HEE Quality Interventions Review Report

North Central London Paediatrics Hub at Whittington Health NHS Trust

Paediatrics

Learner Review (Risk-based review)

London

12 November 2020

Review Overview

Background to the Review:	As part of the response to meet the challenge of Covid-19, paediatric emergency department services were centred at a Paediatric Hub at Whittington Health NHS Trust following the temporary closure of the Emergency Departments at University College Hospital, University College London Hospital NHS Trust (UCH) and the Royal Free Hospital, Royal Free London NHS Foundation Trust (RFH). This move meant that significant changes were made to the organisation of services and staff from across the three Trusts, including trainees. HEE were engaged early in the process of setting up the paediatric hub and wished to work collaboratively and proactively with the Trusts concerned to ensure that the changes which had been implemented at speed, did not have a negative impact on the delivery of education and training. HEE conducted a short survey of the trainees affected. The survey highlighted issues around: - Patient safety; - Induction; - Rotas; - Access to protected, bleep-free scheduled teaching; and - Inequitable access to annual leave HEE acknowledged the work that was being done to address these issues, including dialling into regular briefing calls, and it was recognised that such changes at speed would result in teething issues as new systems and processes were brought online.
Training Programme/Learner Groups Reviewed:	Paediatrics, including specialty programme, General Practice Vocational Training Scheme (GP VTS), and Foundation school trainees. These trainees provided feedback on behalf of their peer group in addition to their personal experiences.
Who we met with:	The review team met with eight trainees, with specialty, GP VTS and Foundation representation from across Whittington Health, UCLH and RFH. Following the session with trainees, a short informal feedback session was held with education leadership representation from Whittington Health, UCLH and RFH.

Evidence utilised:	Prior to this review HEE was provided with the following documentation from the Hub: - 20.09.21 - PGMEB Minutes (draft) - 20.10.20 - Paediatrics Faculty Meeting Minutes - Aug-Oct 2020 - Paediatrics Junior Doctors Exception Reports

Review Panel

Role	Job Title / Role
Quality Review Lead	Dr Elizabeth Carty, Deputy Postgraduate Dean, North Central and East London
Specialty Expert	Dr Jonathan Round, Head of School, Paediatrics
GP Representative	Dr Naureen Bhatti, Head of School, General Practice – North Central and East London
Foundation School Representative	Dr Nick Rollitt, Deputy Head, North Thames Foundation School
Lay Representative	Ryan Jeffs
HEE Quality Representative	John Marshall, Deputy Quality, Patient Safety and Commissioning Manager
HEE Quality Representative	Nicole Lallaway, Learning Environment Quality Coordinator

Executive summary

The review team was pleased to hear that all trainees felt well supported by their senior colleagues and the wider multidisciplinary team at the North Central London Paediatrics Hub at Whittington Health NHS Trust.

However, trainees reported a number of organisational and systemic concerns following the establishment of the Hub. Trainees reported that:

- Not all trainees had received a formal induction to the Hub, or to the Whittington Health NHS Trust for trainees going to the Hub from UCH or RFH;
- A complex staffing model drawn from at least five rotas across the three Trusts meant that not all trainee cohorts had adequate access to clinical activity and scheduled teaching to meet their respective training requirements;
- Trainees from outside of Whittington Health were required to exception report and raise clinical concerns via their substantive Trust's systems and processes, which they reported to be unnecessarily cumbersome and deterred them from reporting clinical incidents on Datix and missed educational opportunities or excessive hours via exception reporting;
- Due to the complex staffing model trainees could not always easily identify the clinician responsible for the Hub at any given time, particularly in the daytime when trainees felt that staffing levels were excessive. Trainees reported that that they received conflicting advice or treatment plans dependent on who was available at the time.

Review Findings

Not all the Quality Framework standards have been included within the tables below. The standards included are where the quality interventions are expected to have a direct operational impact on the quality of the learning environment. The other standards are still expected to be reviewed for each organisation and will be undertaken through different tools than the Quality Interventions identified within Table 2.1

Identify the review findings for each of the relevant standards below and remove the standards where there is no comment to be made.

Domain 1 - Learning environment and culture
1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive 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 interprofessional learning opportunities

HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.2	**Bullying and undermining** The review team was pleased to hear that there were no reported incidences of bullying and undermining. Trainees reported that the team culture was good and supportive, across professional groups.	
1.4	**Appropriate levels of Clinical Supervision** Trainees reported no concerns for accessing clinical supervision. However, it was noted that, on some occasions in the daytime in particular, it was felt that there were too many consultants on shift. The review team heard that identifying who the clinician with overall responsibility for a patient at the Hub at any given time was unclear, and that cohesive continuity of care was undermined by differing plans for patients depending on which consultant was available at the time. It was felt that particularly in the paediatric ED feedback to trainees by their seniors about individual cases was rare which meant there were missed educational opportunities.	Yes, please see NCP1.1

Domain 2 – Educational governance and leadership

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.

HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.1	**Impact of service design on users** The review team heard that following the establishment of the Hub there were reported incidences of parents presenting at the paediatric emergency departments at University College Hospital (UCH) and the Royal Free Hospital (RFH). The review team heard that trainees working at the Hub from both RFH and UCH split their duties between the Hub and their substantive Trust. It was reported that some trainees were only getting one session per fortnight at the Hub, limiting their exposure to acute paediatrics. It was noted that some trainee groups were assigned to the Hub in weeks-long blocks and it was felt by trainees that if this was applied to all trainees it would provide a valuable educational and training experience, as well as aiding continuous patient-doctor care. Trainees with limited opportunities to go to the Hub stated that a lack of familiarity with patient pathways at the Hub and the ad hoc nature of the staffing meant that they often felt lost during their time there with no defined	

	role. The review team heard that there was little oversight of the rotas of the three Trusts (five rotas in total), which often meant that in the daytime there were too many staff rostered meaning that some trainees felt 'spare'. The consensus among trainees was that time spent at the Hub did not provide them with the requisite learning opportunities, whether as GP, Foundation or specialty programme trainees. Trainees reported that five rotas from across the three Trusts provided staff to the Hub, creating the potential for overstaffing, inequitable access to acute paediatric cases for trainees, and a potential risk to patient safety through ill-defined or poorly coordinated patient pathways. However, it was noted that no specific examples of patient safety being compromised were reported by the trainees the review team met with. The review team heard that there were no cover arrangements in place should gaps in the rota appear at short notice, with no central rota coordinating figure based in the Hub effectively engaging with UCH or RFH. Trainees recognised that some teething issues were to be expected due to the pace of change in setting up the Hub. However, it was felt by some trainees that the issues they faced extended beyond what could reasonably be described as teething issues. The review team heard repeatedly from trainees that their concerns were systemic and not a reflection on their senor colleagues and the multidisciplinary team (MDT). Trainees were keen to praise the discharge nurse coordinator in particular.	Yes, please see NCP2.1a Yes, please see NCP2.1b
2.2	**Appropriate systems for raising concerns about education and training** The review team was disappointed to hear that trainees found it difficult to submit exception reports via their substantive Trust's systems, requiring appropriate consultant sign-off from both the Hub and the substantive Trust too. It was also noted by the review team that, regardless of which Trust's system they reported on, trainees reported feeling 'fatigued' when reporting clinical incidents via Datix as they did not receive constructive feedback in a timely manner.	Yes, please see NCP2.2

Domain 3 – Supporting and empowering learners

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.

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.1	**Learners being asked to work above their level of competence, confidence and experience**	

	The consensus among trainees was that they were required to undertake a disproportionate number of out of hours shifts whilst working at the Hub. This in turn raised challenges in relation to attending formal and informal teaching Trainees reported that there was risk of burnout if this was not addressed and noted that this had a negative impact on trainees' ability to attend scheduled teaching due to increased post-nights and zero days. Trainees also noted that out of hours work was heavily weighted toward service provision at the expense of education and training and presented fewer opportunities for informal teaching. GP trainees in particular felt that covering the emergency department (ED) did not afford them valuable educational opportunities for their future careers in general practice, noting that many of them had previously completed rotations in emergency medicine. GP trainees did note that they found joining the paediatrics ward rounds was beneficial and would welcome more access to the paediatric wards. The review team was pleased to hear that trainees were solely undertaking paediatric work and were not required to cover across both the paediatric ED and general ED. F2 trainees from the Royal Free reported feeling that they were undertaking a disproportionate amount of work in neonates, estimating that 70 to 80 percent was spent in the neonatal unit (previously it was 50 per cent) reducing their exposure to general paediatrics and noting that some were apprehensive about working in neonates due to the often complex cases presenting. The review team noted that current F2s felt the issue would have more of a negative impact on the next rotation of F2s. Paediatric specialty programme trainees reported that the inequitable access to the Hub meant that some did not feel that they had access to the broad range of clinical activity that they would expect. Senior trainees reported that their confidence was being eroded by not getting to subspecialty clinics. The review team heard that when scheduled teaching was available at the Hub it was not always bleep free.	
3.4	**Induction (organisational and placement)** Trainees reported that any induction they received lacked structure and that they had to familiarise themselves with pathways and processes at the hub. The review team was disappointed to hear that the majority of trainees felt that thy did not receive an adequate induction for working at the Hub, and it was noted that some trainees from UCH and RFH had yet to receive a staff identification card or the necessary logins to reporting and patient management systems	Yes, please see NCP3.1a and NCP3.1b
3.1	**Access to resources to support learners' health and wellbeing and to educational and pastoral support** The mood among trainees was described as despondent and it was noted that some felt as though they were 'counting down the days to leave' the Hub. The review team heard that a major contributing factor to this mood was a disproportionate amount of out of hours shifts.	

	Trainees reported a varied experience when booking annual leave and it was recognised by the review team due the different rotas in place at the three Trusts that staffed the Hub. Some trainees reported having annual leave they had booked cancelled at short notice when it was confirmed that trainees would be spending part of their time at the Hub away from their substantive Trust, whilst others reported only being able to book annual leave during float weeks or only on days they were rostered in the daytime. Trainees did note however, that they could arrange cover amongst themselves and swap shifts, although this was thought to be time consuming and ineffective for trainees wanting to book a break of more than a few days.	

Domain 4 – Supporting and empowering educators

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 appropriately supported to undertake their roles.

HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
	Not covered at this review	

Domain 5 – Delivering curricula and assessments

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.

HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
	Not covered at this review	

Domain 6 – Developing a sustainable workforce

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 of 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.

HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
6.1	**Retention and attrition of learners** The review team was disappointed to hear that none of the trainees it met with would recommend the Hub as a training environment to their	

	peers and would have concerns for their friends or family to receive treatment at the Hub, citing the lack of clear pathways and coordinated oversight. Trainees were keen to stress however, that they felt well supported by their senior colleagues and the wider-multidisciplinary clinical team at the Hub.	

Requirements (mandatory)

Any Immediate Mandatory Requirements (IMRs) identified should be identified separately in the appropriate table below. The requirement for any immediate actions will be undertaken prior to the draft Quality Review Report being created and forwarded to the placement provider. The report should identify how the IMR has been implemented in the short term and any longer termed plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

- All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the 'Review Findings' section
- Requirements identified should be succinct, SMART and not include the full narrative from the detailed report
- Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider

Immediate Mandatory Requirements **Given the severity of an Immediate Mandatory Requirement, initial action must be undertaken as required within 5 days and will be monitored by HEE Quality Team. Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales**		
Requirement Reference number	Review Findings	Required Action, timeline, evidence (to be completed within 5 days following review)
	N/A	
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence (to be completed within an agreed timeframe)
	N/A	

Mandatory Requirements The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.		
Requirement Reference number	**Review Findings**	**Required Action, timeline, evidence**
NCP1.1	The review team heard that identifying who the clinician with overall responsibility for the Hub at any given time was unclear, and that cohesive continuity of care was undermined by differing plans for patients depending on which consultant was available at the time. It was felt that particularly in the paediatric ED feedback to trainees by their seniors about individual cases was rare which meant there were missed educational opportunities.	**For all actions The Hub (Whittington Health to own and lead action responses for reporting purposes on the Quality Management Portal, with input from UCLH and RFH where required) is referred to as 'The Trust'.** The Trust is required to define a model for overall clinical oversight of all stages in the patient pathway within the Hub, with a named lead consultant easily identifiable to all trainees at all times. Please develop a standard operating procedure (SOP) and provide a copy to HEE. Please also provide demonstrable trainee feedback that the model is working effectively, via the local faculty group (LFG) minutes by 29 January 2021.
NCP2.1a	The consensus among trainees was that time spent at the Hub did not provide them with the requisite learning opportunities, whether as GP, Foundation or specialty programme trainees.	The Trust is required to work with RFH and UCLH to review the medical rotas to improve access for trainees to general paediatrics and appropriate outpatient clinics. Please provide HEE with an update on this review and its outcomes by 29 January 2021.
NCP2.1b	Trainees reported that five rotas from across the three Trusts	The Trust is required to review rota arrangements at the Hub in partnership with

	provided staff to the Hub, creating the potential for overstaffing, inequitable access to acute paediatric cases for trainees, and the potential risk to patient safety through ill-defined or poorly coordinated patient pathways. The review team heard that there were no cover arrangements in place should gaps in the rota appear at short notice, with no central rota coordinating figure based in the Hub effectively engaging with UCH or RFH.	UCH and RFH rota coordinators to explore ways that ensure that all trainees have sufficient clinical opportunities in line with their learning and educational needs. Please provide an update to HEE on the outcome of this discussion and any action taken by 29 January 2021.
NCP2.2	The review team heard that trainees from outside of Whittington Health had to submit Datix reports and exception reports via their substantive Trust's systems, requiring appropriate consultant sign-off from the substantive Trust too.	The Trust is required to provide all trainees at the Hub access to reporting systems via Datix and exception reporting to facilitate and encourage reporting. Please provide HEE with demonstrable trainee feedback via the LFG that the issue is no longer apparent by 29 January 2021.
NCP3.1a	The review team was disappointed to hear that the majority of trainees felt that thy did not receive an adequate induction for working at the Hub.	The Trust is required to develop a Hub-specific induction for all trainees which meets their needs. Please develop an induction checklist and provide a copy to HEE, along with demonstrable trainee feedback that the induction is fit for purpose via LFG minutes by 29 January 2021.
NCP3.1b	It was noted that some trainees from UCH and RFH had yet to receive a staff identification card or the necessary logins to reporting and patient management systems.	The Trust is required to ensure that trainees from UCH and RFH receive adequate ID and logins to systems to allow them to work effectively as soon as they start work at the Hub. Please provide demonstrable trainee feedback via the LFG that his has been done by 29 January 2021.

Recommendations
Recommendations are not mandatory, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Recommendation	
Related Domain(s) & Standard(s)	Recommendation
	N/A

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the HEE Quality representatives, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)
Hub/Trusts	The recent development of a local faculty group at Integrated Care System-level for the hub, including input from all trainees and educators across the system, was seen as an example of good practice and HEE are supportive of this approach to maximise the training opportunities of what could be an excellent training environment were the support systems in place to facilitate particularly experiential education and training.	Domains 2 & 3
Hub/HEE	HEE welcomed the inclusion and ongoing involvement of the Postgraduate Dean and Deputy Postgraduate Dean at the senior operational leadership meetings during the set up and on-going delivery of paediatric care in NC London.	Domain 2

Report sign off

Outcome report completed by *(name)*:	John Marshall, Deputy Quality, Patient Safety and Commissioning Manager
Review Lead signature:	Dr Elizabeth Carty, Deputy Postgraduate Dean, North Central and East London
Date signed:	10/12/2020

HEE authorised signature:	Dr Gary Wares, Postgraduate Dean, North London

Date signed:	14/12/2020

Date final report submitted to organisation:	14/12/2020

What happens next:

Any requirements generated during this review will be recorded and monitored following the usual HEE Quality Assurance processes.
As part of our intention to development a consistent approach to the management of quality across England, Quality Reports will increasingly be published and where that is the case, these can be found on (web link)Information from quality reports will be shared with other System Partners such as Regulators and Quality Surveillance Groups