emergency department and on the wards was potentially a risk to patient safety and commented that the paediatric unit would benefit from appointing an additional two consultants and two middle-grade doctors to cover the emergency department and wards.	Yes, please see P1.1 Yes, please see P1.1
P1.2	**Serious incidents and professional duty of candour** In relation to governance systems in place following serious incidents (SIs), the review team heard from the Trust management that robust governance and support	

	mechanisms were in place to absorb the impact of Serious Incidents (Sis) around neonatal deaths within the emergency department wards. The trainees confirmed that they had received robust debrief sessions when there had been an unexpected infant death and that learning was received through the debriefing process. The review team further heard that, upon patient death(s) or near misses being identified, the department proactively engaged with trainees via robust debrief meetings that were attended by the wider multi-disciplinary teams including the Head of Medical Education and Training, Senior Nurses and clinical site practitioners (CSPs) and in a safe environment. It was also reported that the process was governed by a booklet system with standard operative procedures (SOPs). The review team were advised that a round table discussion was held following a serious incident. The purpose of the round table was to review best practice in terms of the action plan(s) implemented within the department. The Trust senior leadership team advised that there had been several instances where trainees had been directly impacted upon by serious incidents. Of note was the report from the College Tutor who advised that a serious incident related to safeguarding concerns had led to the suspension of a Trust appointed doctor. The College Tutor advised that this action had negatively impacted upon team morale and that the department had proactively engaged with the trainees to discuss their concerns and to highlight the rationale behind the suspension. The review team was encouraged to hear that mechanisms and structures were in place to provide medical and social support for affected parents and/or families. The review team also received reassurance that a quality assurance (QA) process was in place to ensure that all debriefs were documented in a booklet system.	
P1.3	**Appropriate level of clinical supervision** The review team heard that the trainees across paediatrics and neonatal medicine felt that there was a good level of consultant-led supervision during the day. However, the trainees raised concerns over the high intensity of consultant workload, particularly during out of hours. When asked about the current on-call arrangements in place to absorb the level of activity reported, the Trust reported that 12 consultants worked on a one in six rota to provide cover across both sites until 19:00, with consultants staying until 21:00 when required. The review team described the current on-call commitment as being inconsistent with the expectation set by the Royal College of Paediatrics and Child Health and encouraged the Trust to adopt a one in eight rota with consultant cover until 23:00. The review team noted the department sought to expand and strengthen its consultant body and that funding had been received to appoint into 10 additional consultant posts. The review team heard that the newly appointed locum consultants would serve as cover for the two long-term sickness absences within the department and that additional plans were in place to increase day time support and cover. In terms of out of hours cover, the review team heard that the unit was looking to mirror a previous model and institute an extra shift covering17:00 till 21:00 to improve service delivery and allow time for trainees to complete work place-based assessments. The review team also heard that during the weekday, on-call supervision and cover within the emergency department was provided by a consultant working till 19:00 but learned that the same consultant was also required to provide overnight cover on the general paediatrics wards as well as acting as next day consultant on the wards.	Yes, please see P1.3 Yes, please see P1.3

	The College Tutor indicated that the department was wholly committed toward ensuring improvements but advised that a lack of resources and financial support was a barrier to change.	
P1.4	**Rotas** The education supervisors (ES') and clinical supervisors (CS') reported that the department benefitted from a structured rota arrangement with consultant presence at board rounds, ward rounds and handover. The review team heard that the department received a high caseload mix of pathology and that unfilled rota gaps had primarily contributed to the high intensity workload within the department. The review team heard that the Trust had been allocated eight paediatric trainees at specialty training level four and five (ST4 and ST5). It was also noted that the paediatric rota required 18 middle-grade doctors to achieve a full complement with two middle-grade doctors providing cover in the emergency department and on the wards out of hours. The trainees confirmed that rota gaps were filled by locum staff but indicated that there were three unfilled gaps in the registrar rota at the time of visit. Trainee feedback also highlighted that there had been a lack of cover and supervision out of hours. The review team heard that the middle-grade rota for neonatal medicine had two unfilled gaps and that trainees were required to work across sites to cover these gaps. There was recognition from the Associate Director of Medical Education that the cross-site working arrangement had, at times, been difficult for staff. The review team was advised that the Trust was looking to expand the middle-grade workforce.	Yes, please see P1.1
P1.5	**Induction** It was noted that all trainees had received a Trust induction. However, the review team heard that the foundation and general practice trainees had experienced difficulties and delays with their Trust induction. The trainees also felt that the local induction could be improved and cited the fact that it did not contain specific modules for trainees without prior paediatrics experience, for example new born and infant education (NIPE) and paediatric resuscitation. The review team was pleased to hear that the trainees working within neonatal medicine had received a good local induction.	Yes, please see P1.5
P1.6	**Handover** The review team heard that handover on the general paediatric department was consultant led and that the trainees had no concerns.	
P1.7	**Protected time for learning and organised educational sessions** The review team heard that the two new college tutors had been appointed to start in December 2019 and February 2020. The review team heard that in order to improve focus on educational support and training, two new college tutors had been appointed to start in December 2019 and February 2020. The Associate Director of Medical Education also confirmed that the department offered a variety of clinically relevant training and educational opportunities for trainees	Yes, please see P1.7

	and that consultant-led teaching sessions occurred on Monday, Tuesday, Thursday and Friday mornings. The trainees indicated to the review team that they found it difficult to attend teaching on Friday as these was not bleep free. There was also an acknowledgement from the clinical and educational supervisors who advised the review team that Friday teaching sessions were unprotected due to the high intensity of workload in the paediatric department.	
P1.8	**Access to simulation-based training opportunities** The review team heard of simulation teaching sessions occurring on Wednesdays.	

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.

2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.

2.3 The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.

2.4 Education and training opportunities are based on principles of equality and diversity.

2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

P2.1	**Effective, transparent and clearly understood educational governance systems and processes** In terms of the culture following a serious incident (SI), the trainees acknowledged their responsibility for reporting serious incidents and highlighted that they had access to good governance mechanisms that encouraged learning. In addition, the review team was pleased to note that learning from SIs was being disseminated to all staff through emails and via the departmental governance processes. In relation to governance systems in place following SIs, the review team heard that robust governance and support mechanisms were in place to absorb the impact of SIs around neonatal deaths within the emergency department wards. The review team further heard that upon patient death(s) or near misses being identified, the department had proactively engaged with trainees via robust debrief meetings that were held in a safe environment and attended by the wider multi-disciplinary team including the Head of Medical Education and Training, senior nurses and clinical site practitioners (CSPs). It was also reported that the debrief meetings were governed by a standard operative procedure. The Consultant Paediatrician also informed the review team of a round table discussion aimed at reviewing best practices approach in terms of the action plans implemented following a serious incident within the department.	Yes, please see P2.1
P2.2	**Impact of service design on learners** In terms of working environment, the trainees described having access to a designated space for their personal use. The review team heard that the trainees who worked in neonatal medicine had access to regular outpatient clinics.	

	The review team heard that the trainees who worked in general paediatrics had experienced a degree of difficulty in accessing the number of clinics recommended by the Royal College of Paediatrics and Child Health (RCPCH). It was understood that a number of the trainees had been unable to achieve their 10 requisite clinics within six months of beginning their rotation.	Yes, please see P2.2
P2.3	**Appropriate system for raising concerns about education and training within the organisation** The review team noted that the system of junior-junior meetings was well established with trainees advising that their issues were listened to. However, the trainees indicated to the review team that they were unaware of any local faculty group meetings. The review team heard that all trainees were encouraged to raise exception reports.	Yes, please see P2.3
P2.4	**Organisation to ensure time in trainers' job plans** The ES' confirmed that they had had 0.5 Programmed Activities (PAs) dedicated in their job plan for educational supervision per trainee.	

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 to achieve the learning outcomes required.

3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.

3.3 Learners feel they are valued members of the healthcare team within which they are placed.

3.4 Learners receive an appropriate and timely induction into the learning environment.

3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

P3.1	**Behaviour that undermines professional confidence, performance or self-esteem** The review team acknowledged that there had been several instances of unprofessional behaviour reported in the London School of Paediatrics survey. However, none of the current trainees the review team met with reported this behaviour was not the norm and believed the instances reported were rare occasions.	
P3.2	**Access to study leave** The review team heard that the neonatal unit had taken proactive steps to embed study leave blocks in the rota in order to support attendance at the Royal Society of Medicine (RSM) training days. The trainees also confirmed that they were allocated with six study leave slots on the rota. However, attendance was only achieved when their day off coincided with the London School of Paediatrics training days. Despite the steps taken, the trainees reported that full attendance at training days had been impossible due to the high intensity workload in the paediatric department.	Yes, please see P3.2

4. Supporting and empowering educators

HEE Quality Standards

4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.

4.2 Educators are familiar with the curricula of the learners they are educating.

4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression. **4.4 Formally recognised educators are appropriate supported to undertake their roles.**		
P4.1	**Sufficient time in educators' job plans to meet educational responsibilities** The review team noted that the high workload intensity in the department had made it difficult for ES' to deliver the 0.5 PAs for educational supervision. The review team was also concerned to hear that the ES' had limited opportunities to participate in faculty development, to maintain up to date knowledge on curricula and e-portfolio requirements and had limited time to support STC activities.	Yes, please see P4.1

5. Delivering curricula and assessments

HEE Quality Standards **5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.** **5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.** **5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.**		
	Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum N/A	

6. Developing a sustainable workforce

HEE Quality Standards **6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.** **6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.** **6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs to patients and service.** **6.4 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.**		
	Appropriate recruitment processes N/A	

Good Practice and Requirements

Good Practice

- The review team commended the practice of holding a multi-professional 'roundtable' discussion for any concerns raised. This forum offered an opportunity for an emergent understanding of risks, near misses and processes to be implemented to ensure a safe service.
- The review team was pleased to hear that the neonatal team had appointed an additional College Tutor.
- The inter-personal relationships between nurses in paediatrics and neonatology were described as very supportive.
- The review team noted that the system of junior-junior meetings was well established with trainees advising that their issues were listened to.

Immediate Mandatory Requirements

Given the severity of an Immediate Mandatory Requirement, the risk rating must fall within the range of 15 to 25 or have an Intensive Support Framework rating of 3. This risk rating will be reviewed once the Trust has provided their response to the Immediate Mandatory Requirement.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
P1.1	The Trust is required to ensure that a second middle-grade doctor (SpR) is available for all out-of-hours shifts. This will ensure a safe cover for 30 inpatient beds including 4-6 high dependency unit (HDU) beds on the ward and an extremely busy 18-25 attendances in Paediatric ED (Queen's). If this is not possible, the Trust is required to put in place an agreed contingency plan which may include a 'step-down' policy for the consultant on call to attend on site.		R1.2

Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
P1.3	As a safe practice, the Trust is urged to review its consultant on-call shift schedules.	Please provide required evidence by 01 March 2020.	R1.12
P1.5	The department should implement a specialty specific induction programme (bleep-free and competency mapped) so that new trainees can achieve the necessary clinical competencies to undertake their duties safely. This should include new born and infant physical	Please provide required evidence by 01 March 2020.	R1.13

	education (NIPE) and paediatric resuscitation.		
P1.7	The paediatric unit to ensure that teaching sessions are appropriate to training needs, consultant-led, arranged at times that most trainees can attend, and bleep free (except for emergencies).	Please provide required evidence by 01 March 2020.	R1.19
P2.1	The Trust should ensure that there are clear SOPs for this meeting, which defines the leadership, communication about the purpose and remit of the roundtable discussions. The Trust should also ensure that trainees who are required to attend and/or write statements are given the appropriate level of support from their supervisors. There should also be a robust system for team debrief with appropriately trained facilitation.	Please provide required evidence by 01 March 2020.	R1.19
P2.2	The review team heard that the paediatric trainees had very limited access to scheduled clinics. The Trust must ensure that all paediatrics trainees have access to **scheduled clinic allocations** as recommended by the RCPCH.	Please provide required evidence by 01 March 2020	R1.15
P2.3	The review team heard that trainees were unaware of any Local Faculty Group forums taking place. The Trust is required to institute an appropriate system for raising concerns about education and training.	Please provide required evidence by 01 March 2020.	R2.7
P3.2	A review should be undertaken to make the intensity of work more manageable for the trainees in the paediatric department.	Please provide a description of actions taken to address the workload. Please provide via LFG minutes a standard item for regular monitoring of workload. Please provide required evidence by 01 March 2020	R1.7
P4.1	The Trust is required to ensure no consultant should be expected to provide supervision to more than four (4) trainees at any one time. All consultants should be expected to undergo an annual educational appraisal in line with GMC domains as part of annual appraisal cycles.	Please provide required evidence by 01 March 2020	R2.10 & R4.1

Minor Concerns

Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

Recommendations These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.		
Rec. Ref No.	**Recommendation**	**GMC Req. No.**
	N/A	

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 Indranil Chakravorty, Deputy Postgraduate Dean (North East London)
Date:	13 January 2020.

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.