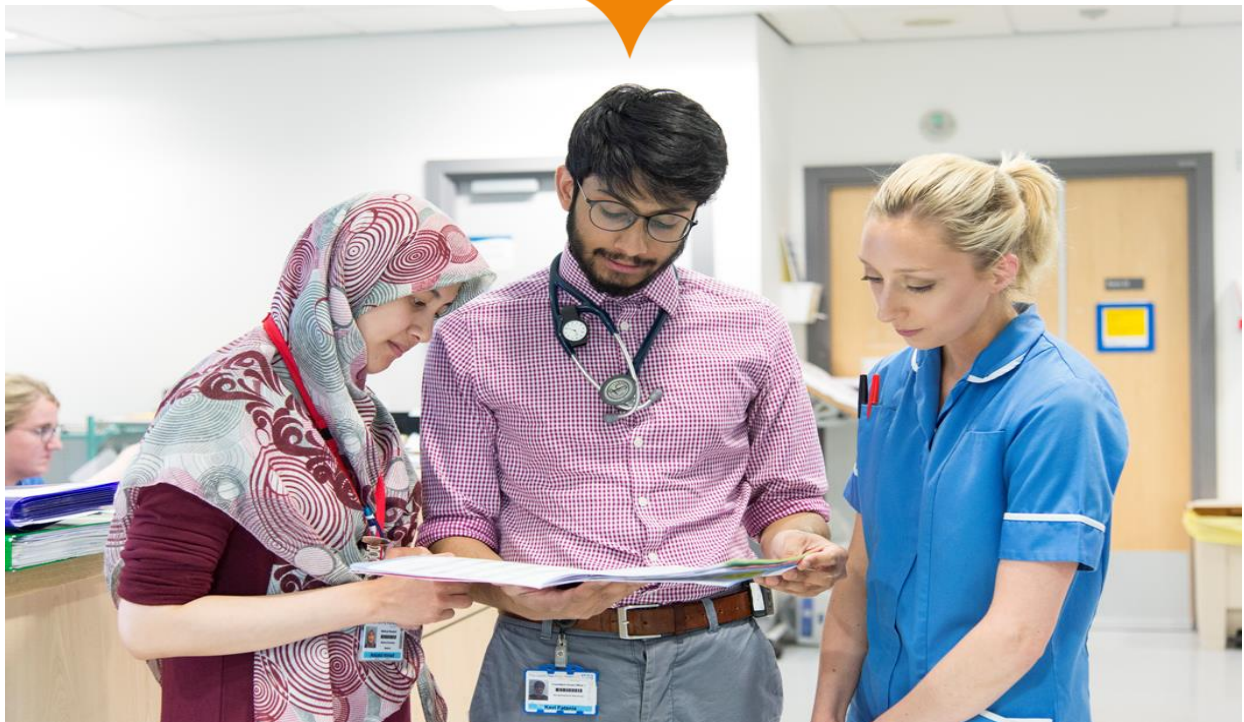


HEE Quality Interventions Review Report

**University College London Hospitals NHS Trust
(University College Hospital)
Paediatric Oncology
Learner and Educator Review**



HEE London

2 December 2021

Final Report 31 January 2022

Review Overview

<p>Background to the review:</p>	<p>This risk-based review is scheduled due to the performance of Paediatric Oncology in the GMC National Training Survey 2021 University College Hospital.</p> <p>Paediatric Oncology (post specialty) red outliers:</p> <ul style="list-style-type: none"> • Overall satisfaction • Workload • Teamwork • Handover • Local teaching • Rota design
<p>Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)</p>	<p>Paediatric Oncology, core and higher specialty trainees</p>
<p>Who we met with:</p>	<p>The review panel met with the following Trust representatives:</p> <ul style="list-style-type: none"> - Director of Postgraduate Medical Education - Medical Director, Specialty Hospitals Board - Medical Director, Surgery and Cancer Board - Associate Director of Education - Guardian of Safe Working Hours - Divisional Clinical Director (Paediatrics and Adolescents Division) - Clinical Lead for Radiotherapy - Two College Tutors for Paediatrics - Local PGME Lead for Paediatric Oncology - College Tutor for Clinical Oncology - Medical Education Manager - Four Clinical Supervisors in Clinical Oncology <p>The review panel also met with ten core and higher specialty trainees in Paediatric Oncology</p>
<p>Evidence utilised:</p>	<p>The following documentation was utilised for this review:</p> <ul style="list-style-type: none"> - Paediatrics Local Faculty Group minutes - 13.07.2021 - Paediatrics Local Faculty Group minutes - 16.11.2021 final - Report on Safe Working Hours 15.09.2021 - Surgery and Cancer Board (SCB) Medical Education Committee (MEC) Minutes - 16.06.2021 - SCB MEC Minutes 14.09.21 - SH MEC Minutes - 15.06.2021 Final - SH MEC Minutes - 16.09.2021

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Dr Elizabeth Carty Deputy Postgraduate Dean for North London
HEE Head of Specialty School of Clinical Oncology	Dr Edward Won-Ho Park Head of School for Clinical Oncology
HEE Head of London Specialty School of Paediatrics	Dr Jonathan Round Head of the London Specialty School of Paediatrics
Lay Representative	Jane Gregory Lay Representative
HEE Quality Representative	Nicole Lallaway Learning Environment Quality Coordinator
HEE Representative	Ummama Sheikh Quality, Patient Safety and Commissioning Officer
HEE Representative (shadowing)	Kiera Cannon Quality, Patient Safety and Commissioning Officer

Executive summary

This review was conducted due to the performance of Paediatric Oncology at University College Hospital in the General Medical Council's National Training Survey (GMC NTS) 2021. This review sought to explore the red flags raised in the survey in order to improve the quality of the learning environment for Paediatric Oncology trainees.

The review panel were pleased to hear that the trainees felt their educators were supportive and committed to training, and that educators had access to Continuing Professional Development (CPD) courses and appraisals. Trainees also reported the University College Hospital had a wealth of interesting patients and opportunities for learning.

The review panel identified the following areas requiring improvement:

- the morning handover was held at a conflicting time to other meetings and teaching for trainees
- induction to and supervision of chemotherapy prescribing was not adequate
- departmental induction focused on General Paediatrics as opposed to Paediatric Oncology, which meant that some trainees felt less confident working in their placement
- It was challenging for trainees to cover the ward and the Emergency Department (ED) out of hours

Further details around the Mandatory Requirements and Recommendations can be found on pages 6-7.

Review findings

The findings detailed in the sections below should be referenced to the quality domains and standards set-out towards the end of this template. Specifically, mandatory requirements should be explicitly linked to quality standards. Not all of HEE's domains and standards have been included, only those that have a direct operational impact on the quality of the clinical learning environment, which a quality review will be most likely to identify (although this does not preclude other standards outlined in the Quality Framework being subject to review, comment and requirements where relevant).

Mandatory requirements

Mandatory requirements and Immediate Mandatory Requirements (IMRs) should be identified as set out below. IMRs are likely to require action 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

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
	N/A	N/A
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
	N/A	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
PO1.1	The review panel heard that the morning handover was difficult for some trainees to attend as there were conflicting meetings and teaching at the same time.	The Trust is required to clarify handover arrangements for trainees and to ensure meetings and teaching sessions do not conflict with timetabled handover. Please submit progress against this action by 1 March 2022.
PO1.4	The review panel heard that the induction for, and clinical supervision of, chemotherapy prescribing was not adequate.	The Trust is required to ensure that chemotherapy prescribing is adequately covered in induction once trainees begin their placement. The Trust is also required to ensure that a Pharmacist Supervisor attends the meeting with trainees on a Friday to review chemotherapy prescribing. Please submit progress against this action by 1 March 2022.
PO3.4	Paediatric Oncology trainees reported that their departmental induction was mostly a General Paediatrics induction and that this left them less confident in starting their placement in Paediatric Oncology. In addition, the departmental induction was split up over the first few weeks and this meant that not all trainees were available to attend all of the sessions.	The Trust is required to develop a formalised Paediatric Oncology specific induction that trainees are able to attend at the beginning of their placement. Please submit progress against this action by 1 March 2022.

Recommendations

Recommendations are not mandatory but intended to be helpful, 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
PO2.1	The Trust is recommended to explore providing additional support to Paediatric Oncology trainees working out of hours in covering the ward and the Emergency Department (ED).

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review panel, 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)
	N/A	

HEE Quality Standards and Domains for Quality Reviews

Domain 1 - Learning environment and culture		
<p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p> <p>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.</p> <p>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).</p> <p>1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.</p> <p>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.</p> <p>1.6. The learning environment promotes interprofessional learning opportunities.</p>		
HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.1	<p>Handover</p> <p>The review panel queried the handover arrangements of Paediatric Oncology patients to trainees only covering out of hours. The Clinical Supervisors (CSs) reported that patients in Haematology and Oncology were complex and had often been in hospital for a long period of time. This meant that handover out of hours was often time consuming and complex. The review panel heard from CSs that morning handover took place from 08:30-09:00am and that there were regular huddles during the day with trainees, nurses and pharmacists. The CSs also reported that there was a formal handover in the evening for staff working out of hours. The CSs acknowledged that the morning handover could be difficult for some trainees to attend as there were meetings and teaching scheduled at the same time.</p> <p>Trust representatives reported that they were working with an organisational development team to improve their rota and handover process, in order to get an objective external understanding of where processes were not working efficiently. The Trust reported that this was a work in progress where they were collecting feedback, and that this was well received by trainees who were active and engaged in the process.</p>	Yes, please see PO1.1
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>The review panel heard from Paediatric Oncology trainees that the majority of their clinical supervisors (CSs) were supportive and approachable. The review panel also heard from the majority of trainees that the consultants were available and contactable by phone if they needed support, particularly if there was an emergency.</p> <p>The review panel were concerned to hear that the Paediatric Oncology trainees did not feel the induction for, and clinical supervision of, chemotherapy prescribing was adequate. The review panel heard that chemotherapy prescribing was not included in induction or properly covered outside of induction, and that at the beginning of their placement they often did chemotherapy prescribing when they were not fully familiar with their placement. The review panel heard that trainees had to complete some e-learning on chemotherapy prescribing and that this would be signed off by a Pharmacist. Paediatric Oncology trainees also reported that there was a dedicated meeting on Friday morning to meet a Pharmacist to discuss</p>	Yes, please see PO1.4

	<p>prescribing and any queries or concerns, however at times the Pharmacist was not always in attendance.</p> <p>This was in contrast to what was reported by the Clinical Supervisors (CSs) who fed-back that supervision for chemotherapy prescribing was conducted by a Pharmacy Supervisor and an Advanced Nurse Practitioner (ANP) Supervisor. The review panel heard that this was not always the trainee experience of prescribing within Paediatric Oncology. The CSs reported that chemotherapy prescribing was conducted via the Epic patient record system and that trainees were required to undergo a comprehensive induction and training before they were given log in details for the system. The review panel heard that the Oncology induction took place over the first few weeks in placement and that they tried to get as much attendance as possible. CSs reported that trainees had a Pharmacist Supervisor to supervise what was prescribed by the trainees as well as ANPs who support trainees on the wards.</p> <p>The review panel also heard that the Trust identified that middle grade trainees required some support at the end of a shift, and therefore implemented a 'touch point' between a consultant and a middle grade trainee to check-in at the end of a shift and provide support to the trainee.</p>	
1.6	<p>Multi-professional learning</p> <p>The review panel heard from Paediatric Oncology trainees that support from the wider multidisciplinary team was good, including the Nursing team and Pharmacists.</p>	

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	<p>Impact of service design on users</p> <p>The review panel heard that in Haematology Oncology there was a consultant ward round twice a week, and that on the remaining days there would be a team-led ward round or a higher specialty trainee-led ward round. In these ward rounds, patients were divided among the trainees who then regrouped and discussed patients together.</p> <p>The Paediatric Oncology trainees acknowledged the difference between Oncology and General Paediatrics, noting that they sometimes dealt with complex patients. The review panel heard that out of hours, a middle grade specialty trainee would work on the ward and covered both Paediatric Oncology and Paediatric Haematology patients whilst a higher specialty</p>	

	<p>trainee was based in the Emergency Department (ED) out of hours. The review panel heard that often the higher specialty trainee was the dedicated person to go to if the junior trainees were concerned about an unwell patient. However, the higher trainees were often inundated in the ED with unwell patients which meant that the middle grade trainees were often on their own out of hours, taking a handover on their own for Paediatric Oncology and Paediatric Haematology trainees. The middle grade trainees reported that they often felt alone, particularly when working long days on the wards.</p> <p>The review panel queried the supervision arrangements for unwell children at night. The CSs reported that Paediatric Oncology covered at night runs mostly in two specific areas, and that the two wards were allocated to Oncology: one for children, one for teenagers. The CSs also reported that there were some challenges around the ED and the workload on the middle grade trainees to clear patients coming through the ED. It was acknowledged that at times the higher specialty trainee would be the most senior doctor in the ED which left the middle grade trainee alone on the ward. The review panel heard that the CSs had tried to resolve this and established 'huddles' to be able to stop trainees being pulled in multiple different directions out of hours.</p> <p>The review panel heard from some of the trainees that there were persistent staffing issues within the department and that this exacerbated issues around a heavy workload whilst working on the wards. However, the majority of trainees also reported that staffing levels had improved recently in comparison to their previous placements. The review panel heard that, previously, if someone was off unwell, isolating or on maternity leave, there was no flexibility in the system and workload was difficult to manage.</p> <p>The review panel heard from Trust representatives that there were difficulties with adequate staffing on the wards and that barriers presented themselves due to overseas trainees struggling to enter the United Kingdom due to the Covid-19 pandemic.</p>	Yes, please see PO2.1
2.2	<p>Appropriate systems for raising concerns about education and training</p> <p>The review panel heard from Trust representatives about the importance of amplifying the trainee voice, and that the Trust have implemented a system of trainee representatives who sit on the Senior Leadership Board and are involved in providing feedback on the trainee experience to understand what was happening across the patch.</p>	

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
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3.4	<p>Induction (organisational and placement)</p> <p>The review panel heard that Paediatric Oncology trainees felt that departmental induction could be improved. The review panel heard that departmental induction had improved over time, however it was still mostly a General Paediatrics induction rather than having a specific focus on Paediatric Oncology. This meant that some processes were still not covered at induction and that trainees did not feel confident when they started their placement. In addition, there were some aspects of induction that trainees felt was not relevant to their Oncology placement as the induction was more General Paediatrics based. The review panel also heard that departmental induction was split up over the first few weeks in their placement and that not all trainees were able to attend all of the sessions.</p> <p>The review panel also heard that the Trust supported trainees in their first couple of weeks in the placement to develop skills around prioritisation and time management due to the differing needs of complex patients who had been on the wards long-term.</p>	Yes, please see PO3.4
3.1	<p>Access to resources to support learners' health and wellbeing and to educational and pastoral support</p> <p>The review panel heard from Paediatric Oncology trainees that they had access to wellbeing support when required. Trainees reported that the department has a dedicated Psychologist who they would be able to meet with if they felt they needed to, and that they felt well supported to do so.</p>	

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
	Domain not discussed at 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
5.1	Appropriate balance between providing services and accessing educational and training opportunities	

	The Trust highlighted that it had identified a dedicated space for virtual teaching which also provided support for trainees to get away from the clinical environment to undertake teaching.	
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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	<p>Retention and attrition of learners</p> <p>The review panel were pleased to hear that trainees felt there were a variety of educational opportunities for learning and interesting cases to further their learning and knowledge whilst on their Paediatric Oncology placement at University College Hospital. As a result, the review panel were pleased to hear that the vast majority of trainees in attendance at the review would recommend their placement to colleagues as a place to train in Paediatric Oncology.</p>	

Report sign off

Quality Review Report completed by (name(s) / role(s)):	Nicole Lallaway Learning Environment Quality Coordinator
Review Lead name and signature:	Dr Elizabeth Carty Deputy Postgraduate Dean for North London
Date signed:	20 January 2022

HEE authorised signature:	Dr Gary Wares Postgraduate Dean for North London
Date signed:	29 January 2022

Date final report submitted to organisation:	31 January 2022
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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 HEE's national website. Information from quality reports will usually be shared with other System Partners such as Regulators and Quality Surveillance Groups