

HEE Quality Interventions Review Report



**Chelsea and Westminster Hospital NHS Foundation Trust
Paediatrics and Community Child Health
Learner and Educator Review**

**London – North West London
3 February 2022
29 March 2022**

Review Overview

Background to the review

This risk-based Learner and Educator was requested following the 2021 GMC NTS results.

(Post specialty by site): seven red outliers and three pink outliers were generated for Paediatrics at Chelsea & Westminster Hospital. The outliers were in Overall satisfaction, Induction, Adequate experience, Curriculum coverage, Educational governance, Educational supervision, Local teaching, Regional teaching and Rota design.

(Post specialty by site): three red outliers and four pinks were generated for Community Child Health at Chelsea & Westminster Hospital. The outliers were in Overall satisfaction, Reporting systems, Induction, Adequate experience, Curriculum coverage, and Educational supervision.

Subject of the review: Paediatrics and Community Child Health

Who we met with

The review panel met with:

Seven trainees across Paediatrics and Child Community Health trainees, from foundation year 2 (FY2) to specialty training year 8 (ST8)

Seven educational and clinical supervisors

The review panel also met with:

Director of Medical Education; Medical Education Manager; Guardian of Safe Working Hours; College Tutor; and Deputy General Manager

Evidence utilised

Ahead of the visit the Trust provided the following supporting documentation:

Local Faculty Group Minutes

Departmental Rota Including Fill Rate

Breakdown of Learner Groups Within the Department

Any Internal Action Plans

Evidence of Teaching Sessions and Attendance Lists

Breakdown of Educational and Clinical Supervisors Within the Department

A Report from the Freedom to Speak Up Guardian Detailing Any Relevant Concern

Review Panel

Role	Name, Job Title
Quality Review Lead	Dr Bhanu Williams, Deputy Postgraduate Dean
Specialty Expert	Dr Jonathan Round, Head of School, London School of Paediatrics
Lay Representative	Kate Rivett

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HEE Quality Representative(s)	John Marshall, Deputy Quality, Patient Safety and Commissioning Manager Ummama Sheikh, Quality, Patient Safety and Commissioning Officer
Observing	Laura De Maria, Quality, Patient Safety and Commissioning Administrator

Executive Summary

The review panel thanked the Trust for facilitating this review.

Trust representatives presented an update on the changes to the clinical and educational offering the department delivered to trainees. It was reported that a number of steps had been taken to address the issues highlighted by the 2021 General Medical Council (GMC) National Training Survey (NTS) results. These included amending the departmental induction to include elements specific to foundation and GP training; implementing a scheduled departmental teaching structure and supporting different trainee groups to attend programme-specific teaching; addressing concerns with the rota design; and ensuring all trainees received the necessary clinical experience and curriculum coverage towards their educational objectives whilst in post.

From its discussions with trainees, supervisors and Trust representatives the review panel was pleased to hear that:

- the consultant body were approachable, readily available to give clinical supervision and that escalation pathways were clear;
- trainees were highly complimentary with regard to the quality of patient care; and
- the Trust provided a wealth of clinical opportunities and a broad mix of patient presentations, with the potential to create a centre of excellence for education and training in paediatrics.

However, despite these positives the review panel was concerned to find that:

- On occasion there was a delay to consultants reviewing children brought for safeguarding medical review due to a lack of physical, on site, available consultant presence;
- trainees reported feeling that education and training were not a priority within the department. The review panel felt that there was a disconnect between trainer and trainee perception of quality of training within the department;
- trainees noted difficulty in attending grand rounds, simulation sessions and other teaching sessions due to timetabling of clinical work; and
- trainees reported that there was a lack of designated clinic time in their job plans, noting that even when they had been proactive in seeking opportunities out that these were limited. Trainees also noted a lack of opportunities to undertake quality improvement projects that were appropriately supported by the consultants.

Review Findings

This is the main body of the report and should relate to the quality domains and standards in HEE's Quality Framework, which are set out towards the end of this template. Specifically, mandatory requirements in the sections below should be explicitly linked to the quality standards. It is likely that not all HEE's domains and standards will be relevant to the review findings.

Requirements

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
P1.1	In its discussions with the Trust representatives and the supervisors it was acknowledged, as evidenced by the steps taken to date, that the educational offering of the department required development. The review panel welcomed the plans to address trainee concerns highlighted by the 2021 GMC NTS results. However, it was noted that there was still a disparity between trainee expectations and what was being delivered	The Trust is required to include trainee representation from all trainee groups in the continued development of curriculum-specific education programmes. Please provide an update, evidenced via the Local Faculty Group (LFG), that trainee representation is actively involved in faculty development by 1 June 2022.
P1.9	The review panel was disappointed to hear that opportunities for trainees to participate or lead on quality improvement projects were limited. The impression among trainees was that this further reflected the lack of prioritisation of education and training within the department.	The Trust is required to support trainees wishing to undertake quality improvement (QI) projects. Please provide an update on plans to encourage and enable QI projects led by trainees by 1 June 2022
P1.12a	The review panel was encouraged to hear that the Trust had a state-of-the-art Simulation Centre. However, trainees reported frustration in maximising the benefit of the facilities due to perceived limits on which staff could lead simulation exercises.	The Trust is required to facilitate simulation led both by trainees and consultants within paediatrics. Please submit attendance lists and feedback from simulation sessions held over a three-month period as evidence.
P1.12b	Paediatric trainees reported that they were disproportionately burdened with tasks such as accompanying sedated children to scans instead of accessing	The Trust is required to consider PILS training or equivalent as part of its educational offer to all trainees working within paediatrics.

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	<p>more educational opportunities as there was a departmental requirement that only APLS trained professionals could safely accompany children. In discussion with the supervisors, it was suggested that a one day PILS training course (or equivalent) should be offered to all trainees and nurses within paediatrics to allow a wider constituency of staff to accompany sedated children to allow senior trainees to access other opportunities.</p>	<p>Please inform of the decision made by 1 June 2022.</p>
P1.13	<p>The review panel heard that senior trainees in particular had limited opportunities to attend scheduled clinics in their job plans. Trust representatives did note that trainees were encouraged to seek out learning opportunities, however, it was reported by trainees that even when they did seek these opportunities out the educational value was questionable as they had only attended these in an observational capacity. It was noted by the supervisors that there had been trainee or middle grade led clinics previously.</p>	<p>The Trust is required to ensure that clinic attendance, with increasing levels of trainee responsibility commensurate with their level of training, is in all trainee job plans. Please provide an update of which clinics trainees are able to attend and in what capacity they will be attend them (observational, participatory, or leading), and demonstrable trainee feedback via the LFG that their clinic participation has increase by 1 June 2022.</p>
P3.5	<p>Whilst clinical supervision was described to be generally good, the review panel were concerned to hear trainees report the challenges occasionally encountered when seeking consultant review of child safeguarding medical reviews. Trainees reported that on-site consultant presence to support them during or immediately following the</p>	<p>The Trust is required to ensure that a named, on-site consultant is available to support trainees undertaking child protection medical reviews. during daytime hours. Please confirm that this is in place by 1 June 2022.</p>

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	reviews was not always available. There was also as a lack of clinical space to undertake these reviews and physical examinations of children at short notice.	
P3.6	Trainees were generally complimentary toward the level of engagement of their educational supervisors. However, it was noted that some supervisors were not fully aware of, or able to signpost trainees to, the support available for those returning to work following maternity leave or on a less than full-time basis.	The Trust is required to ensure that all trainers and supervisors are aware of the pastoral support including the Supported Return to Training programme available for trainees affected by extended leave. Please provide feedback that both trainees and supervisors have been signposted to the necessary support services within the Trust by 1 June 2022.
P5.6	The review panel heard that community child health trainees were concerned that the new rota due to be implemented in March 2022 would reduce their time spent in the community. Trainees reported that with the current rota they were working just below the recommended 70 per cent of their time in the community but that with the new rota being devised on a 1:9 basis – down from 1:10 – that their time spent in the community would amount to around 50 per cent of their contracted working time.	The Trust is required to work with community-based trainees to ensure that they are achieving as close to the recommended 70 per cent of time spent in the community as per the curriculum requirements. Please provide an update on the work done with community-based trainees via the LFG by 1 June 2022.

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
	N/A	
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence
	N/A	

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.

Reference Number	Related HEE Quality Framework Domain(s) and 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 Quality Review Team, 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/Professional Group/Department/Team	Good Practice	Related HEE Quality Framework Domain(s) and Standard(s)
	N/A	

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	<p>The learning environment is one in which education and training is valued and championed.</p> <p>Trust representatives presented an update on the changes to the clinical and educational offering the department delivered to trainees. It was reported that a number of steps had been taken to address the issues highlighted by the 2021 General Medical Council (GMC) National Training Survey (NTS) results. These included amending the departmental induction to include elements specific to foundation and GP training; implementing a scheduled departmental teaching structure and supporting different trainee groups to attend programme-specific teaching; addressing concerns with the rota design; and ensuring all trainees received the necessary clinical experience and curriculum coverage towards their educational objectives whilst in post.</p> <p>However, despite these positive steps, trainees reported that education and training did not appear to be a priority within the department.</p> <p>Whilst all the trainees with whom the review panel met stated that the department provided exemplary care to patients and that the culture was good, the overwhelming impression among trainees was that that education and training was not prioritised. Some of the consultants were identified as taking an active interest in education and training but it was felt that these were an exception.</p> <p>In discussions with the Trust representatives and the supervisors it was acknowledged, as evidenced by the steps taken to date, that the educational offering of the department required development. The review panel welcomed the plans to address trainee concerns highlighted by the 2021 GMC NTS results. However, it was noted that there was still a disconnect between trainee expectations and what was being delivered.</p>	Yes, please see P1.1
1.2	<p>The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.</p> <p>The review panel was pleased to hear that the overall culture within the department described as good. Junior trainees noted in particular that they were welcomed to the department and that their clinical confidence had grown whilst in post. One trainee</p>	

	<p>commented that they were now considering pursuing Paediatrics as a career following their time in the department.</p> <p>Junior trainees also noted that they were encouraged to attend their programme-specific teaching – foundation and GP Vocational Training Scheme (VTS) – by their senior colleagues and that the days and times these scheduled sessions took place were known throughout the department.</p>	
1.3	<p>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</p> <p>The review panel was pleased to hear that the culture within the department was, that trainees found their senior colleagues to be approachable and usually readily available to give clinical supervision.</p>	
1.4	<p>There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.</p> <p>The review panel heard that there was routine, on the job teaching and that feedback was given to trainees. It was noted by some of the supervisors that trainees may not recognise informal, bedside teaching in the same way that timetabled sessions are.</p>	
1.5	<p>Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.</p> <p>All trainees the review panel met with reported that they had no concerns with the equality of care offered within the department and would recommend the Trust for treatment to their friends and family.</p>	
1.7	<p>All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.</p> <p>All of the trainees that the review panel met with reported that they would have no concerns if required to raise concerns with their education and training, or the clinical environment.</p>	
1.9	<p>There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence-led practice activities and research and innovation.</p> <p>The review panel was disappointed to hear that opportunities for trainees to participate or lead on quality improvement projects was limited. The impression among trainees was that this further</p>	<p>Yes, please see P1.9</p>

	reflected the lack of prioritisation of education and training within the department.	
1.12	<p>The learning environment promotes multi-professional learning opportunities.</p> <p>The review panel was encouraged to hear that the Trust had a state-of-the-art Simulation Centre. However, trainees reported frustration in maximising the benefit of the facilities due to perceived limits on which staff could lead simulation exercises.</p> <p>Paediatric trainees reported that they were disproportionately burdened with tasks such as accompanying sedated children to scans instead of accessing more educational opportunities as there was a departmental requirement that only APLS trained professionals could safely accompany children. During discussions with the supervisors it was suggested that a one day PILS training course (or equivalent) should be offered to all trainees and nurses within paediatrics to allow a wider constituency of staff to accompany sedated children to allow senior trainees to access other opportunities.</p>	Yes, please see P1.12a and P1.12b
1.13	<p>The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.</p> <p>The review panel heard that senior trainees in particular had limited opportunities to attend scheduled clinics in their job plans. Trust representatives did note that trainees were encouraged to seek out learning opportunities, however, it was reported by trainees that even when they did seek these opportunities out the educational value was questionable as they had only attended these in an observational capacity. It was noted by the supervisors that there had been trainee or middle- grade led clinics previously.</p>	Yes, please see P1.13

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.1	<p>There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.</p> <p>Whilst all the trainees the review panel met with stated that the department provided exemplary care to patients and that the</p>	

	culture was good, the overwhelming impression among trainees was that that education and training was not prioritised.	
2.4	<p>Education and training issues are fed into, considered and represented at the most senior level of decision making.</p> <p>Trust representatives noted that the fill-rate for HEE-funded trainees was routinely below capacity – around seven posts in 10 filled – and that this meant that rota pressures would negatively impact upon the experience of the trainees that were placed in the department. The Trust was recommended to seek solutions within its existing trainee numbers, noting that unfilled training posts were not unique to the Trust and that realignment of paediatric training posts nationally would likely reduce the number of training posts in London. It was also recommended that the Trust explore opportunities to develop its workforce through physician associate and specialist nursing roles.</p> <p>The review panel acknowledged that notification to the Trust of which trainees were being placed there by HEE was not always accurate or delivered within the agreed timeframes.</p>	
2.7	<p>There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.</p> <p>The review panel heard that Paediatric trainees joined a collaborative ‘grand’ round with colleagues from Imperial College Healthcare NHS Trust to increase the types of clinical cases trainees within both Trusts had access to. However, it was noted that on occasion trainees were unable to attend this due to either clinical pressures or the grand round clashing with local ward rounds.</p>	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.5	<p>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</p> <p>Whilst clinical supervision was described to be generally good, the review panel were concerned to hear trainees report the challenges occasionally encountered when seeking consultant review of child safeguarding medical reviews. Trainees reported that on-site consultant presence to support them during or immediately following the reviews was not always available. There was also as a lack of clinical space to undertake these reviews and physical examinations of children at short notice.</p>	Yes, please see P3.5

3.6	<p>Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.</p> <p>The review panel heard that trainees were encouraged to meet with their educational supervisor at the start of their posts and that the majority had done so, with online facilitation available where necessary.</p> <p>Trainees were generally complimentary toward the level of engagement of their educational supervisors. However, it was noted that some supervisors were not fully aware of, or able to signpost trainees to, the support available for those returning to work following maternity leave or on a less than full-time basis.</p>	Yes, please see P3.6
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>The review panel heard that the departmental induction was good and that locum cover was arranged to ensure that all new trainees could attend the departmental induction. It was noted that where a trainee had initially been put down to start on nights this had been switched, with cover provided, so that the trainee could attend.</p> <p>It was reported that the induction was a mixture of online and in-person, with a full two days set aside for trainees new to paediatrics. Trainees reported that the induction covered the required clinical areas, escalation pathways and had an increased focus on related surgical procedures.</p> <p>The review panel heard there was a separate Child Community Health induction, lasting four days. Trainees also described this induction as well structured and that it prepared them for their community posts.</p> <p>Trainees reported that exception reporting for working beyond their contracted hours or missed educational opportunities was covered at the induction. The Guardian of Safe Working reported that there had been an increase in exception reports submitted across the Trust but not for Paediatrics. It was noted that where Paediatrics trainees had exception reported within the last year it had been due to working beyond their contracted hours and not for missed educational opportunities.</p>	

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
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	Not covered at this review.	
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HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>The review panel heard that community-based trainees were concerned that the new rota due to be implemented in March 2022 would reduce their time spent in the community. Trainees reported that with the current rota they were working just below the recommended 70 per cent of their time in the community but that with the new rota being devised on a 1:9 basis – down from 1:10 – that their time spent in the community would amount to around 50 per cent of their contracted working time. Trainees reported feeling that when they raised these concerns with the Trust that they were not being listened to, noting that recommendations to do more on-calls would reduce opportunities to workday time in the community further with time off in lieu would have to be taken when trainees would realistically expect to work in the community.</p>	Yes, please see P5.6

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
	Not covered at this review.	

Report Approval

Quality Review Report completed by	
Name	John Marshall
Role	Deputy Quality, Patient Safety and Commissioning Manager

Review Lead	
Name	Dr Bhanu Williams
Role	Deputy Postgraduate Dean, North West London
Signature	Bhanu Williams
Date signed	22 March 2022

HEE Authorised Signatory	
Name	Dr Gary Wares
Role	Postgraduate Dean, North London
Signature	Gary Wares
Date signed	28 March 2022

Final Report submitted to organisation	29 March 2022
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