

Quality and Regulation Team (London and South East)

**The Hillingdon Hospitals NHS
Foundation Trust
Haematology
Specialty Focused Visit**

Quality Visit Report
2 March 2016
Final Report

Visit Details	
Trust	The Hillingdon Hospitals NHS Foundation Trust
Date of visit	2 March 2016
Background to visit	<p>There were four haematology higher trainees and two foundation trainees in post at the time of the visit. The visit team was keen to explore concerns that had been highlighted within the General Medical Council National Training Survey (GMC NTS) 2014/2015 which included pink outliers for 'overall satisfaction', 'clinical supervision', 'adequate experience' and 'supportive environment'. It was reported that 50% of trainees rated the quality of teaching as 'poor', 25% of trainees rated the quality of experience as 'poor', 50% of trainees described the post as 'poor' to friends and 25% of trainees felt this post was not very useful for their future career. Furthermore, 25% of trainees felt they dealt with problems beyond their competence on a monthly basis. Furthermore, one trainee reported witnessing undermining, belittling or intimidating behaviour in haematology.</p> <p>Training across the Hillingdon Hospitals NHS Foundation Trust and Ealing Hospital had been closely integrated for haematology and the service was regarded effectively as a single service. Following service redesign and the merger of Ealing Hospital and Northwick Park Hospital to form the London North West Healthcare NHS Trust, the visit team was keen to ascertain if training had been affected at the time of the visit and to re-evaluate the provision of haematology training at Hillingdon Hospitals NHS Foundation Trust. Moreover, the impact of the merger on curriculum delivery on the level two haematology cancer services was to be explored. The visit team was keen to explore how much of the haematology training had moved to Northwick Park Hospital as well as how much was still carried out at Ealing Hospital. In addition, the visit team was interested in any changes regarding laboratory service arrangements. Furthermore, clarification around the existing Service Level Agreement (SLA) between Hillingdon and Ealing was to be explored and how it might change following the establishment of the London North West Healthcare NHS Trust.</p> <p>Finally, the visit team wanted to discuss issues around workload as well as the recent implementation of Local Faculty Groups (LFG) and consultant attendance at these.</p>
Visit summary and outcomes	<p>The visit team would like to thank the Trust for accommodating the visit. They met with the senior management team as well as the training lead for haematology, in the absence of the clinical director, and three haematology trainers. The visit team also met with five haematology trainees; two foundation year one (F1) trainees, one speciality training year three (ST3) trainee, one speciality training year four (ST4) trainee and one speciality training year seven (ST7) trainee. The higher trainees had had experience of working across both the Hillingdon Hospital and Ealing Hospital sites.</p> <p>The senior management team confirmed that Hillingdon and Ealing Hospitals provided a joined-up service for haematology and that there were five consultants in post at the time of the visit that covered both sites. Two were based at Ealing Hospital and three at the Hillingdon Hospital site. These consultants were all employed by the Hillingdon Hospitals NHS Foundation Trust which had been the case for the past five years. Following the merger of Ealing Hospital and Northwick Park Hospitals into the London North West Healthcare NHS Trust, there was uncertainty around the future of these consultant posts and how much of the service would transfer to Northwick Park. Moreover, there was also uncertainty around future training opportunities as a result of the merger. The Trust noted that in the interests of patient safety, they hoped that the service at Ealing Hospital would continue to be provided locally. The Trust reported that they planned to appoint an additional haematology consultant to cover the Hillingdon Hospital and Harefield Hospital sites as part of service development that may compensate for the loss of any consultants to the Northwick Park Hospital site. The visit team heard that the higher trainees had fixed placements and rotated between the Hillingdon Hospital and Ealing Hospital sites. The visit team noted that there needs to be clarification around the future arrangements of the haematology service and training opportunities, following the merger of Ealing Hospital and Northwick Park Hospital into the London North West Healthcare NHS Trust. The Trust noted that following the merger, the SLA would still stand and the Trust was not aware that it would be dissolved.</p> <p>The visit team highlighted that the Trust had in place a highly committed haematology training lead who oversaw all aspects of training. A very positive</p>

	<p>impact for service delivery was reported through the recent appointment of rotating foundation year 1 trainees.</p> <p>The visit team noted that there were areas for improvement. There was a discrepancy of trainer and trainees' perception of support in clinic. The varying needs of trainees at different stages of their training also should be recognised. A structured approach to teaching of morphological and laboratory diagnostic techniques was lacking and appeared to be ad hoc. There were missed opportunities for training with contribution from the clinical nurse specialist for activities such as prescribing chemotherapy and the clinical management of day-care patients. This would have the advantage of developing a multi-professional approach to service delivery. At the time of the visit there seemed to be minimal engagement of trainees within wider departmental management activities as reported in the initial LFG meeting.</p>
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Visit team

Lead Visitor	Dr Martin Young, Deputy Head of School of Pathology	Trainee Representative	Dr Varun Mehra, Trainee Representative
Trust Liaison Dean	Orla Lacey, Trust Liaison Dean, HENWL	Lead Provider TPD	Dr Nina Salooja, Consultant Haematologist, Imperial Healthcare NHS Trust
Lay Member	Kate Rivett, Lay Representative	Observer	Janantul Shahena, Quality Support Officer
Scribe	Kate Neilson, Learning Environment Quality Coordinator	Observer	Dr Dera Ereuchie. Medical Education Fellow, HENWL

Findings

Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
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GMC Theme 1) Learning environment and culture


H1.1	<p>Patient safety</p> <p>The higher trainees reported that they would have felt comfortable for family and friends to be treated at both the Ealing Hospital and Hillingdon Hospital sites and that they had no concerns around patient safety.</p>		
H1.2	<p>Serious incidents and professional duty of candour</p> <p>There was some confusion around the process of receiving feedback on serious incidents. The trainers advised the visit team that feedback from Datix on serious incidents was fed back to trainees from educational supervisors. However, the higher trainees reported that they had not received feedback on serious incidents, although they had reported them. One higher trainee advised that they had received verbal feedback following a request for this.</p>		
H1.3	<p>Appropriate level of clinical supervision</p>		

	<p>The higher trainees advised the visit team that they covered two new patient clinics and two follow-up clinics per week. On average, there were six or seven patients on the list for the new patient clinic, with some slots double booked. The visit team heard that over the previous six months there was not always a consultant present at new patient clinics at Hillingdon Hospital although the trainees would be able to obtain support or guidance by telephone. Trainees had been covering these clinics on their own for 80-100% of the time. A pre-clinic meeting between trainees and consultants about how to approach the clinic was instigated by the trainees but there was no interaction with consultants during the clinics. Although the trainees did not necessarily view this as a clinical risk, it was noted that they felt there were occasions when they were taking decisions over their level of competence and experience. The trainees reported that consultant presence at the Hillingdon Hospital site was an issue as it was not always clear which consultants were onsite at any one time. In contrast, at Ealing Hospital, there was consultant availability. Additionally higher trainees noted that they would have liked a more formal forum to review letters with consultants prior to the new patient clinics.</p> <p>Although trainees reported that some patients could be discharged from a haematology point of view they were concerned that they may have 'missed something'. As a result, there had been occasions when trainees had ordered unnecessary investigations resulting in wasted resources. The trainees felt that a second opinion would have been helpful prior to discharging certain patients. There was a consultant present at the follow-up clinics and the trainees reported that interaction during clinics was much easier.</p> <p>The visit team heard from the trainers that trainees attended new patient clinics unsupervised at trainees' request. However, the visit team noted that there was a clear discrepancy between the perception of the trainers and trainees' regarding clinic support, especially the varying needs of trainees at different stages of their training.</p> <p>The higher trainees told the visit team that as well as clinic work, they also covered wards for six month rotations. Clinical supervision on the wards was the responsibility of the ward consultant. It was noted that there was a consultant-led ward round twice a week and that a discussion of patients was held beforehand but not at the bedside.</p> <p>All the trainees confirmed that they had met regularly with their clinical supervisors and were able to sign off competencies/work based placement assessments. Trainees would speak to their supervisor in the first instance if trainees had any confidential feedback regarding their training.</p>	<p>The visit team advised that the Trust should review the clinical supervision of higher trainees (especially less experienced trainees) at new patient clinics to ensure that they are adequately supported.</p> <p>The Trust is required to ensure that consultant visibility at the Hillingdon Hospital site is improved so that trainees know who is on-site at any one time.</p>	<p>Mandatory Requirement</p> <p>Mandatory Requirement</p>
1.4	<p>Rotas</p> <p>The higher trainees advised that they provided on call cover for one in five weekends. During their placement at Hillingdon Hospital, they covered the hospital site as well as the Mount Vernon Hospital site. Inpatient care was mainly at Hillingdon Hospital and they covered wards, laboratory and clinic elements.</p> <p>The visit team heard that the workload of higher trainees had been especially high since January 2016 as one of the trainees went on maternity leave. As a result, there were four higher trainees instead of five. It was noted that this post had been advertised but that an appointment had not</p>		

	<p>been successful. The higher trainees advised the visit team that there were potentially good training opportunities at Hillingdon Hospital and that an extra higher trainee would relieve the workload to ensure such opportunities were maximised. However, the trainees noted that this appointment should not be a substitute for consultant presence. The visit team heard that when higher trainees were on annual leave, their work was distributed between the other trainees and that this system seemed to work well.</p> <p>The higher trainees reported that they had completed a diary card exercise but had not received any feedback at the time of the visit. It was noted by the trainers that the diary card exercise had confirmed that trainees worked between 48-50 hours per week.</p> <p>The visit team heard that the recent implementation of foundation trainees at the Trust had relieved some of the burden from the higher trainees' workload which was appreciated. Foundation trainees spent the majority of their time on the wards and received no laboratory training time. It was noted that sometimes there was not much work for the foundation trainees on the wards and that timetabled attendance at clinics may be a potential learning opportunity.</p>	<p>The visit team recommended that the Trust provides the higher trainees with feedback or the outcome of the diary card exercise.</p>	<p>Mandatory Requirement</p>
1.5	<p>Induction</p> <p>The higher trainees reported that the local induction at the Hillingdon Hospital site was inconsistent as some received it and others did not. It was also noted that access to logins across both sites could be problematic with some trainees borrowing logins to access blood results. Furthermore, trainees often had to ask the nursing staff to login to the computer system as they had not received their own logins.</p> <p>It was noted that clinical incident reporting was included within the induction.</p>	<p>The Trust is required to ensure that all trainees receive an induction where they are all given logins for the computer systems for both sites with issue of appropriate honorary contracts.</p>	<p>Mandatory Requirement</p>
1.6	<p>Handover</p> <p>The higher trainees reported that there was a verbal handover in place followed up by an email and they commented that the system worked well.</p>		
1.7	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The GMC NTS reported that the quality of teaching was poor. It was noted that the LFG minutes stated that trainees felt teaching did not happen on a regular basis. The Trust confirmed that all but one of the five consultants within the department held educational roles/clinical supervisors. One consultant had been on a sabbatical for three months and the trainers suggested this may have accounted for the negative feedback around teaching. Teaching time had deteriorated in the months prior to the visit and between December and February, the training lead had completed 80% of the teaching. It was noted that barriers to consultant engagement may have been due to the fact that the department was small and that some trainers were not au fait with developments in teaching methods. The visit team heard that it was easier to provide laboratory teaching on the Ealing Hospital site.</p> <p>The visit team heard that over the previous six months laboratory training, especially morphology,</p>	<p>The Trust is required to ensure:</p> <ul style="list-style-type: none"> • That trainees receive regular twice weekly teaching sessions, including lecture style teaching that fits their curricular needs and is bleep free. • There is a structured, regular programme of morphological and laboratory diagnostic technique teaching. • Educational/clinical supervisors have a responsibility to ensure that teaching is 	<p>Mandatory Requirement</p>

	<p>at Hillingdon Hospital had become infrequent and unstructured. This was as a result of gaps in service provision as well as consultants not being available on the site. In contrast, it was noted that the morphology teaching at Ealing Hospital was structured and held on a weekly basis. Furthermore, a representative from Hammersmith Hospital attended Ealing Hospital twice a month to review all bone marrows in detail, including a detailed explanation of potential diagnoses and findings. Despite histopathology being based at Hillingdon Hospital, there was no dedicated consultant to review bone marrows and the level of depth around teaching was cursory with little detail. It was felt that this was a wasted learning opportunity.</p> <p>The higher trainees reported that they were released to attend external training days. Additionally it was noted that teaching time was not bleep free as there was no one to hold their bleeps. The trainees reported that they would not feel comfortable with asking senior colleagues to do this and that there was only one F1 so this was not possible either.</p> <p>It was reported by the higher trainees that over the previous six months the balance between training and service had shifted more towards being service driven.</p>	<p>evenly shared between consultants.</p>	
<p>GMC Theme 2) Educational governance and leadership</p>			
<p>2.1</p>	<p>Impact of service design on learners</p> <p>The visit team met with the training lead for haematology in the absence of the clinical director, who was unavailable. It was noted that the Trust provided excellent training opportunities through its' roles as:</p> <ol style="list-style-type: none"> 1. A level two cancer service with referral of difficult cases to Imperial College Healthcare NHS Trust and teenage cases sent to University College London Hospital Trust. 2. Obstetrics haematology and paediatric haematology services delivered under the supervision of one consultant. <p>At the time of the visit, London North West Healthcare NHS Trust had taken over the management of Ealing Hospital. It was reported to the visit team that the Trust noted that the SLA still stood so the service would remain at the Hillingdon Hospital and Ealing Hospital sites. However, one higher trainee would move to the Northwick Park Hospital site. The Trust confirmed that the timescale for the integration was unknown. The visit team heard that there had not been any changes to the management of laboratory services and that the emergency department (ED) at the Ealing Hospital site was still receiving the same number of referrals. Direct access blood samples from general practice surgeries were still sent to the Hillingdon Hospital site, although this may discontinue following the integration/redesign of laboratory services. Some samples were sent to the Imperial Hospital site in line with specialist integrated haematological malignant service (SIHMDS) requirements.</p>	<p>The Trust is to provide clarification of its plans for training should the Hillingdon/Ealing SLA be dissolved by the London North West Healthcare NHS Trust.</p>	<p>Mandatory Requirement</p>
<p>2.2</p>	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The higher trainees reported that they had not had the opportunity to attend any governance</p>	<p>Building on from the recent initial LFG, there</p>	<p>Mandatory</p>

	<p>meetings but that a trainee representative had attended the recently held LFG meeting, which had been set up in the previous few months. However, it was noted that consultant attendance at these meetings was sporadic. LFGs could be used as a forum for trainees and trainers to feedback their concerns regarding teaching at the Hillingdon Hospital site and the minutes were sent to consultants although they may not have attended.</p> <p>The trainers advised the visit team that they held weekly consultant meetings in order to discuss aspects of their work including trainees in difficulty (TiDs). They noted that they did not invite the trainees to these meetings due to the nature of the discussions around TiDs. The visit team noted that there was an impression that consultants did not engage with trainees.</p> <p>The visit team heard from the trainers that they used the ePortfolio to track trainee progress and as a key tool in identifying TiDs. It was noted that ePortfolios were linked to the curriculum and that they were filled out following workplace based assessments.</p>	needs to be better engagement of trainees with wider departmental management activities.	Requirement
GMC Theme 3) Supporting learners			
3.1	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The higher trainees advised the visit team that they had not experienced any undermining behaviour from colleagues in their current placements, although it had happened in previous placements at the Trust. Changes had since been implemented to resolve these issues.</p> <p>The visit team heard that the haematology day unit was a nurse-led service and that much of the discussion around patients bypassed the higher trainees. The nursing staff communicated with the consultants directly. Decisions around patient care had already been made by the consultants and clinical nurse specialist and there was little involvement in the discussion by the trainees. Furthermore, chemotherapy prescriptions were prepared by the nursing staff and signed off by consultants so the higher trainees did not have the opportunity to prescribe. It was noted that this was a missed training opportunity for higher trainees and may have undermined professional confidence.</p>	The visit team advised the Trust that it should maximise on training opportunities especially around trainees' prescribing and the clinical management of day care patients with input from the clinical nurse specialist.	Mandatory Requirement
3.2	<p>Regular, constructive and meaningful feedback</p> <p>The visit team heard that at the Hillingdon Hospital site higher trainees received little feedback on their clinical performance although they wanted it. The higher trainees reported that workplace-based assessments took place.</p>		
GMC Theme 4) Supporting educators			
4.1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>The visit team heard that trainers all received training to support them as supervisors including training around trainees in difficulty (TiDs) and training the trainer.</p>		
4.2	<p>Sufficient time in educators' job plans to meet educational responsibilities</p>		

	<p>The visit team heard that all trainers received time in their job plans to provide clinical and educational supervision to trainees. The training lead for haematology noted that they received 0.625 programmed activities (PA), which was manageable.</p>			
Good Practice		Contact	Brief for Sharing	Date
<ol style="list-style-type: none"> 1. A highly committed lead Educational Supervisor who personally ensured high quality training was delivered. 2. Excellent opportunities available for training from the wide range of services delivered, at the time of the visit, as a “single service” across both sites according to the SLA in place between Hillingdon and Ealing. 3. Inclusion of F1 trainees provided a useful learning/training experience in foundation training and supported higher specialty trainees with aspects of service delivery. 				
Other Actions (including actions to be taken by Health Education England)				
Requirement			Responsibility	
Signed				
<p>By the Lead Visitor on behalf of the Visiting Team:</p>		 <p>Martin Young, Deputy Head of School of Pathology</p>		
<p>Date:</p>		<p>30 March 2016</p>		