

# Multiprofessional Quality Review of Child Health Outcome Report

**HEE Local office name:** Yorkshire and the Humber

**Organisation:** Leeds Teaching Hospitals NHS Trust

**Placements Reviewed:** **Day One:**  
Paediatric Neurology, Paediatric Surgery,  
Paediatric Cardiology

**Day Two:**

General Paediatrics, Paediatric Oncology  
and Haematology, Infrastructure panel

**Dates of Review:** 16 and 17 October 2017

Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)

## Quality review outcome report

**Date of report:** 20 October 2017

**Author:** Julie Platts

**Job title:** Quality Programme Manager

### Panel members

| Name                 | Job title  |
|----------------------|--|
| Peter Taylor         | Deputy Dean, HEE (Visit Facilitator)   |
| David Eadington      | Deputy Dean, HEE   |
| Emma Jones           | Head of Quality – North, HEE   |
| Julie Platts         | Quality Programme Manager  |
| Sue Chatfield        | School of Paediatrics Training Programme Director, HEE                         |
| Jean Hayles          | Deputy Nurse Lead, HEE North   |
| Julia Turner         | Director of Practice, University of Leeds                                      |
| Catherine McAndrew   | Senior Student Education Service Officer, Leeds Institute of Medical Education |
| Sharon Oliver        | Faculty Director of Engagement and Development, University of Sheffield        |
| Andrew Milner        | Quality Transformation Manager, HEE Quality Team                               |
| Becky Burgess Dawson | National Mental Health Lead, HEE   |
| Liz Moulton          | Primary Care Lead  |
| Dominic Gilroy       | Libraries and Knowledge Services Lead, HEE                                     |
| Tracey Latham        | Paediatric Nurse Specialist and Clinical Skills Adviser, HEE                   |
| Lorna Campbell       | Programme Director Physiotherapy, Leeds Beckett University                     |
| Simon Holbrook       | External Representative, Harrogate District Hospital, DME                      |
| Simon Frazer         | Consultant Paediatrician, Bradford Royal Infirmary                             |
| David Rose           | Deputy Director, GP School, HEE  |
| Nicola Calder        | Healthcare Science Lead, HEE   |
| Karin Schwarz        | Head of School, Paediatrics, HEE   |
| Marina Flynn         | External Representative, Deputy DME, Hull and East Yorkshire                   |
| Jonathan Darling     | Consultant Paediatrician, LIME   |
| Katie Peck           | Senior Lecturer in Nutrition and Dietetics., Leeds Beckett University          |
| Gaynor Clark         | Workforce Development Lead, HEE  |
| Trish Walker         | Undergraduate Partnerships & Placements Manager, LIME                          |
| Sarah Rowson         | Quality Coordinator, HEE   |
| Carole Fairley       | Quality Administrator, HEE   |
| Michele Hannon       | Quality Administrator, HEE   |
| David White          | Quality Assurance Manager, Leeds Teaching Hospitals Trust                      |
| Karen Roberts        | Lay Representative   |

## Executive summary

The Multiprofessional Review of Child Health was well organised by the Trust and the engagement with the process of the senior team, learners and educators was exemplary. The documentation and data supplied by the Trust was comprehensive and informative. It was apparent that the Trust are justifiably proud of their service provision and the education and training provided at the Children's Hospital. Board level discussion of education and training is clearly consistently taking place. The visits to the clinical and non-clinical areas were appreciated by the panel members.

Learners and educators would recommend the Children's Hospital to colleagues and would feel comfortable for family and friends to be treated in the unit. There is a multiprofessional ethos, learners are inducted successfully and there are multiple learning opportunities.

There are areas for improvement identified around IT access, out of hours provision for specialised paediatrics and the integration of those with new roles into the teams. There were localised issues reported of undermining of medical trainees and further detail of this has been reported to the senior team and will be followed up by the Head of School for Paediatrics and the quality team.

Work intensity issues were reported in General Paediatrics that was impacting on learners accessing training such as skills/simulation opportunities. There were concerns that the paediatric assessment unit is not large enough for the number of patients reviewed on busy days.

It was noted throughout the visit that learners and educators consistently referred to first tier doctors as 'SHOs' and signage around the Children's Hospital also reflected that this outdated terminology remained embedded.

## Sign off and next steps

### Report sign off

|                                     |                 |
|-------------------------------------|-----------------|
| Outcome report completed by (name): | Julie Platts    |
| Chair's signature:                  | Peter Taylor    |
| Date signed:                        | 1 November 2017 |
|                                     |                 |
| Date submitted to organisation:     | 1 November 2017 |

### Organisation staff to whom report is to be sent

| Job title     | Name  |
|---------------|---|
| Yvette Oade   | Chief Medical Officer                                 |
| Stuart Haines | General Manager                                       |
| Jon Cooper    | Director of Postgraduate Dental and Medical Education |

### Summary of discussions with groups

#### Learners

Learners described receiving good induction to their roles and talked about being 'eased into learning'. They reported excellent teamworking, supervision and an open culture. They reported a wide range of learning opportunities and being well supported in getting involved. Ward rounds were viewed as a multiprofessional learning opportunity.

A Psychologist is available to offer support to learners following a difficult case and this input was appreciated. Safeguarding training was reported to be in place and fit for purpose.

The Safety Huddles/Druggles concepts are universally appreciated as being useful as a tool to improve patient safety. It was noted that there were no patient safety issues reported during the review and there is a strong sense of the importance of patient safety from the interviews with learners and educators, and during the visit to clinical areas.

The play specialists were commended by several groups as being integral to the team and make an important contribution.

Specific feedback to the individual panels as follows:

#### Paediatric Neurology

Learners agreed that multiprofessional working is embedded with clinical teaching described as 'excellent'. The development of staff is encouraged and healthcare apprenticeships work successfully. Undermining had been an issue during morning handover but had improved recently. Learners would recommend the post to colleagues and be comfortable for family to be treated at the Children's Hospital.

#### Paediatric Cardiology

Learners described a supportive environment with protected teaching time. The teaching board/folders are deemed to be useful and IT access is good. Medical students have a varied exposure to case mix and feel part of the team. Consultant of the week arrangements work well for learners as they have a consistent point of contact. Learners would recommend their jobs and would be comfortable for family to be treated at the Children's Hospital.

#### Paediatric Surgery

Learners felt well supported by educators and other team members with no apparent hierarchy. There are opportunities to access a broad range of clinical cases. An Apprentice commented that all opinions are valued at MDT. The 'Giving Good Feedback' course provided helpful training the student pack was useful. Learners would be comfortable for family to be treated at the Children's Hospital.

There is consistent undermining behaviour of higher trainees (2-3 consultants out of 13), several examples given of undermining emails being widely circulated criticising a trainee's actions. **(existing requirement: 17/0073)**. In addition, StRs have problems getting signed off **(existing requirement 17/0072)**. These two requirements will remain open, RAG rated red (see page 8 of this report).

#### General Paediatrics

Learners reported that Multiprofessional working is in place and being expanded. Medical Students feel respected as members of the wider team. Exception reports and Datix entries are acted upon by the Trust. A regular paediatric phlebotomist service is available. The Trust have invested a significant amount of time into Junior

Doctor forums with positive changes made because of feedback. There are no concerns about undermining. One medical student commented it was the best placement in four years.

### **Oncology/Haematology**

Learners described a multiprofessional team culture with mutual respect and a flat hierarchy. A supportive environment with a large amount of learning opportunities. There are personalised objectives for learners and access to clinics is now feasible. Preceptorship programmes work well and the Advanced Nurse Practitioner forum is useful. In addition, teaching ward rounds and MDT work successfully. Learners described their educators as 'charismatic'.

### **Infrastructure panel**

There was obvious pride from those interviewed for the service provision and education and training at the Children's Hospital. There was an atmosphere of mutual respect for colleagues and a culture of multiprofessional working and learning. There was also evidence of good practice in human factors training and the use of clinical skills equipment.

In terms of finance a clear, open structure was described. However, it was apparent the reduction to the workforce development budget has affected the healthcare professional educators as they cannot access accredited modules at HEIs in the way they did before. The Trust is providing formal learning opportunities but these are marked internally and are not formally accredited.

There were issues reported of difficulty accessing Eduroam in some areas of the department and it was noted there is IT kit on the wards that needs replacing. There were also issues accessing Athens and a variety of specialised journals.

The panel were unsure if there is a documented strategy and plan for how Advanced Care Practitioners (ACPs) will relieve service pressures at the Children's Hospital.

There was limited awareness of the role of the Guardians of Safe Working Hours and one trainee in Paediatric Surgery reported that exception reports were difficult to complete on the electronic system.

It should be noted that the reference to Medical School induction being poor in the HEE data pack was incorrect as feedback is good. There were no issues relating to induction reported by Medical Students at the visit.

### **Educators**

Since the current senior team was appointed around four years ago educators, reported there had been a significant improvement in support for education and training. The educators are supported to look at the entire workforce at the Children's Hospital and are actively encouraged to seek education and training opportunities at every level to help with that agenda. Educators welcomed the learner forums. It was noted that GMC NTS and PPQA survey comments are carefully scrutinised and the feedback acted upon. The educational supervisor roles are reflected in job plans.

The issues were funding for external study leave across the board with charity funding being accessed as appropriate.

The educators commended the phlebotomy service that is now embedded has made a dramatic improvement to the role of trainees at the Children's Hospital.

There was concern expressed how nursing students' learning against future NMC standards will be mentored as they will be practicing at a more advanced level than some of the current mentors.

## Findings and conclusions

### Good practice

*Good practice is used as a phrase to incorporate educational or patient care initiatives that are worthy of wider dissemination, deliver the very highest standards of education and training or are innovative solutions to previously identified issues worthy of wider consideration.*

| Learning environment / Prof. group / | Good practice   | Related Domain(s) & Standard(s)  |
|--------------------------------------|---|----------------------------------|
| All learners and the Ward Pharmacist | Safety 'Druggles' The Ward Pharmacist, doctors and healthcare professionals meet regularly to discuss drug-related issues that have taken place at the Children's Hospital. | Learning environment and Culture |

### Educational requirements

*Requirements are set where HEE have found that standards are not being met; a requirement is an action that is compulsory.*

### Existing requirements – progress updates

| Condition Outline  | Identified Via | Date Identified | Current Rag | Current Status  | Recent Progress Update  |
|--|----------------|-----------------|-------------|---|---|
| <b>15/0101 Paediatrics Foundation Leeds General Infirmary</b>  |                |                 |             |   |   |
| Trainees expressed concern that those rotating 'out of sync' are not always receiving a Trust Induction. The trainees reported that they are rotating too regularly into paediatric sub-specialties and the programme feels fragmented.      | QM Visit –     | 18 March 2015   | Red         | Stage 2: Action plans/plans for improvement are in place, but are yet to be fully implemented | September 2015: Working with the West Yorkshire Foundation School, the Trust has realigned its F1 training posts for 2016-17 to improve trainees' educational experience. The 'Paediatric Medicine/Paediatric Surgery' post has been removed, making 'Paediatric Medicine' the focus of the F1 placement. |
| <b>Update from multiprofessional review on 16/17 October 2017</b><br>Trainees were all receiving a Trust induction. The foundation trainees reported rotation arrangements were satisfactory. The requirement can be <b>closed</b> .         |                |                 |             |   |   |
| <b>15/0100 Paediatrics All Levels Leeds General Infirmary</b>  |                |                 |             |   |   |
| LGI Site: Trainees are not accessing outpatient clinic opportunities due to being too busy on the ward and this has not been included into their timetables.   | QM Visit –     | 18 March 2015   | Amber       | Stage 3b: Actions are being implemented, and there is evidence of improvement                 | 15 October 2015: This concern has been communicated to the Paediatrics educational lead. The CSU is conducting a workforce review with a view to recruiting more support roles, which in turn will improve junior doctors' access to training opportunities.  |
| <b>Update from multiprofessional review on 16/17 October 2017</b><br>Outpatient clinic opportunities are much improved and trainees are generally able to access outpatient clinics. The panel agreed the requirement can be <b>closed</b> . |                |                 |             |   |   |
| <b>15/0099 Paediatrics/General Surgery Core/Foundation/Higher Leeds General Infirmary, St James's University Hospital</b>  |                |                 |             |   |   |
| LGI Site: Higher Trainees working in Neonates at LGI are asked to use their 'zero days' to attend mandatory training.<br>SJUH Site: Foundation   | QM Visit –     | 18 March 2015   | Amber       | Stage 3b: Actions are being implemented, and there is   | 15 October 2015: This concern has been communicated to CSU educational leads. Medical Education Leeds will monitor training day attendance to ensure  |

## Quality review outcome report

|  |   |                |     |  |  |
|--|---|----------------|-----|--|--|
| trainees in surgery at SJUH are also expected to attend training on 'zero days'  |   |                |     | evidence of improvement  | trainees are not required to use zero days.  |
| <b>Update from multiprofessional review on 16/17 October 2017</b><br>The panel agreed that the practice of trainees using zero days to attend mandatory training had ceased.<br>The requirement can be <b>closed</b> .   |   |                |     |  |  |
| <b>17/0082 General Paediatrics Higher ST4 Leeds General Infirmary</b>  |   |                |     |  |  |
| Trainees raised significant concerns about the rota. They felt pressurised to cover rota gaps and felt that some of the emails sent out by the Trust had been threatening. The trainees reported working shifts on zero days and that they were also using zero days to attend training. The structure of the rotas makes it difficult for them to attend clinics or get SLEs completed.   | QM Visit  | 07 June 2016   | Red | Stage 1: Verification of concern is being undertaken and action plan is not yet in place.                    | 06 October 2017: Monitoring the Learning Environment Meeting – Leeds Teaching Hospitals NHS Trust on 22 June 2017.<br>The College Tutor is stepping down from the role. Future appointees will not have a rota management role and will be more involved in the pastoral care aspect. Rota gaps relating to workforce issues are a national problem.   |
| <b>Update from multiprofessional review on 16/17 October 2017</b><br>In General Paediatrics, the trainees did not report concerns about being pressurised to cover gaps or receiving threatening emails about providing cover. They no longer are required to use zero days to access training. Rotas have been developed so Higher Trainees have outpatient clinics included in their rotas. The panel agreed the requirement can be <b>closed</b> .  |   |                |     |  |  |
| <b>15/0187 Paediatrics Core/Higher ST3, ST6 Leeds General Infirmary</b>  |   |                |     |  |  |
| 1-1141148914 - Patient Safety: Inadequate number of doctors and so many gaps on rotas. Almost daily struggle to cover out of hour gaps. Low morale of the staff out of hours and most nurses, SHOs and registrars as well as consultants have voiced concerns regarding how difficult it is for them to maintain patient safety in this situation. The paediatric trainees feel unsafe and many leaving the training. Doctors on nights reported delay in dealing with patient needs due to the workload. The situation has been apparently going on for longer than a year but it seems to be a NHS-wide problem rather than our hospital only. | GMC Survey - Patient Safety Concerns – from Conditions Form | 04 August 2015 | Red | Stage 2: Action plans/plans for improvement are in place, but are yet to be fully implemented and evaluated. | 12 October 2015:<br>1. The issues described in these concerns are accurate and relate to both core and higher programmes.<br>2. These concerns have been recognised within the Trust and specifically within Leeds Children's Hospital where there is a clear monitoring process in place; with monitoring of gaps in rotations and rotas; agency locum staff requested for gaps and monitoring of vacant slots.<br>3. This is an area that the Leeds Children's Hospital is taking very seriously and is underpinned by the Workforce Strategy. In addition to clear monitoring processes, there are changes to consultant working so that they are present in the hospital for longer periods providing senior support and further opportunities for training. There are plans to look at better delegation of extended tasks, such as: cannula, phlebotomy, discharge advice notices and workload coordinated through Band 7 nursing staff in addition to looking, in the longer term, at alternative workforce solutions such as Advanced Practitioner models. |
| <b>Update from Multiprofessional Review 16/17 October 2017</b><br>The investment in ANP development and new roles and a paediatric phlebotomy service have increased the opportunity for trainees to access outpatient clinics. Although the paediatric assessment unit is very busy no patient safety issues were reported.<br>The panel agreed the requirement can be <b>closed</b> .  |   |                |     |  |  |



|   |          |              |       |   |  |
|---|----------|--------------|-------|---|--|
|   |          |              |       |   |  |
| <b>17/0081 Paediatric Cardiology Core ST2 Leeds General Infirmary</b>   |          |              |       |   |  |
| ST2 trainees were critical of the Paediatric Cardiology posts and felt that their work was very task based. They are unable to attend clinics and expected to provide complex medical cover with very little support. Trainees also provide supervision in the exercise lab as the technician does not have a BLS qualification.  | QM Visit | 07 June 2016 | Amber | Stage 1: Verification of concern is being undertaken and action plan is not yet in place. | 06 October 2017: Monitoring the Learning Environment Meeting – Leeds Teaching Hospitals NHS Trust on 22 June 2017.<br>Plans will be put in place to 'upskill' the lab technician. Paediatric Cardiology will be visited in October 2017.   |
| <b>Update from Multiprofessional Review – 16/17 October 2017</b><br>The issue of cover for specialised paediatrics was reviewed at the visit and a new condition will be created for this area so 17/0081 can be closed. The Paediatric Cardiology trainees confirmed that the technician in the exercise lab has been upskilled and although they still provide supervision in the exercise lab this is now provide as a useful learning opportunity.<br>The panel agreed the requirement can be <b>closed</b> . |          |              |       |   |  |
| <b>17/0080 Paediatric Cardiology Core ST2 Leeds General Infirmary</b>   |          |              |       |   |  |
| Trainees have experienced undermining behaviour during their Paediatric Cardiology placement.<br><br>Trainees felt that they were being undermined by nursing staff in Paediatric Cardiology  | QM Visit | 07 June 2016 | Red   | Stage 1: Verification of concern is being undertaken and action plan is not yet in place. | 06 October 2017: Monitoring the Learning Environment Meeting – Leeds Teaching Hospitals NHS Trust on 22 June 2017.<br>Since this condition was set there have been no further issues raised via the various mechanisms in place such as exception reporting, speaking our guardians, or surveys. Paediatric Cardiology will be visited in October 2017.  |
| <b>Update from Multiprofessional Review – 16/17 October 2017</b><br>There were no reports of undermining behaviour from nursing staff in cardiology. Learners and educators described a strong multiprofessional team working together.<br>The panel agreed the requirement can be <b>closed</b> .  |          |              |       |   |  |
| <b>17/0073 Paediatric Surgery All Levels Leeds General Infirmary</b>  |          |              |       |   |  |
| The trainees described their environment as being 'critical', 'antagonistic' and 'unhappy'. The learning environment needs to be managed to abolish undermining behaviour.  | QM Visit | 07 June 2016 | Red   | Stage 1: Verification of concern is being undertaken and action plan is not yet in place. | 06 October 2017: Monitoring the Learning Environment Meeting – Leeds Teaching Hospitals NHS Trust on 22 June 2017.<br>The person responsible for the undermining behaviour has been identified and they are being managed. Paediatric Surgery will be visited in October 2017  |
| <b>Update from Multiprofessional Review – 16/17 October 2017</b><br>There were further reports of undermining behaviour, by 2-3 consultants out of 13. The requirement will remain <b>RAG rated red</b>   |          |              |       |   |  |
| <b>17/0070 Paediatric Surgery All Levels Leeds General Infirmary</b>  |          |              |       |   |  |
| Trainees stated that there is a lack of consultant involvement at the Children's Hospital Induction. Usually they do not meet the team they will be working with, particularly the consultant body.   | QM Visit | 07 June 2016 | Amber | Stage 1: Verification of concern is being undertaken and action plan is not yet in place. | 06 October 2017: Monitoring the Learning Environment Meeting – Leeds Teaching Hospitals NHS Trust on 22 June 2017<br><br>The Trust has relaunched the protocol for local induction and this will be uploaded to the database. It is not realistic to expect all the consultants to attend the induction however a small group would be appropriate. This will also be explored at the MPV in October and the GMC NTS 2017 will be reviewed for any concerns relating to induction. |
| <b>Update from Multiprofessional Review – 16/17 October 2017</b><br>The trainees did not report concerns around their induction into the department and the GMC NTS 2017 did not record any issues.<br>The panel agreed the requirement can be <b>closed</b> .  |          |              |       |   |  |



|   |          |              |     |   |  |
|---|----------|--------------|-----|---|--|
|   |          |              |     |   |  |
| <b>17/0072 Paediatric Surgery All Levels Leeds General Infirmary</b>  |          |              |     |   |  |
| Trainees felt that they were unable to meet the curriculum requirements as the breadth of assessments required is difficult to achieve  | QM Visit | 07 June 2016 | Red | Stage 1: Verification of concern is being undertaken and action plan is not yet in place. |  |
| <p><b>Update from Multiprofessional Review – 16/17 October 2017</b></p> <p>The trainees reported access to a broad range of cases. However, higher trainees continued to report difficulty in access the breadth of assessments to meet the curriculum</p> <p>The requirement will remain open and RAG rated red.</p> |          |              |     |   |  |

### New requirements set at the visit

| Domain                                   | LEARNING ENVIRONMENT AND CULTURE   |                      |
|--|--|----------------------|
| <b>Requirement (Level of Competence)</b> | Learner's responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriate supervision. |                      |
| <b>Requirement Number</b>                | 1  |                      |
| <b>LEP Site</b>                          | Leeds General Infirmary  |                      |
| <b>Specialty (Specialties)</b>           | General Paediatrics  |                      |
| <b>Professional Group</b>                | Junior Doctors - ST1 (non-cardiology ST1s undertaking paediatric cardiology cover)   |                      |
| <b>Concern</b>                           | Trainees are often required to carry out clinical duties out of hours that may be beyond their expected level of competence for their stage of training.   |                      |
| <b>Evidence for Concern</b>              | Tier 1 – ST1 (quite junior for this job) cover specialised paediatrics out of hours.   |                      |
| <b>Action 1</b>                          | Investigate how often first tier trainees are expected to carry out specialised paediatrics  | <b>December 2017</b> |
| <b>Action 2</b>                          | Provide alternative arrangements for staff to carry out these duties.  | <b>Jan 2018</b>      |
| <b>Action 3</b>                          | Confirm that alternative arrangements have been adopted.   | <b>February 2018</b> |
| <b>Evidence for Action 1</b>             | Summary of investigation.  | <b>December 2017</b> |
| <b>Evidence for Action 2</b>             | Summary of alternative arrangements.   | <b>Jan 2018</b>      |
| <b>Evidence for Action 3</b>             | Written confirmation that policy has been adopted.   | <b>February 2018</b> |
| <b>RAG Rating</b>                        |  |                      |
| <b>LEP Requirements</b>                  | <ul style="list-style-type: none"> <li>Copies of documents must be uploaded to the QM Database</li> <li>Item must be reviewed and changes confirmed with the HEE Quality Team</li> </ul>   |                      |

|                                |   |                      |
|--------------------------------|---|----------------------|
| <b>Domain</b>                  | <b>LEARNING ENVIRONMENT AND CULTURE</b>   |                      |
| <b>Requirement (IT Access)</b> | Organisations must make sure learners have adequate access to IT systems and electronic resources   |                      |
| <b>Requirement Number</b>      | 2   |                      |
| <b>LEP Site</b>                | Leeds General Infirmary   |                      |
| <b>Specialty (Specialties)</b> | Paediatrics   |                      |
| <b>Professional Group</b>      | All learners  |                      |
| <b>Concern</b>                 | Some IT kit is outdated (PCs and printers) and need replacing   |                      |
| <b>Evidence for Concern</b>    | Learners in Paediatric Surgery reported that 3/5 printers were not working and this affected being able to print out handover sheets. This had been reported 2 weeks ago. The panel noted on ward visits that IT kit looked outdated.   |                      |
| <b>Action</b>                  | Review IT kit and replace as necessary  | <b>December 2017</b> |
| <b>Evidence for Action 2</b>   | Copy of IT investment programme   | <b>March 2018</b>    |
| <b>RAG Rating</b>              |   |                      |
| <b>LEP Requirements</b>        | <ul style="list-style-type: none"> <li>Copies of documents must be uploaded to the QM Database</li> <li>Item must be reviewed and changes confirmed with the HEE Quality Team</li> </ul> <p>NOTE HEE were informed that the Trust were implementing e-prescribing in LCH from April 2018 which would lead to both new and additional IT kit, thereby mitigating this concern.</p> |                      |

|                                |   |                      |
|--------------------------------|---|----------------------|
| <b>Domain</b>                  | <b>LEARNING ENVIRONMENT AND CULTURE</b>   |                      |
| <b>Requirement (IT Access)</b> | Organisations must make sure learners have adequate access to IT systems and electronic resources   |                      |
| <b>Requirement Number</b>      | 3   |                      |
| <b>LEP Site</b>                | Leeds General Infirmary   |                      |
| <b>Specialty (Specialties)</b> | Paediatrics   |                      |
| <b>Professional Group</b>      | All learners  |                      |
| <b>Concern</b>                 | Learners are not consistently provided with a relevant access to IT, eg details of how to register for an OpenAthens account and some specialised journals. Support for literature searching, project work, audit, quality improvement access for e-portfolio was limited both by the number and opportunities in terms of quiet space where devices could be accessed. The Library had good facilities (LQAF rating of 94%) but there were clinical reasons why leaving the ward was not always possible or appropriate, necessitating local access. |                      |
| <b>Action</b>                  | Provide all learners with an appropriate access to IT including clear instructions of how to register for an OpenAthens account and access to content from specialised journals. If this access is to be provided through alerting and document supply services then clear guidance for these processes must be provided.   | <b>December 2017</b> |
| <b>Evidence for Action 1</b>   | Evidence of improved access to IT including OpenAthens registration guidance and details of how to access content from specialised journals whether directly or via a document supply process   | <b>January 2018</b>  |
| <b>RAG Rating</b>              |   |                      |

## Quality review outcome report

|                         |  |
|-------------------------|--|
| <b>LEP Requirements</b> | <ul style="list-style-type: none"> <li>Copies of documents must be uploaded to the QM Database</li> <li>Item must be reviewed and changes confirmed with the HEE Quality Team</li> </ul> <p>NOTE HEE were informed that the Trust were implementing e-prescribing in LCH from April 2018 which would lead to both new and additional IT kit.</p> |
|-------------------------|--|

|  |  |                      |
|--|--|----------------------|
| <b>Domain</b>                                    | <b>LEARNING ENVIRONMENT AND CULTURE</b>  |                      |
| <b>Requirement</b><br><b>Multi-professional)</b> | Learners must be given the opportunity to work and learn with other members of the team to support inter-professional multidisciplinary working.   |                      |
| <b>Requirement No</b>                            | 4  |                      |
| <b>LEP Site</b>                                  | Leeds General Infirmary  |                      |
| <b>Specialty (Specialties)</b>                   | Paediatric Cardiology, Paediatric Haematology/Oncology   |                      |
| <b>Professional Group</b>                        | Trainee Nurse Associates, HCA Apprentice   |                      |
| <b>Concern</b>                                   | Cooperation between established clinical professionals and those with new roles requires improvement   |                      |
| <b>Evidence for Concern</b>                      | There was a lack of awareness from established clinical learners and educators of the new roles in the team. Trainee nursing associates and HCA Apprentices did not always feel part of the team and felt uncomfortable on occasions |                      |
| <b>Action 1</b>                                  | Investigate the working relationships between established clinical professional learners/ educators and produce an action plan to improve working relationships and understanding of those with new roles in the team.               | <b>February 2018</b> |
| <b>Evidence for Action 1</b>                     | Copy of investigation and action plan. Review impact of changes.   | <b>March 2018</b>    |
| <b>RAG Rating</b>                                |  |                      |
| <b>LEP Requirements</b>                          | <ul style="list-style-type: none"> <li>Copies of documents must be uploaded to the QM Database</li> <li>Item must be reviewed and changes confirmed with the HEE YH Quality Team</li> </ul>  |                      |

|  |   |                      |
|--|---|----------------------|
| <b>DOMAIN</b>                              | <b>SUPPORTING AND EMPOWERING LEARNERS</b>   |                      |
| <b>Requirement</b><br><b>(Undermining)</b> | Learners must not be subjected to, or subject others to, behaviour that undermines their professional confidence or self-esteem.  |                      |
| <b>Requirement No</b>                      | 5   |                      |
| <b>LEP Site</b>                            | Leeds General Infirmary   |                      |
| <b>Specialty (Specialties)</b>             | Paediatric Haematology/Oncology   |                      |
| <b>Trainee Level</b>                       | First Tier junior doctors   |                      |
| <b>Concern</b>                             | One trainee has experienced undermining behaviour   |                      |
| <b>Evidence for Concern</b>                | Undermining was reported to be taking place with one trainee being reduced to tears on occasions.   |                      |
| <b>Action 1</b>                            | The Trust must investigate the trainees' concerns. They must discuss the results of the investigation with appropriate members of staff (including the trainees) in an appropriate manner.  | <b>November 2017</b> |
| <b>Action 2</b>                            | The Trust must produce an action plan to address the inappropriate undermining behaviours.  | <b>December 2017</b> |
| <b>Action 3</b>                            | The Trust must show that the undermining behaviour has ceased.  | <b>March 18</b>      |
| <b>Evidence for Action 1</b>               | Summary of the investigation and confirmation that the results have been shared.  | <b>November 2017</b> |
| <b>Evidence for Action 2</b>               | Copy of the action plan.  | <b>January 2018</b>  |
| <b>Evidence for Action 3</b>               | Confirmation that the undermining behaviour has stopped including reference to how the evidence of a change in behaviour has been obtained.   | <b>March 2018</b>    |
| <b>RAG Rating</b>                          |   |                      |
| <b>LEP Requirements</b>                    | <ul style="list-style-type: none"> <li>Copies of documents must be uploaded to the QM Database</li> <li>Item must be reviewed and changes confirmed with the HEE YH Quality Team</li> </ul> |                      |

|                                     |   |                     |
|-------------------------------------|---|---------------------|
| <b>DOMAIN</b>                       | <b>LEARNING ENVIRONMENT AND CULTURE</b>   |                     |
| <b>Requirement (Protected time)</b> | Learners must have protected time for education and training while they are doing clinical or medical work, or during academic training, and for attending organised educational sessions, training days, courses and other learning opportunities to meet the requirements of their placement.   |                     |
| <b>Requirement Number</b>           | 6   |                     |
| <b>LEP Site</b>                     | Leeds General Infirmary   |                     |
| <b>Specialty (Specialties)</b>      | General Paediatrics   |                     |
| <b>Professional Group</b>           | All learners  |                     |
| <b>Concern 1</b>                    | Work intensity is a problem for all learners as they cannot consistently access training opportunities such as skills/simulation training.  |                     |
| <b>Evidence for Concern</b>         | There has been a maximum of 80 patients reviewed on the paediatric assessment unit in one day and it was felt by learners and panel members that the unit is not large enough to cope with these numbers. Work intensity for all professional groups was an issue that was impacting on their ability to access training opportunities. |                     |
| <b>Action 1</b>                     | Review the work intensity issues affecting all learners and the impact this is having on access to training opportunities such as skills/simulation training  | <b>January 2018</b> |
| <b>Action 2</b>                     | The Trust must develop an action plan to address the learners' inability to consistently access training opportunities.   | <b>March 2018</b>   |
| <b>Evidence for Action 1</b>        | Copy of the training opportunities with confirmation of regular high attendance. Copies of evaluation of educational effectiveness.   | <b>April 2018</b>   |
| <b>Evidence for Action 2</b>        | Summary of action taken and confirmation of improved attendance.  | <b>April 2018</b>   |
| <b>RAG Rating</b>                   |   |                     |
| <b>LEP Requirements</b>             | <ul style="list-style-type: none"> <li>Copies of documents must be uploaded to the QM Database</li> <li>Item must be reviewed and changes confirmed with the HEE Quality Team</li> </ul>  |                     |

## Appendix 1

### HEE Quality Framework Domains & Standards

#### Domain 1 – Learning environment and culture

- 1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.
- 1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.
- 1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), evidence based practice (EBP) and research and innovation (R&I).
- 1.4. There are opportunities for learners to engage in reflective practice with service users, applying learning from both positive and negative experiences and outcomes.
- 1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge services.
- 1.6. The learning environment maximises inter-professional learning opportunities.

#### Domain 2 – Educational governance and leadership

- 2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.
- 2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.
- 2.3 The educational leadership promotes team-working and a multi-professional approach to education and training, where appropriate.
- 2.4 Education and training opportunities are based on principles of equality and diversity.
- 2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

#### Domain 3 – Supporting and empowering learners

- 3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.
- 3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards and / or learning outcomes.
- 3.3 Learners feel they are valued members of the healthcare team within which they are placed.
- 3.4 Learners receive an appropriate and timely induction into the learning environment.
- 3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

#### Domain 4 – Supporting and empowering educators

- 4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.
- 4.2 Educators are familiar with the curricula of the learners they are educating.
- 4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.
- 4.4 Formally recognised educators are appropriately supported to undertake their roles.
- 4.5 Educators are supported to undertake formative and summative assessments of learners as required.

#### Domain 5 – Developing and implementing curricula and assessments

- 5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.
- 5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.
- 5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

#### Domain 6 – Developing a sustainable workforce

- 6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.
- 6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.
- 6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.
- 6.4 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.