

# Imperial College Healthcare NHS Trust

## Risk-based Review (Education Lead Conversation)



## Quality Review report

7 December 2017

Final Report

**Developing people  
for health and  
healthcare**

www.hee.nhs.uk



## Quality Review details

<b>Training programme</b>	Haematology
<b>Background to review</b>	<p>The Trust was reviewed on 31 August 2017 as part of the North West London Programme Review (focus group) of Haematology, as a response to the 2017 General Medical Council National Training Survey (GMC NTS) results. Imperial College Healthcare NHS Trust received the following outliers from the GMC NTS 2017:</p> <ul style="list-style-type: none"> <li>• Four red outliers for Haematology – overall satisfaction, workload, feedback, regional training</li> <li>• two pink outliers – induction and educational supervisor</li> </ul> <p>During the course of this review, Health Education England (HEE) had identified potential concerns in regard to the paediatric haematology posts at St Mary's Hospital site and ongoing workload issues for adult haematology. Therefore, HEE proposed that a Risk-based Review (education lead conversation) was needed in order to explore these concerns, and to better understand the haematology training delivered at the Trust.</p>
<b>HEE quality review team</b>	<ul style="list-style-type: none"> <li>• Dr Martin Young, Head of the London Specialty School of Pathology, Health Education England</li> <li>• Dr Orla Lacey, Deputy Postgraduate Dean, North West London, Health Education England</li> <li>• Dr Mark Ethell, Consultant in Haematology and Bone Marrow Transplantation, The Royal Marsden NHS Foundation Trust</li> <li>• Adora Depasupil, Learning Environment Quality Coordinator, Health Education England (South West London and the South East)</li> <li>• Louise Brooker, Learning Environment Quality Coordinator, Health Education England (North West London and the South East)</li> </ul>
<b>Trust attendees</b>	<ul style="list-style-type: none"> <li>• Dr Leena Karnik, Paediatric Haematology Educational and Clinical Lead</li> <li>• Dr Carolyn Scott-Lang, Unit Training Lead for Paediatrics</li> <li>• Dr Karen Joash, Director of Medical Education, Women and Children's Division</li> <li>• Danielle Bennett, Head of Operational Management, Medical Education</li> <li>• Mr Raymond Anakwe, Director of Medical Education Surgery, Cancer &amp; Cardiovascular</li> <li>• Dr Nina Salooja, Haematology Training Programme Director</li> <li>• Professor Jane Apperley, Clinical Director for Clinical Haematology</li> <li>• Dr Hermione Lyle, Clinical Director for Children's Services</li> <li>• Ruth Dixon del Tufo, General Manager for Haematology, Oncology and Palliative Care</li> </ul>

## Conversation details

Reference	Summary of discussions	Action to be taken? Y/N
H1	<p><b>Overview</b></p> <p>The aim of the education lead conversation was to share with the Trust potential concerns raised in relation to haematology training at Imperial College Healthcare NHS Trust. In particular, Health Education England (HEE) wanted to review the quality of training and supervision provided to the paediatric haematology trainees at St Mary's Hospital. Therefore, the education lead conversation (ELC) served as a follow up meeting to the programme review conducted in August 2017. During the course of the ELC, it was ascertained that the Trust had made changes in a number of areas, and had responded to the concerns raised historically. The paediatric clinical and educational lead presented the Trust's plans on resolving outstanding issues. It was determined that consultant recruitment issues and expanding clinical workload pressures had contributed to the on-going issues identified in the paediatric haematology department.</p> <p>The Trust explained that the paediatric haematology department had been structured under the women's and children's directorate. Therefore, although the paediatric and adult haematology departments worked closely together, they were managed by separate divisions. The Trust confirmed that paediatric haematology training was only offered at St Mary's Hospital site. The quality review team had also been able to meet with the adult educational and clinical leads during the education lead conversation, and the ELC was extended to accommodate this. The Trust discussed the workload challenges that were identified in the adult haematology department, as well as strategies for resolving those issues.</p>	
H2	<p><b>Appropriate recruitment process to improve quality of learning environment and experience</b></p> <p>The Trust reported that until December 2012, the paediatric haematology department was fully staffed. Since then, the department had had long-term vacancies which had contributed to workload issues. The Trust presented its proposed team expansion plans at the consultant and middle grade doctor level to the quality review team.</p> <p>The trainees reported at the programme review conducted on 31 August 2017 that the paediatric haematology consultants at St Mary's Hospital were a combination of paediatricians and haematologists. The Trust confirmed that the consultant body in the department had been composed of three UK qualified paediatric haematologists, and a part-time 0.2 whole time equivalent (WTE) post was filled by a UK qualified adult haematologist. One WTE post was currently vacant and a recruitment drive was under way to fill this. The clinical director for children's services also mentioned that one consultant haematologist was on maternity leave, and this post was being covered by a locum consultant paediatrician with special interest in haemoglobinopathies. In summary of the 4.2 full time consultant posts, one currently had locum cover and the other vacant consultant post had been reconfigured to attract candidates.</p> <p>The Trust reported that due to the challenges in recruiting clinical fellows from UK training programme, they had recruited internationally via the medical training initiative (MTI) program. The Trust explained that this had attracted international clinical fellow applicants, especially for the specific transplantation training opportunities that the Trust can offer. The Trust hoped to be able to recruit overseas applicants more easily now that the Royal College of Paediatrics and</p>	

	<p>Child Health (RCPCH) was now able to sponsor tier 5 work visa and GMC registration.</p> <p>However, the Trust acknowledged that whilst waiting for approval to increase consultant and clinical fellow posts, there still remained significant gaps on the service rota at the time of the ELC. The Trust further reported that delays in recruitment and filling the vacancies had resulted in periods where consultant and middle grade doctors were at 50% cover, especially during the times when there were also long-term sick leave and other professional issues. Additionally, the Trust explained that paediatric haematology department in particular struggled with recruiting into substantive posts, but stated that the department had also found it difficult to attract trainees. The quality review team heard that this was due to the way that the training pathway had been set up. The Trust explained that the trainees had to rotate in from the adult haematology route.</p> <p>The Trust acknowledged that paediatric haematology was a highly specialised area. The quality review team heard that the Trust had been actively working with the consultants, educational and clinical leads of the department since the programme review in August 2017. The Trust reported that there was a need to review the job plans to improve the learning environment for the trainees. The Trust stated that there were new developments in the haemoglobinopathy field which may also increase interest, as St Mary's Hospital was one of the few sites able to offer this experience.</p> <p>The Trust acknowledged that there were delays with their local Human Resources recruitment processes, which has resulted in gaps. It was also reported that there had been historical issues in relation to finding a balance between providing a service and meeting the training needs. Due to increasing numbers of oncology patients, the 4<sup>th</sup> middle grade post was now reconfigured into an oncology-focused role to support the adult oncology service at the expense of paediatric haematology. The Trust stated that non-UK trainees were typically trained in both haematology and oncology.</p>	Yes, please see H2 below
<b>H3</b>	<p><b>Clinical and educational supervision</b></p> <p>In the programme review in August 2017, the quality review team highlighted to the Trust that specialty trainees with no previous paediatric training had been expected to report blood films and bone marrows with minimal supervision. The Trust reported that there was an induction and laboratory training programme put in place, and consultants were now available for specialist reviews. There were also weekly review meetings led by consultants. The quality review team was informed that bone marrow reports were reviewed by consultants before uploading onto the system, and this responsibility was no longer placed on the trainees.</p> <p>The Trust acknowledged that due to workload issues, it was not always possible for the consultants and the specialty trainees to review bone marrows simultaneously. The Trust reported one occasion when there was a specialty trainee at ST3 who had not completed basic competencies in blood film and bone marrow morphology, but was allocated to the paediatric haematology department. The Trust further reported that the department had ran a risk assessment around the film review and no incidents had been identified since.</p> <p>At the time of the August 2017 focus group meeting, some trainees reported that consultants were doing ward rounds with no clinical examination. The Trust</p>	Yes, please see H3a below

	<p>explained that there was an attending consultant for all ward rounds, but that consultant's time was also split between clinics and multidisciplinary team (MDT) meetings, which resulted in partial rounds with the consultant returning later. The department was undergoing a consultant job plan review, particularly reviewing the attending consultant role. The Trust also acknowledged that the intensity of ward work precluded trainee attendance in outpatient clinics.</p>	Yes, please see H3b below
<b>H4</b>	<p><b>Workload</b></p> <p>The Trust acknowledged that workload had been a recurring theme. The quality review team heard that workload had increased significantly since 2009 and the haematology department had been re-structured into different sub-specialties: bleeding and clotting disorders, red blood cell disease, and blood transfusion.</p> <p>The Trust addressed the concern raised by the trainee focus group previously with regard to a perceived backlog of blood films for review. The education and clinical lead stated that this concern has now been addressed. All the blood films are checked and tracked. The tracking system shows that the average time for review of films referred to haematology is now 1.7 days. All films are initially screened by a biomedical scientist, and if required are referred to the medical team as urgent or non-urgent. The quality review team was pleased to hear that this system is working well at St Mary's Hospital site and is to be introduced elsewhere in the Trust.</p> <p>The middle-grade establishment had not increased since 2009 when the clinical service was different. The quality review team heard that there had been a particular increase in the BMT, haemaglobinopathy and oncology services. The Trust acknowledges that there is a need to recruit to the consultant body to support the expanded services and this formed part of business planning for 2018/2019.</p>	
<b>H5</b>	<p><b>Trainee feedback</b></p> <p>The director of medical education (DME) acknowledged that due to the small numbers the department lacked a specialist paediatric haematology LFG meeting. The DME suggested that the trainees should feedback into the main haematology LFG. The Trust has two trainee representatives and has been exploring the use of videoconferencing to facilitate LFG attendance.</p>	
<b>H6</b>	<p><b>Overall clinical learning experience</b></p> <p>The Trust delivers all aspects of the Haematology curriculum, however the pressures associated with the delivery of service negatively impacts on the opportunities available to trainees. The Trust is exploring alternative approaches to service delivery, using other healthcare professionals, as detailed below.</p>	
<b>H7</b>	<p><b>Induction and training – Bone marrow transplant protocols.</b></p> <p>During the programme review in August 2017, the trainees reported concerns that they perceived they were required to write and manage protocols for bone marrow transplantation (BMT) without clinical supervision and guidance. The quality review team was informed that the trainees would write the first draft of the protocol based on the initial investigations. It was reported that there were clear standard operating procedures (SOPs) in place for all the transplants that the trainees can refer. The educational and clinical lead stated that this concern may have arisen as a result of</p>	



	<p>the increased workload, and the time it takes to write individual patient BMT plans to ensure accuracy and full details had been recorded. However, the Trust explained that each draft went through multiple iterations and comments were added from the lead BMT pharmacist, lead BMT consultants, and these were then reviewed by other relevant teams to create a final draft. Therefore, the Trust explained that the trainees were not responsible for the final version. The Trust further explained that each BMT plan had been carefully reviewed by the consultants as it is a medicolegal document. The quality review team heard that the trainees recognised this type of work as a learning opportunity, but it was often done by staying late because it was not a patient facing activity. The quality review team heard that an increase support from other members of the MDT to help draft these would benefit the trainees. There were very few non-medical staff who could do this task and this was under review by the Trust.</p>	
<b>H8</b>	<p><b>Exception reporting</b></p> <p>The quality review team heard that trainees initially were not submitting exception reports for the extra time that they had worked. The Trust reported that the trainees working hours officially started at 09:30, but the handover was at 08:30. This meant that the trainees had to automatically work an hour extra every shift, and the educational and clinical lead stated that all trainees had been encouraged to complete exception reports.</p> <p>The Trust confirmed that all trainees had just received their log-in accounts for the reporting system, therefore the department was expecting to start getting reports now. At the time of the ELC, the Trust reported that the trainees had to choose between finishing the work or to stay late. The DME praised the trainees, stating that the service was able to cope with the high workload because the trainees were conscientious and stayed late, but if someone was off sick, working part-time, or left work on time the department struggled. The Trust reiterated that the department was vulnerable due to the small workforce, hence there were plans to re-design the department and expand the number of posts.</p>	
<b>H9</b>	<p><b>Adult haematology</b></p> <p>The quality review team acknowledged the positive feedback from the trainees in relation to enjoyable experience and good senior support staff provided in the adult haematology department. Similar to paediatric haematology department, the focus was also on workload and workforce.</p> <p>The Trust explained that there had been on-going plan around staffing which was constantly changing to reflect the changing demographics, for example malignant disease in the elderly. The quality review team also heard more developments in relation to drugs and clinical trials.</p> <p>The Trust reported that the clinical fellow posts had been usually occupied by EU doctors, and often these doctors were fully trained in haematology but did not have internal medicine expertise due to differences in training. The Trust stated that there were now fewer EU doctors applying, which meant complex recruitment processes, including obtaining work visas. Despite nominally having 5 fellow posts, in practice only 4 posts were filled.</p> <p>The Trust explained that there had been changes in the configuration of the hospitals and that some acute services had moved from Hammersmith Hospital site to Charing Cross Hospital site. This had resulted in shortage of core and higher</p>	

	<p>grade doctors on call at the Hammersmith site out of hours. Sometimes the higher trainees were asked to step down at night.</p> <p>The quality review team was informed of the plans that the department had been considering to improve the rota and provide better learning experience and support to the trainees, as well as meeting the service demands:</p> <ol style="list-style-type: none"> <li>1. The Trust planned to leave higher trainees on resident on-calls but to recruit more clinical fellows to cover the days. Clinical fellows are hard to recruit, so there was concern if this was realistic.</li> <li>2. The Trust planned to take core trainees off overnight duties. The Trust reported that the core training posts had been reduced so that the out of hours rota was 1 in 11, instead of 1 in 14 (plus one existing vacancy). The plan was to fill these lost posts with clinical fellows.</li> <li>3. The Trust was also considering expanding the consultant cover instead of clinical fellows, so the clinical service would be more consultant delivered with less reliance on doctors in training. The clinical lead expressed concern that this could negatively impact the opportunity for higher trainees to develop their clinical decision making skills and prepare for the consultant role. The Trust acknowledged that consultant workload was already very high and the need to balance the proposed clinical service with the other administrative tasks and teaching.</li> </ol> <p>The Trust explained that historically the Trust had not had advanced nurse practitioners (ANPs) working in haematology, but that the department had just appointed two. In addition, the Trust was recruiting to three additional pharmacy posts, for both the haematology and oncology services, as well as developing the role and number of nurse prescribers.</p> <p>The Trust reported that there had been no issues in relation to unplanned admissions. The Trust reported that the day care facility was open between 8:00-20:00, 7 days a week and after this time, patients were moved to the receiving in patient unit. The Trust stated that consultants were present until 20:00, and the number of patients coming in overnight had been relatively few.</p> <p>The Trust reported issues around general practitioner support to interpreting results, which required a lot of advice line time for the consultants. The Trust commented that paediatric training in London often didn't have opportunities to learn in haematology. This resulted in limited knowledge and experience in district general hospitals in the care of sickle cell crises, for example.</p>	
--	---	--

## Next steps

### Conclusion

The quality review team ascertained that workload and recruitment were the main issues in the department. It was also acknowledged that some of the issues highlighted in the August 2017 programme review were historical and had been dealt with.

## Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
H3a	All ST3+ trainees to complete Paediatric Lab induction programme before undertaking preliminary reporting of blood films and bone marrow aspirates.	Evidence of completion of induction programme to be signed off by local ES for Paediatric haematology to be uploaded into e-portfolio and fed back to LFG (minuted as standing agenda item for review by HEE Quality)	1.13

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
H3b	Protected time for ward round for supervising consultants to ensure appropriate supervision/availability of trainees assigned for ward cover.	Agenda item for discussion at LFG.	4.2
H2	The Trust needs to review HR support to Haematology to ensure service rota is adequately covered.	Agenda item for discussion at LFG.	1.12

Other Actions (including actions to be taken by Health Education England)	
Requirement	Responsibility
N/A	N/A

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Martin Young
Date:	1 March 2018

### What happens next?

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.