Health Education England

HEE Quality Interventions Review Report

Chelsea and Westminster Hospital NHS Foundation Trust (West Middlesex University Hospital)
Paediatrics
Learner and Educator Review

London – North West London
Date of Review: 6 October 2022
Date of Final Report: 2 December 2022

Review Overview

Background to the review

Health Education England (HEE) initiated this Learner and Educator Review of paediatrics training at West Middlesex University Hospital (WMUH), part of Chelsea and Westminster Hospital NHS Foundation Trust, in response to the 2022 General Medical Council (GMC) National Training Survey (NTS) results for the paediatrics programme group. Negatively outlying results were reported for clinical supervision, clinical supervision out of hours, reporting systems, workload, teamwork, supportive environment, rota design, facilities, adequate experience and educational supervision.

The 2022 GMC NTS results for the general practice (GP) paediatrics and child health training programme at WMUH did not report any negatively outlying areas, so HEE considered it prudent to meet with both GP and specialty doctors in postgraduate training (DPTs) and their supervisors during this review, to better understand why their training experiences may have been markedly different at the time of the survey.

It should be noted, however, that HEE's National Education and Training Survey (NETS) from November 2021 generated a negatively outlying result for workload in relation to GP paediatrics and child health training at WMUH.

Subject of the review:

- Paediatrics specialty training level one to eight (ST1-8); and
- GP paediatrics and child health training (GP Vocational Training Scheme (GPVTS))

Who we met with

The review team met with:

- 12 ST1-8 and GPVTS DPTs based in paediatrics at WMUH; and
- 10 paediatrics educational supervisors (ESs) and clinical supervisors (CSs)

The review panel also met with the following Trust representatives:

- Medical Director
- Clinical Director
- Divisional Director of Operations
- Divisional Medical Director
- College Tutor
- Associate College Tutor
- Service Director - Paediatrics
- Director of Medical Education
- Medical Education Manager
- Guardian of Safe Working Hours (GOSWH)

- Deputy General Manager – Paediatrics
- GPVTS Training Programme Director
- Foundation Training Programme Directors
- Medical Director – West London Children's Healthcare (WLCH)
- Managing Director – WLCH
- Head of Operations – WLCH

Evidence utilised

The review panel received the following supporting evidence from the Trust in advance of the review:

- Paediatrics Foundation Year Two teaching programmes 2021 – 2023 and attendance lists 2021 - 2022
- GOSWH report Q1 2022
- Exception reports August 2021 – September 2022
- GPVTS teaching timetables summer 2021, autumn and winter 2022 and email update
- Local teaching bulletins July 2022
- Open and closed paediatrics serious incident (SI) reports covering 2017 – 2022 and overview April 2021 – March 2022
- Sample rota 2022 and actual rota May 2022
- 2022 GMC NTS departmental action plan
- Breakdown of paediatrics ESs at WMUH
- Breakdown of paediatrics learner groups at WMUH
- Local Faculty Group (LFG) meeting minutes November 2021, February 2022 and August 2022 and standing agenda
- Paediatric peer to peer feedback

The review panel also considered information from the GMC NTS 2018-2022 to formulate the key lines of enquiry for the review. The content of the review report and its conclusions are based solely on feedback from review attendees.

Review Panel

Role	Name, Job Title
Quality Review Lead	Bhanu Williams Deputy Postgraduate Dean, North West London Health Education England, London
Specialty Expert	Anne Opute Deputy Head of the London Specialty School of Paediatrics Health Education England, London
GP School Representative	Jane Harrop-Griffiths GP Associate Director, North London Health Education England, London
Learner Representative	Nisha Patel Learner Representative
Lay Representative	Sarah-Jane Pluckrose Lay Representative
HEE Quality Representative	Gemma Berry

	Learning Environment Quality Coordinator Health Education England, London
Supporting Role	Laura de Maria Quality, Reviews & Intelligence Administrator Health Education England, London
Observer	Ummama Sheikh Learning Environment Quality Coordinator Health Education England, London

Executive Summary

HEE's review panel thanked the Trust for accommodating the review. Since the publication of the 2022 GMC NTS results, the paediatrics departmental leads advised that they had been holding formal and informal meetings with DPTs and between themselves, to address the concerns raised in the survey. The leads considered workload and rota gaps to be the biggest challenges faced by the department and its capacity to deliver training. They recognised that a lack of investment in appropriate staffing solutions would not allow these issues to be resolved but progress had been slow in this regard, owing to minimal aid from the Trust's executive team to date. They suggested there was a need for an urgent non-clinical project to be conducted to address the short- and long-term paediatrics workforce, including succession planning.

The review panel was pleased to note that DPTs based in paediatrics at WMUH perceived the majority of their consultants to be supportive. There was also reportedly a good patient case mix and some good wellbeing initiatives in place in the department.

However, the review panel was concerned to hear about the chronic and serious understaffing in the team that the DPTs, supervisors and the panel felt posed a major patient safety concern. For this reason, most of the DPTs said they would have reservations about their children being treated at WMUH. Furthermore, the majority of DPTs would not recommend their training posts to peers as their access to learning opportunities was compromised by a heavy workload and service provision.

DPTs reported not having protected time in the rota to attend timetabled, bleep-free local teaching sessions and their access to clinics was often restricted by the need to fill rota gaps.

Supervisor and DPT morale was extremely low and they did not feel supported by the Trust's executive team. It was not clear to the review panel how the West London Children's Healthcare (WLCH) initiative was going to help this situation.

DPTs' access to consultant supervision was said to be variable. The review panel also heard that a shortage of vein finders, gas analysers and other medical equipment in appropriate locations detrimentally impacted upon DPTs' ability to deliver safe and effective patient care.

This report includes specific requirements for the Trust to take forward, which will be reviewed by HEE as part of the three-monthly action planning timeline. Initial responses to the requirements below will be due on either 13 January and 1 March 2023, as indicated.

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
P1.3 / GPPCH1.3	The mismatch between workload and staffing had led to increased team stress and hence interactions between professionals that were perceived as undermining and unhelpful.	Please provide meeting minutes, correspondence, feedback, attendance lists or equivalent to demonstrate that staff and DPTs in paediatrics are being offered wellbeing support and training by the Trust's organisational development team and at departmental level, and to show that interactions between staff are improving. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
P1.5a / GPPCH1.5a	HEE's review panel was concerned to hear about the chronic and serious understaffing that the DPTs, supervisors and the panel felt posed a serious patient safety concern. Most of the DPTs would have reservations about their children being treated at WMUH for this reason.	The Trust's executive team is urged to meet with the paediatrics consultant body immediately to discuss rota gaps and resource allocation to keep patients safe during the winter period and beyond. Please provide evidence that this meeting has taken place and a summary of the discussion and agreed actions. Please submit this evidence by 13 January 2023.
P1.5b / GPPCH1.5b	The review panel heard that the DPTs rostered to cover the Emergency Department (ED) at weekends were on shift from 08:30 – 22:00, which was longer than legally permitted as per the European Working Time Directive (EWTD).	Please provide evidence via correspondence, reports, meeting minutes or equivalent to demonstrate that the GOSWH is investigating this matter. Rota arrangements should be reviewed as part of this review. Please submit this evidence by 1 March 2023.
P1.5c / GPPCH1.5c	DPTs reported that shifts on the Sunshine Day Unit (ambulatory	Please provide documentation outlining the processes and

	and outpatient care) were disorganised. The processes and clinical pathways around chasing and acting upon the results were unclear and this was detrimental to patient care.	clinical pathways for following-up on results for patients seen on the Sunshine Day Unit and written evidence or feedback from DPTs to demonstrate that this information has been disseminated to the team. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
P1.5d / GPPCH1.5d	The working lives of DPTs would be improved with access to nearby blood gas analysers, vein finders and bilirubinometers and by the wider healthcare team taking on non-educational tasks, such as routine phlebotomy and escorting children to magnetic resonance imaging (MRI) scans.	Please provide written evidence via documentation or feedback from DPTs to confirm that gas analysers, vein finders and SBRs have been supplied to the clinical areas detailed in section 1.5 of this report. Please also provide evidence via meeting minutes, correspondence or equivalent to demonstrate that plans are in place to upskill nursing staff to undertake routine phlebotomy and to escort children to MRI scans in place of DPTs. Please submit this evidence by 13 January 2023.
P2.4 / GPPCH2.4	DPT and supervisor morale was extremely low and they did not feel supported by the Trust's executive team. It was not clear to the review panel how the WLCH initiative was going to help this situation.	Please provide meeting minutes or equivalent to show that the Trust's executive team has spoken with the paediatrics team about the resources and support they require to improve the working/learning environment, both operationally and pastorally. Please submit this evidence by 13 January 2023.
P3.1a / GPPCH3.1a	DPTs were trying to gather a fund for food and drink in their communal areas, because the vending machines at the hospital were not always full or in service and the overnight provision for hot meals was	Please provide evidence via meeting minutes or correspondence to demonstrate that this matter has been raised with and is being addressed by Trust management.

	poor. This impacted upon their wellbeing.	Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
P3.1b / GPPCH3.1b	Some DPTs had made requests for somewhere to rest after a long shift, or a taxi home, in line with their contractual rights, but minimal action had been taken by their managerial team. There was also a lack of viable rest space for paediatrics doctors at night.	Please provide meeting minutes and/or correspondence to show that suitable rest facilities and transport provision for paediatrics DPTs has been raised with Trust management and guidance has been disseminated to the DPTs on this matter. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
P3.5 / GPPCH3.5	The review panel heard from DPTs that when there were consultant rota gaps, registrars – sometimes at lower grades - were expected to fill these or work alone without consultant supervision, which they considered to be clinically unsafe. DPTs did not always have easy access to a consultant whilst on shift.	DPTs should always have appropriate clinical supervision and easy access to a consultant whilst on shift. Please provide a copy of rota arrangements or equivalent to demonstrate consultant supervision arrangements for each paediatric clinical area at all times. Please submit this evidence by 13 January 2023.
P3.9 / GPPCH3.9	As most of the newly devised local induction programme (from September 2022) was focussed on information sharing and theory, some DPTs felt daunted about putting this into practice when they started working in clinical areas.	Please provide evidence via meeting minutes, feedback from DPTs or equivalent to demonstrate that the departmental leads are working with DPTs to ensure the local induction programme is practical and useful. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
P5.6a / GPPCH5.6a	The review panel heard that ST1-3 level local teaching sessions were timetabled but this time was not protected in the rota to allow DPTs to attend. There was no provision for handing over bleeps so that DPTs could be alleviated of	Rota arrangements should ensure DPTs at all training levels are released to attend planned, bleep-free local teaching sessions in line with their curriculum requirements and GMC guidance.

	clinical duties whilst in teaching sessions. There were reportedly no timetabled, regular local teaching sessions held specifically for DPTs at ST4 level and above. The majority of DPTs based in paediatrics at WMUH would not recommend their training posts to peers. They said their access to learning opportunities was compromised by a heavy workload and service provision due to understaffing.	Please provide copies of the local teaching programmes for DPTs at all levels of training, as well as attendance lists and feedback from DPTs. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
P5.6b / GPPCH5.6b	DPTs reported difficulties obtaining study leave approval due to rota gaps and service provision.	Please provide evidence via feedback from DPTs and meeting minutes or correspondence to demonstrate that this issue has been addressed by the departmental leads and rota managers and discussed with DPTs. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
P5.6c / GPPCH5.6c	DPTs said they had been regularly pulled from clinics to cover service provision, which had had a detrimental impact upon their educational attainment. They suggested that none of the DPTs were managing to attend enough clinics and some DPTs had not attended any whilst on placement.	Rota arrangements should ensure DPTs have sufficient protected time allocated to attending clinics. Please provide feedback from DPTs on their access to clinics and any other evidence to show that this time is protected in the rota. Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.

Immediate Mandatory Requirements

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

N/A	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
1.3	**The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.** DPTs based in paediatrics at WMUH described several instances where a small proportion of paediatrics consultants had spoken to them or their peers in an aggressive manner. In some cases, the DPTs thought this was due to the stress of working in a very busy and understaffed department. The review panel heard that a consultant had recently harassed doctors who had called in sick, questioning whether they were genuinely unwell and pressuring them to come to work. The DPTs advised that the Paediatric Short Stay Unit (PSSU) and the ED were supposed to have paediatric consultant cover from 08:30 – 13:30, before the 'twilight' consultant started on shift. However, this morning shift had remained unfilled for several months and patients were treated by central doctors and registrars only. The DPTs thought this had a negative impact upon the PSSU's functionality. According to the DPTs, some consultants starting on the 'twilight' shift at 13:30 were not understanding or appreciative of this situation and would call DPTs to aggressively ask why they were not immediately present for handover.	Yes, please see P1.3 / GPPCH1.3
1.5	**Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.** The departmental leads said that the paediatrics department had clear, established clinical pathways. However, most of the DPTs said they would have concerns about their children being treated at WMUH due to understaffing, heavy workload and the risk this posed to patient safety. Whilst they did not have any concerns about their colleagues' clinical competency, they felt that children did not always get the optimum care they needed due to the team's capacity being overstretched. This applied in particular to children requiring longer-term care. The DPTs felt the department was too busy to be completely safe for patients. Similarly, the paediatrics supervisors reported that the paediatrics workforce was under pressure at every level and the department	Yes, please see P1.5a / GPPCH 1.5a

	did not always feel clinically safe, particularly out of hours when the three main clinical areas – ED (acute care pathway), general paediatrics and neonatology – all had patients requiring urgent attention at the same time. The supervisors said that their consultant body tried their best to balance their time between clinical work and other activities, but patient care was not as thorough as they wanted it to be. They had reportedly raised these concerns with the Trust's executive team and in other forums on several occasions previously, but the department's workload continued to increase and the quality of experience for patients and staff was deteriorating further. Some supervisors said that care for patients on the acute pathway had never felt completely safe in all their time working at WMUH. The supervisors wondered whether they made their DPTs feel that they could not approach them for help because they were so busy managing acute pathways. The review panel heard that the department was short of four full-time consultants and the supervisors thought that the team currently needed at least two more consultants to cover all clinical areas effectively. During the day from 08:30 – 21:00, there was one registrar and central doctor rostered to cover the general paediatrics and neonatal areas, whilst the ED was also covered by one registrar and central doctor. One of these central doctor shifts was split into two short days. The DPTs described how these shifts could get very busy, with up to 30 patients being cared for on the general paediatrics wards and PSSU alone. They said they did not always have consultant presence in each clinical area between 08:30 – 17:00. According to the departmental leads, from 08:30 – 13:30 each day there was supposed to be a paediatric emergency care consultant rostered to cover the ED and PSSU but not all of these shifts were covered. The departmental leads reported that they were trying to secure a locum consultant to fill these rota gaps. A 'twilight' paediatrics consultant was rostered from 13:30 – 21:00 to cover the ED but the review panel heard they were not always present either. The DPTs thought the 'twilight' period from 17:00 – 21:00 could be clinically unsafe if one of the registrars or central doctors was taken away from their assigned areas to manage an emergency or patient transfer, and there were no mitigating processes in place for this scenario.	

	There were two registrars and two central doctors rostered overnight to cover the general paediatrics and neonatal areas, as well as the ED, which was reportedly very busy. The DPTs said that the ED team rarely sent their own doctors to see paediatrics patients out of hours, so the paediatrics doctors were compelled to see all paediatrics patients in the ED during that time. The DPTs said that paediatrics registrars and central doctors on the night shift would base themselves in ED, but if they were called to labour ward for a premature delivery or to one of the paediatrics wards for example, they had to travel significant distances between clinical areas which took up valuable time and posed a clinical risk. The DPTs felt this situation put them under a lot of pressure and considered there to be a lack of delineation between the ED and paediatrics teams' workload. Whilst they suggested that an additional paediatrics registrar based in the ED out of hours would help to improve this situation, they thought that the ED team ultimately needed to take more responsibility for their paediatrics patients. The review panel heard that the DPTs rostered to cover the ED at weekends were on shift from 08:30 – 22:00, which was longer than legally permitted as per the EWTD. The DPTs thought the current rota arrangements meant that it was likely they would miss important information because they did not have the capacity to cover multiple clinical areas effectively. In some cases, they reported not being able to complete all of the jobs that were required of them, including handover tasks, within their rostered hours and would sometimes work overtime to get these done. Central doctors also needed support from registrars to treat certain patients, which further limited the number of patients the DPTs could treat between them whilst on shift. To improve patient safety, DPTs suggested having one additional out of hours central doctor rostered to cover either the general paediatrics or neonatal areas, so that there was one central doctor covering each area and they did not have to rush between locations. Alternatively, they suggested having an extra registrar on shift during the day at weekends and out of hours so that each clinical area – general paediatrics, neonatology and the ED - had a dedicated registrar assigned to it. The departmental leads confirmed that they had received approval from the Trust for a locum registrar to cover out of hours shifts during the winter, starting by 1 November 2022 or earlier if possible. The department also had funding for 'winter uplift' locum doctor cover. The leads said they usually put these locum shifts	Yes, please see P1.5b / GPPCH1.5b

	out to external advert initially so as not to ask their own staff and DPTs to cover them, but in cases of sickness they often asked for cover within the team. Some DPTs thought locum shifts should be advertised earlier, with several months' notice, to mitigate against rota gaps. There were reportedly instances where DPTs would feel pressure to fill rota gaps at short notice due to patient safety concerns and this made them more stressed and exhausted. The DPTs reported that shifts on the Sunshine Day Unit (ambulatory and outpatient care) were notoriously disorganised. Samples were often sent to laboratories with no specific plan for what to do with the results. DPTs would chase results when they had the opportunity and then spend a lot of time emailing or calling consultants to decide on next steps for treatment. Sometimes tasks were left pending for weeks at a time. The DPTs thought that the processes and clinical pathways around chasing and acting upon the results were unclear and this was detrimental to patient care. Some DPTs did not feel that their consultants took enough responsibility for the patients on this unit, nor for addressing the issues the DPTs faced. A number of other resource and facilities issues were highlighted by the DPTs, which directly impacted upon delivering safe and effective patient care. There were not enough vein finders on the general paediatrics and neonatal areas, which DPTs had reportedly been asking the Trust to supply for several years. A blood gas machine was also needed on the Starlight Ward. DPTs were currently having to race to other clinical areas to use these machines, by which time blood samples had clotted and patients were forced to have blood taken again, which was upsetting for them and their carers. Similarly, a bilirubinometer was required in the ED to avoid DPTs racing to the postnatal ward to use one, thus saving valuable time. The DPTs expressed a need for their nursing colleagues to be upskilled, so they could provide more support around taking bloods, inserting cannulas, assisting with blood gas tests and escorting patients to MRI scans. This would alleviate the DPTs' workload and give them more time to focus on learning opportunities. As well as upskilling the nursing workforce, the supervisors were exploring the use of physician associates to support the team with tasks that did not require medical input. It was hoped that both of these staff groups would offer more continuity of care during the week.	Yes, please see P1.5c / GPPCH1.5c Yes, please see P1.5d / GPPCH1.5d
1.7	**All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.**	

	The review panel heard that WMUH had clear, established protocols for addressing exception reports. When a report was submitted, it was reviewed by the relevant departmental supervisor and if a trend was identified within a department, a workforce review would be conducted with the support of the GOSWH. There had reportedly been a decrease in the number of submitted exception reports relating to paediatrics in the six months to October 2022. The managerial leads considered this to be a positive indication that DPTs' concerns were being addressed. A year ago, the exception reports for paediatrics mainly related to workload and additional hours worked. The departmental leads said that the paediatrics consultants had worked hard to manage the team's workload as best they could in light of rota gaps and understaffing. Some DPTs confirmed they had submitted incident reports to Datix.	
1.9	**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.** The DPTs told the review panel that they had minimal time to complete any administration, audit, governance or quality improvement work. Whilst DPTs had a number of 'floating' days on the rota each month, these were usually spent covering service provision. The best opportunity some DPTs had to complete audit work or similar was on quiet night shifts, which were rare. The supervisors reported that some of their DPTs had developed excellent quality improvement initiatives around longevity and recognised the importance of ensuring the whole paediatrics team felt part of the journey towards improvement within the department.	Yes, please see P5.6a / GPPCH5.6a
1.13	**The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.** The review panel heard that the paediatrics registrars were particularly helpful in facilitating learning opportunities for central doctors and supporting them to obtain clinical competencies, despite being extremely busy themselves.	

	The DPTs thought there were plenty of learning opportunities available in the department but access to these was mainly driven by the DPTs themselves rather than the consultants and they had to proactively chase consultants to complete their Workplace Based Assessments (WPBAs).	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.4	**Education and training issues are fed into, considered and represented at the most senior level of decision making.** The departmental leads confirmed that when Ealing Hospital's maternity and paediatric inpatient wards closed in 2016, the paediatric patient caseload at WMUH increased. This meant that the department offered a good patient case mix and a rich learning environment. However, the leads considered workload and rota gaps to be the biggest challenges faced by the department and its capacity to deliver training. They recognised that a lack of investment in appropriate staffing solutions would not allow these issues to be resolved but progress had been slow in this regard. They considered there to be a need for an urgent non-clinical project to be conducted to address the short- and long-term paediatrics workforce, including succession planning. The review panel heard from the paediatrics supervisors that investment decisions made by the Trust's executive team were largely data driven, but the department did not have the capacity to collate the data they needed to evidence the resources they required. Despite delivering presentations to the executive team about the department's workforce challenges and proposed solutions in recent years, the supervisors were not convinced that Trust management fully understood how busy the department was. The supervisors felt demoralised and exhausted from this ongoing process. They said that any funding they requested was weighed against that of the Trust's other hospital sites but that the data being used to inform these decisions was not comparable or accurate. The supervisors expressed concern that investment in one Trust site could lead to worse provision for a local population at another site. Since the publication of the 2022 GMC NTS results, the departmental leads had been holding formal and informal meetings with DPTs and between themselves, to address the concerns raised in the survey and the challenges faced by the department. An action plan was in progress, alongside the	Yes, please see P2.4 / GPPCH2.4

	implementation of a 'winter plan' to support daytime paediatrics provision in the ED during that season. Around the time of the 2022 GMC NTS, paediatrics DPTs had reportedly struggled to get leave approved in a timely manner and were particularly unhappy about working one in two weekends. In response to this feedback, the departmental leads said that a lot of work had been undertaken within the department to pressure the Trust's executive team to adapt the weekend rota and this had eventually been approved. Two consultants had also now been assigned time in their job plans to manage the central doctors' and registrars' rota arrangements respectively. There had also reportedly been an uplift to the central doctor rota since the 2022 GMC NTS was open. The departmental leads were considering the need for additional, resident consultant presence to prevent the two registrars rostered on out of hours shifts from having to rush around the hospital site covering multiple clinical areas, as they were currently doing. However, the supervisors said there was a hesitancy from Trust management to support paediatric resident consultants and this restricted progress in solving the department's workforce issues. The supervisors also thought a new group of paediatrics consultants was required to manage acute pathways across the ED and the ambulatory unit. In conjunction with this, they were liaising with ED leads about their ability to expand their workforce and service provision. The supervisors told the review team that WMUH's neonatal unit was the busiest in London, with data evidencing that it was operating a level two service with level one staffing. In addition to the additional consultants needed for the department in the short-term, in the long-term the supervisors planned to submit a business case to the Trust's executive team requesting to separate the neonatal unit from the general and acute paediatrics services. This would expand the overall consultant workforce and remove the need for cross-cover across three clinical areas. The supervisors thought this approach would provide better patient safety, workforce resilience and more time for consultants to support DPTs. The departmental leads advised that paediatrics consultants were addressing some facilities issues themselves, such as fixing blood gas machines and lockers for DPTs, in the absence of any solutions from the Trust.	

2.8	**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).** The managerial leads informed the review panel that the acute and specialist services for children and young people across Chelsea and Westminster Hospital NHS Foundation Trust and Imperial College Healthcare NHS Trust had merged six months ago to form the WLCH initiative. The aim of this merger was to deliver more comprehensive and collaborative paediatrics clinical pathways across north west London. It was reported that there had been significant variations in clinical practice and allocation of resources across the geographic footprint in recent years, which had also led to varying training experiences for DPTs on placements. In total, four providers in north west London were being brought together for this purpose. WLCH's governance structure at board and Integrated Care System (ICS) level was still being determined but the aim was for each provider to take integrated reports to one board to enable collective problem-solving. The managerial leads recognised that some issues faced by providers were site-specific but emphasised that it was important for them to have parity of leadership, whilst at the same time ensuring decisions made for some trusts were not at the expense of others. To support this latter point, there were plans for the providers to make collective bids for winter staff so as not to poach each other's workforce. The supervisors expressed some concern that whilst the Trust was investing in Chelsea and Westminster Hospital's paediatrics service provision, including its High Dependency Unit (HDU), it was not always practical for patients of WMUH to be transferred there and the Trust needed to better support WMUH to run an effective service for its local population. The departmental leads said that the WLCH merger was not currently having a significant impact on WMUH paediatrics department's ability to address issues raised locally. From an educational and clinical governance perspective, there were clear local governance structures, meetings, pathways and a governance lead in place, none of which had changed. However, the departmental leads warned that whilst new clinical pathways were being developed to better utilise resources across north west London's providers, there could be some initial confusion for DPTs about where they should transfer patients for the most appropriate treatment. Referral processes could also potentially take longer during this transition period.	

	The supervisors echoed this point by stating that they spent valuable hours of their time trying to find the right places for their patients in local services and they had raised this as a concern with WLCH's leads. They said that merging of services and processes outside of Chelsea and Westminster Hospital NHS Foundation Trust's remit introduced additional negotiations and complexities in delivering patient care. The review panel heard that the merger had led to the integration of the entire Trust's electronic patient records on Cerner. Some of the DPTs thought this was a helpful step in more efficiently handling patient transfers, reducing time spent on the telephone speaking with other Trust sites.	Yes, please see P2.4 / GPPCH2.4

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	**Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.** According to the departmental leads, a bereavement training session, led by a psychologist, was delivered to the most recent cohort of DPTs in their first month on placement in paediatrics. Monthly psychological support sessions with a psychologist had also been established to offer further support. The department had a wellbeing consultant lead. Other paediatrics consultants were in the process of receiving debrief training, which they felt they needed to support their colleagues and DPTs. The review panel heard from the supervisors that the department was undertaking its third cycle of wellbeing quality improvement work with DPTs, with the aim of improving the paediatrics learning environment. Between the first and second cycles, local survey results had indicated that DPTs felt their wellbeing had improved. The supervisors hoped that the third cycle would signify further improvement, owing to the introduction of psychological support sessions. The timeframe for this quality improvement work was not clarified. The DPTs told the review panel that some consultants championed and supported wellbeing initiatives in the department and made a significant effort to improve the working lives of DPTs. For example, some consultants had covertly taken it upon themselves to fix facilities in the DPTs' rooms in their own time and with their own equipment, to make the environment more pleasant.	

	The DPTs also described some positive new wellbeing initiatives that were being organised by their peers, such as Friday breakfast clubs, baking challenges and social events. The DPTs were trying to gather a fund for food and drink in their communal areas, because the vending machines at the hospital were not always full or in service and the overnight provision for hot meals was poor. In general, the DPTs felt that the onus on addressing facilities issues had been on them rather than their consultants and departmental managers, with some issues still ongoing after several months. It was highlighted to the review panel that contractually, DPTs could request somewhere to rest after a long shift, or a taxi home. Some DPTs had apparently made such requests to their managerial team but minimal action had been taken. The DPTs were aware that this was a straightforward process for colleagues in other departments at WMUH. Furthermore, the DPTs advised that the only viable rest areas for paediatrics doctors at night were on the opposite side of the hospital site to the neonatal unit, which was one of the clinical areas DPTs wanted to have easy access to. They felt they could not relax in these rest areas knowing that they might have to run across the hospital site at short notice. The DPTs tended to base themselves in the ED overnight as it was half-way between the wards they needed to cover. In general, DPTs described receiving good pastoral support from their colleagues and consultants. However, despite some of the wellbeing initiatives in place within the department and at Trust level, they felt that their morale and motivation was detrimentally affected by their busy workload; challenges around getting study leave approved; a lack of suitable rest space; racing between clinical areas for emergencies and missing out on learning opportunities for service provision. Some of the DPTs reported feeling undervalued in their roles.	Yes, please see P3.1a / GPPCH3.1a Yes, please see P3.1b / GPPCH3.1b Yes, please see P2.4 / GPPCH2.4
3.5	**Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.** In general, the DPTs thought that in hours clinical supervision was adequate but that it was sometimes difficult to access consultant support out of hours. The review panel heard that DPTs based in the ED did not always have paediatric consultant supervision so they sometimes had to approach the ward-based consultants about ED patients instead.	

	The DPTs felt that some of their consultants were unwilling to step down to cover registrar rota gaps. There was a perception that the consultants did not make enough effort to fill rota gaps, nor spend enough time in clinical areas supporting DPTs when they were very busy. Similarly, when there were consultant rota gaps, the DPTs said that registrars – sometimes at lower grades - were expected to fill these or work alone without consultant supervision, which they considered to be clinically unsafe.	Yes, please see P3.5 / GPPCH3.5
3.6	**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.** Some of the DPTs reported receiving exceptionally good educational supervision.	
3.8	**Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.** The review panel heard that the departmental leads had created sub-teams within the wider paediatrics team with roles for each team member, to help make them feel valued. These roles ranged from taking responsibility for rota, teaching and safeguarding tasks to arranging pastoral and social activities.	
3.9	**Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.** According to the departmental leads, a local survey conducted in 2022 highlighted that DPTs were generally dissatisfied with their induction to the paediatrics department at WMUH. In response to this feedback, the department established a new local induction programme for the September 2022 cohort - the largest intake of the year comprised of DPTs at varying training grades. The programme consisted of four-and-a-half days of bespoke sessions for each training grade, as well as a half-day of newborn life support (NLS) training for all DPTs. All consultant clinics were cancelled to ensure there was senior-level input throughout the week. The leads reported receiving positive feedback from DPTs on the programme and planned to deliver this every September. The majority of DPTs were positive about their local induction arrangements, although their experiences varied depending on when they had started at WMUH and at which training grade. Those DPTs who attended the newly devised induction programme in September 2022 were pleased that it was tailored to each training grade where appropriate and thought it was comprehensive in its content. However, because much of the	

	programme was focussed on information sharing and theory, some of the DPTs felt daunted about putting this into practice when they started working in clinical areas. They were also not initially confident about using the electronic patient records system, Cerner, or knowing where to find things on the 'shop floor'. They suggested it would be useful to incorporate more shadowing opportunities into the induction programme. Most of the DPTs reported feeling well supported by their colleagues on commencing in post.	Yes, please see P3.9 / GPPCH3.9

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors	Requirement Reference Number
4.1	**Supervisors can easily access resources to support their physical and mental health and wellbeing.** The supervisors reported feeling overwhelmed and demoralised by the pressures of working in an understaffed team and said it was a challenge to keep their service safe for patients. They told the review panel that they tried to shield their DPTs from the difficulties faced by the department and to convey a positive attitude wherever possible. However, they also recognised it was important to balance this with transparency and constructively informing DPTs of some of the work they were undertaking to try to support the team. The review panel heard that the supervisors worked on wellbeing initiatives for DPTs outside of their job plans. The supervisors did not feel they received much wellbeing support themselves.	Yes, please see P1.3 / GPPCH1.3 and P2.4 / GPPCH2.4
4.2	**Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.** The educational supervisors confirmed that they had 0.25 supporting professional activities (SPA) time in their job plans allocated to educational duties. However, due to a shortage of consultants in the department, some of the supervisors said they undertook educational duties outside of their job plans. The supervisors had raised with Trust management that the consultants' collective SPA allocation for educational supervision did not cover the number of DPTs in the department.	Yes, please see P2.4 / GPPCH2.4

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula	Requirement Reference Number

5.6	**Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.** The majority of DPTs based in paediatrics at WMUH said they would not recommend their training posts to peers. Although they recognised there were plentiful learning opportunities available in the department and a good patient case mix, the DPTs considered their access to these was compromised by a heavy workload due to understaffing. In reference to the disparate 2022 GMC NTS results for specialty and GPVTS training in paediatrics at WMUH, the departmental leads thought this was reflective of the differing rota and teaching arrangements for these two groups of DPTs. GPVTS DPTs were released to attend weekly half-day regional GP teaching sessions but there was no equivalent, consistent arrangement for specialty paediatrics DPTs. The departmental leads thought this influenced the DPTs' levels of satisfaction with their training. They also suggested that the short-term nature of the GPVTS DPTs' placements in the busy paediatrics department at WMUH meant they were potentially less burnt out than the specialty DPTs. ST1-3 level local teaching sessions were scheduled for Monday afternoons but according to the DPTs, this time was not protected in the rota and some ST1-3 level DPTs had not been able to attend any sessions whilst on placement. There was no provision for handing bleeps over so that DPTs could be alleviated of clinical duties whilst in a teaching session. Some of these sessions were delivered by registrars rather than consultants. Some DPTs were pleased with the teaching they received and described how some consultants arranged bespoke or ad hoc sessions for registrars to prepare them for future consultant roles. However, there were reportedly no timetabled, regular local teaching sessions held specifically for DPTs at ST4 level and above. Leadership and management training sessions arranged by the Trust were marked in the rota but DPTs did not always obtain study leave approval to attend due to rota gaps. Similarly, whilst the DPTs acknowledged that NLS and advanced paediatric life support (APLS) training courses were only available on a limited basis, they found it difficult to get study leave approval to attend these due to service provision. This was the case even when they submitted their requests with at least six weeks' notice and in some instances, several months in advance. They did not think the department was good at facilitating study leave. Some registrars felt they were delivering a lot for the department without getting much in return by way of education and training.	Yes, please see P5.6a / GPPCH5.6a Yes, please see P5.6a / GPPCH5.6a Yes, please see P5.6b / GPPCH5.6b

	Furthermore, DPTs had been regularly pulled from clinics, which offered valuable learning opportunities, to cover service provision. This had had a detrimental impact upon their educational attainment. They suggested that none of the DPTs were managing to attend enough clinics and some DPTs had not attended any whilst on placement. The DPTs described receiving weekly teaching during ward rounds. The departmental leads said they had worked hard to ensure there was more consultant presence on postnatal ward rounds. Some DPTs thought there should be at least two registrars and two central doctors rostered on to ward rounds. The departmental leads told the review panel that they were committed to delivering a weekly local teaching programme and were taking steps to make specialty paediatrics training placements more educational and less focussed on service provision. For example, there were plans for nursing staff to accompany patients to MRI scans in place of DPTs, thus saving DPTs hours of time that could be spent on accessing learning opportunities.	Yes, please see P5.6c / GPPCH5.6c Yes, please see P1.5d / GPPCH1.5d
HEE Standard	**HEE Quality Domain 6 Developing a sustainable workforce**	**Requirement Reference Number**
	N/A	

Report Approval

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