

HEE Quality Interventions Review Report



Barking, Havering and Redbridge University Hospitals NHS Trust
Paediatrics
Learner Review

London – North East London
Date of Review: 14 March 2022
Date of Final Report: 31 March 2022

Review Overview

Background to the review

A learner review was requested following the 2021 General Medical Council (GMC) National Training Survey results (NTS). The GMC NTS results had been poor for a number of years, with no indication of improvement. There were seven red outliers in 2021: overall satisfaction, clinical supervision, supportive environment, educational supervision, feedback, regional teaching, and local teaching. A learner review was planned to gain specific trainee feedback on the issues in the department.

Subject of the review: Paediatrics

Who we met with

14 specialty training trainees (ranging from specialty training years one to eight)

Evidence utilised

Local Faculty Group minutes
Rota including fill rate

Review Panel

Role	Name, Job Title
Quality Review Lead	Louise Schofield Deputy Postgraduate Dean Health Education England (North East London)
Specialty Expert	Jonathan Round HEE Head of Specialty School of Paediatrics
Lay Representative	Sarah-Jane Pluckrose
Learner Representative	Nisha Patel
HEE Quality Representative(s)	Chloe Snowdon Learning Environment Quality Coordinator Health Education England (London) Ummama Sheikh Quality, Patient Safety and Commissioning Officer Health Education England (London)

Executive Summary

The review team met with 14 specialty training trainees in paediatrics who provided feedback on the training environment in the department. The review team heard that while there were many training opportunities, these were not made the most of and were overshadowed by the behaviours of some of the consultants in the department. The trainees informed the review team that some consultants were supportive and listened to trainees, however, they also said they had experienced and witnessed bullying and undermining behaviours from other consultants in the department. The trainees said they were unsure who to raise issues of bullying and undermining to. The trainees told the review team that some consultants on call at night refused when asked to come in to provide support to do so. The trainees informed the review team that handover was inefficient and often overran into teaching resulting in teaching being cancelled. The trainees also said that when teaching went ahead, it was often not possible to attend due to service requirements.

Review Findings

Requirements

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
P1.3a	The review team heard from the trainees that they were unsure how and who they should raise issues of bullying and undermining to.	Provide trainee feedback demonstrating trainees understand the process for raising issues around bullying and undermining and feel able to do so. Please provide by 01 June 2022.
P1.3b	The trainees told the review team that they did not receive any feedback when they raised issues surrounding the culture of bullying and undermining in the department.	Provide trainee feedback demonstrating that when they raise issues about bullying and undermining behaviours (either that they have experienced or witnessed), comprehensive feedback is received demonstrating the actions the department has taken to address the behaviours. Please provide by 01 June 2022.
P1.5a	The review team heard from trainees that they had been involved in serious incidents which had not been investigated.	Provide trainee feedback that if they are involved in serious incidents, these are properly investigated and feedback is provided to the trainee(s) involved. Please provide by 01 June 2022.
P1.5b	The trainees informed the review team handovers were often prolonged, inefficient and	Provide evidence that the department has sought trainee suggestions on improving the

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	inadequate, restricting time for teaching and clinical work.	safety and efficiency of handover and provided consultant support for a trainee-led quality improvement project to implement the suggestions. Please provide by 01 June 2022.
P1.5c	The trainees informed the review team handovers were often prolonged, inefficient and inadequate, restricting time for teaching and clinical work.	Provide trainee feedback demonstrating that sustained improvements have been made to handover to ensure trainees gain the information required to ensure patient safety. Please provide by 01 June 2022.
P3.5b	The trainees told the review team that some consultants refused to provide in person support when on call at night.	Provide trainee feedback demonstrating that all consultants come in at night when requested by the trainees. Please provide by 01 June 2022.
P3.11	The review team heard from the trainees that they were required to supervise a large number of clinical fellows (many who were new to the NHS) when they started in the Trust and had not received any training or support to do this.	Provide trainee feedback demonstrating they feel well supported and have received relevant training to help them supervise clinical fellows, particularly international medical graduates. Please provide by 01 June 2022.
P5.1a	The trainees informed the review team that access to clinics was low due to the structure of their rotas.	Provide evidence that expectations for clinic attendance are set out at induction according to the level of trainee. Please provide by 01 June 2022.
P5.1b	The trainees informed the review team that access to clinics was low due to the structure of their rotas.	Provide trainee feedback that workload is organised so that trainees can attend clinics to meet curriculum needs. Please provide by 01 June 2022.
P5.6	Trainees told the review team that although teaching was rostered, they were often unable to attend due to clinical duties. The review team also heard that teaching was cancelled if handover overran.	Provide a teaching register and trainee feedback demonstrating that teaching is going ahead as planned (and not cancelled due to overrunning handovers) and that trainees are able to attend when they are in the hospital. This can be achieved by consultants holding the bleep and taking on tasks to allow for trainees to attend. Please provide by 01 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

Reference Number	Recommendation
P1.1	The review team recommends the Trust explores how good practice lessons around trainee experience can be shared by the neonatal intensive care unit to the paediatrics department.

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>The trainees told the review team that the paediatrics department had many good opportunities for learning as there were a lot of patients with complex medical and safeguarding needs however, these learning opportunities were not capitalised on by the department.</p> <p>The trainees explained to the review team that their experiences in neonates and in the community were good and they had felt well supported in these environments. The trainees informed the review team the consultant team in the neonatal intensive care unit (NICU) was very good. The trainees said that working in the NICU compared to the paediatric department was a very different experience, despite comparable workloads.</p> <p>The trainees told the review team that they had found their placements in the department challenging but had increased their resilience and taught them a lot.</p>	P1.1
1.2	<p>The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.</p> <p>Not discussed at the review.</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 trainees indicated to the review team that the department was dysfunctional and there were some consultants who created a culture of bullying, undermining and sexism. The trainees cited examples of when they had experienced or witnessed consultants laughing at trainees, rudely interrupting, not listening to trainees and generally being unsupportive. The trainees also told the review team about other incidences of bullying and undermining behaviour towards trainees and other staff members in the Trust, some of which trainees felt were racist. The trainees said that there had not been any apologies for these behaviours or formal repercussions. The review team heard that this made the department a difficult environment to train in and trainees were unsure who they should approach to report such incidences of bullying and undermining behaviours.</p>	P1.3a

	<p>The trainees informed the review team that some consultants in the department were eager to train and listen to trainees but they felt the Trust may struggle to keep those consultants due to the wider culture of the department. The trainees said that the paediatrics department provided them with the kind of clinical experience and opportunities they would like to have as a consultant themselves but they would not choose to work in the department because of the bullying and undermining culture. The trainees said that the culture was better at present than it had been in the past and they were aware of someone who had been employed by the Trust to focus on cultural change. Some of the trainees said they had approached this new culture change lead about issues in the department and said they seemed engaged and welcomed these conversations. The trainees said that the Clinical Lead for Paediatrics did not have the time to work on the cultural issues in the department as their workload was too high already. The trainees said they thought the Clinical Lead for Paediatrics needed help to make these changes. The trainees explained that the Clinical Lead for Paediatrics was aware of the ongoing issues around unsupportive and undermining behaviours and attended meetings with trainees where these were raised. The trainees said that the issues they raised were reportedly discussed at consultant meetings, although they had not received any feedback from these discussions. The trainees told the review team that they were not sure whether the culture issues they had raised were taken seriously by the department.</p> <p>The trainees informed the review team that the culture created by some of the consultants in the department had filtered down to the non-training junior doctors who seemed to work with the mentality of always pleasing their seniors and doing as they were told, rather than what they perhaps thought was best.</p>	P1.3b
1.4	<p>There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.</p> <p>Not discussed at the review.</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>The trainees told the review team that Queen's Hospital (QH) had a reputation for being a very busy, hectic and stressful environment. The trainees said that compared to other hospitals, it was very under resourced and understaffed, and staff had to work very hard. The trainees said that QH provided services to a large catchment area and due to the demographics of the population in that catchment area, the paediatrics department often saw very sick children who were brought to the hospital late</p>	

	<p>in their illness. The trainees explained the paediatric emergency department (ED) was separate to the adult ED and was too small to handle the number of patients coming through. The trainees said the triage system in the ED was not efficient which meant sick patients waited a long time to be seen. The trainees highlighted that QH had a reputation (for adults and paediatrics) for rarely meeting the four-hour ED waiting time target. The trainees said the ED was a challenging place to work. The trainees told the review team that patient safety in the ED had been flagged by trainees many times to consultants and management, both formally and informally. The trainees said that in recent months, additional nursing staff had started working in the ED and had made a positive impact.</p> <p>The trainees told the review team that they had been part of serious incidents which had not been investigated by the department. Some of the trainees said that when they started in the department, they initially thought they were not conveying their concerns about patients well enough to consultants but that they now realised some of the consultants just did not want to listen to trainees or provide assistance when requested.</p> <p>The trainees told the review team handovers in the department were not efficient, with very unwell patients discussed too quickly and unnecessary interruptions from consultants. The trainees explained that they had separate informal safety briefings among themselves to ensure patient safety. The trainees explained the handovers had become a fusion of a handover, teaching and a multi-disciplinary team meeting and often overran (sometimes lasting an hour and a half), taking away from formal teaching time. The trainees said that a catch up on patients also took place later in the day (at 12:00) which could take over an hour. The trainees said that they often had to defend someone else's clinical decisions to consultants during handover. The trainees said that most of the teaching on the ward seemed to happen during handovers as they were often attended by three consultants who shared their views on how they would have treated a patient differently to the decisions which had already been made. The trainees said that the inefficiencies of the handover had been raised multiple times by trainees and uniform handover formats had been introduced but did not last. The trainees said they did not feel there was a culture in the department that allowed for them to get involved in improving the handover process.</p> <p>The trainees told the review team that there was a new day assessment unit at King George Hospital. The trainees said that they thought there were times when patients could be treated</p>	<p>P1.5a</p> <p>P1.5b P1.5c</p>
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	there but the decision was instead made to transfer them to QH and this often meant a delay in care for the patient as they waited to be transferred.	
1.6	<p>The environment is one that ensures the safety of all staff, including learners on placement.</p> <p>Not discussed at the review.</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>Not discussed at the review.</p>	
1.8	<p>The environment is sensitive to both the diversity of learners and the population the organisation serves.</p> <p>Not discussed at the review.</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>Not discussed at the review.</p>	
1.10	<p>There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.</p> <p>Not discussed at the review.</p>	
1.11	<p>The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists.</p> <p>Not discussed at the review.</p>	
1.12	<p>The learning environment promotes multi-professional learning opportunities.</p> <p>Not discussed at the review.</p>	

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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>Not discussed at the review.</p>	
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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>Not discussed at the review.</p>	
2.2	<p>There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.</p> <p>Not discussed at the review.</p>	
2.3	<p>The governance arrangements promote fairness in education and training and challenge discrimination</p> <p>Not discussed at the review.</p>	
2.4	<p>Education and training issues are fed into, considered and represented at the most senior level of decision making.</p> <p>Not discussed at the review.</p>	
2.5	<p>The provider can demonstrate how educational resources (including financial) are allocated and used.</p> <p>Not discussed at the review.</p>	
2.6	<p>Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.</p> <p>Not discussed at the review.</p>	

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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>Not discussed at the review.</p>	
2.8	<p>Consideration is given to the potential impact on education and training of services changes (i.e. service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including HEE and Education Providers).</p> <p>Not discussed at the review.</p>	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	<p>Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.</p> <p>Not discussed at the review.</p>	
3.2	<p>There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.</p> <p>Not discussed at the review.</p>	
3.3	<p>The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.</p> <p>Not discussed at the review.</p>	
3.4	<p>Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.</p> <p>Not discussed at the review.</p>	
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>The trainees explained to the review team that the paediatrics department was very dependent on non-training doctors and that many were great doctors but this was not always the case. The trainees said they thought the non-training doctors were more often off work due to sickness than trainees and this put more</p>	

	<p>pressure on trainees to fill rota gaps (taking them away from activities such as attending clinics).</p> <p>The trainees told the review team that it depended which consultants they were working with as to how well supported and listened to they felt. The trainees said that some of the consultants were less supportive and provided less supervision than other consultants who provided a more supportive environment. The trainees told the review team they could predict whether they would have a good or bad shift depending on the consultant they were working with. The trainees said they thought that some of the consultants had not recognised how the paediatrics curriculum and training had changed in recent years and that these changes required closer consultant supervision.</p> <p>The review team heard from the trainees that some consultants refused to come in to support trainees when on call during the night. The trainees said this was not a nice experience and left them feeling out of their depth. The trainees heard that some consultants had given the excuse that the consultant rota meant they could not come in when on call as they would not feel able to fulfil what was required of them the following day.</p>	P3.5b
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>Not discussed at the review.</p>	
3.7	<p>Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes.</p> <p>Not discussed at the review.</p>	
3.8	<p>Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.</p> <p>Not discussed at the review.</p>	
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>Not discussed at the review.</p>	

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3.10	<p>Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.</p> <p>Not discussed at the review.</p>	
3.11	<p>Learners are supported, and developed, to undertake supervision responsibilities with more junior staff as appropriate.</p> <p>The trainees said that when they themselves had just started in the department, they were required to supervise the clinical fellows (many of whom were international medical graduates and new to the NHS) and this had been a very stressful experience. The trainees said that it was more difficult because there were so many doctors they were asked to supervise and they had varied experience and training. The trainees said that each clinical fellow had an assigned supervising consultant who the trainees could ask questions of, or report things to. The trainees informed the review team that they had not received any training in how to support and supervise the clinical fellows.</p>	P3.11

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.1	<p>Supervisors can easily access resources to support their physical and mental health and wellbeing.</p> <p>Not discussed at the review.</p>	
4.2	<p>Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.</p> <p>Not discussed at the review.</p>	
4.3	<p>Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. Education Provider, HEE).</p> <p>Not discussed at the review.</p>	
4.4	<p>Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.</p> <p>Not discussed at the review.</p>	

4.5	<p>Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are supporting. They also understand their role in the context of learners' programmes and career pathways, enhancing their ability to support learners' progression.</p> <p>Not discussed at the review.</p>	
4.6	<p>Clinical supervisors are supported to understand the education, training and any other support needs of their learners.</p> <p>Not discussed at the review.</p>	
4.7	<p>Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.</p> <p>Not discussed at the review.</p>	

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number
5.1	<p>Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.</p> <p>The trainees told the review team that their clinic attendance was quite low with some trainees having only attended a clinic twice in a six-month placement. The trainees explained that it was challenging to get clinic time due to their rotas which required a lot of weekend working and night shifts, as well as the necessity for study leave and annual leave. The trainees said their involvement when they attended clinics also varied considerably as they were sometimes allowed to see patients and sometimes required to observe consultant-led clinics.</p>	<p>P5.1a P5.1b</p>
5.2	<p>Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.</p> <p>Not discussed at the review.</p>	

5.3	<p>Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.</p> <p>Not discussed at the review.</p>	
5.4	<p>Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.</p> <p>Not discussed at the review.</p>	
5.5	<p>The involvement of patients and service users, and also learners, in the development of education delivery is encouraged.</p> <p>Not discussed at the review.</p>	
5.6	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>The trainees informed the review team that teaching was rostered and it did happen regularly, however, trainees were often unable to attend due to service requirements. The trainees said teaching was generally led by junior doctors but estimated that five to ten consultants might attend (90% of attendees), while many trainees and non-training junior doctors were unable to attend due to work requirements. The trainees said that some consultants did offer to hold the bleep so that trainees could attend teaching but this was not universal. The trainees explained that teaching was scheduled for just after handover and that handover often overran. The trainees said that a new rule had recently been introduced that if handover ran over, teaching was cancelled because of the need to prioritise patient flow.</p>	P5.6

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
6.1	<p>Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>Not discussed at the review.</p>	

6.2	<p>There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.</p> <p>Not discussed at the review.</p>	
6.3	<p>The provider 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.</p> <p>Not discussed at the review.</p>	
6.4	<p>Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.</p> <p>Not discussed at the review.</p>	

Report Approval

Quality Review Report completed by	
Name	Chloe Snowdon
Role	Learning Environment Quality Coordinator

Review Lead	
Name	Louise Schofield
Role	Deputy Postgraduate Dean
Signature	Louise Schofield
Date signed	24 March 2022

HEE Authorised Signatory	
Name	Gary Wares
Role	Postgraduate Dean
Signature	Gary Wares
Date signed	30 March 2022

Final Report submitted to organisation	31 March 2022
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