

# King's College Hospital NHS Foundation Trust

Haematology

Risk-based Review (on-site visit)



## Quality Review report

15 March 2018

Final Report

Developing people  
for health and  
healthcare

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

## Quality Review details

|  |   |
|--|---|
| <b>Background to review</b>  | <p>Health Education England (HEE) was made aware of allegations of undermining, harassment and bullying within the haematology department at King's College Hospital NHS Foundation Trust.</p> <p>HEE therefore felt it was necessary to undertake a Risk-based Review (on-site visit) to gain further feedback from the trainees in post, to help determine whether the allegation made was a systemic problem within the department, or a one off episode.</p> <p>In addition to the undermining, harassment and bullying allegation made regarding the department, the department received less than favourable results in the General Medical Council National Training Survey (GMC NTS) and HEE wanted to investigate whether the changes made by the Trust to counter these results and address the highlighted issues had been successful. The results for haematology at King's College Hospital NHS Foundation Trust are highlighted below:</p> <p>The Trust received red flags in workload, educational governance and regional teaching. The Trust also received pink flags in reporting systems, supportive environment, adequate experience and educational supervision.</p> |
| <b>Training programme / learner group reviewed</b>                   | <p>Haematology</p>  |
| <b>Number of learners and educators from each training programme</b> | <p>The review team met with eight trainees from haematology. The training grades of the trainees were as follows;</p> <p>Specialty Training (ST) Level 4-7</p> <p>The review team also met with the clinical director (CD), training programme director (TPD) for haematology, Divisional Medical Staffing Manager, and some of the educational and clinical supervisors for haematology.</p>   |
| <b>Review summary and outcomes</b>                                   | <p>The quality review team would like to thank the Trust for accommodating the on-site visit and for ensuring that all sessions were well-attended. The quality review team was pleased to note the following areas that were working well:</p> <ul style="list-style-type: none"> <li>• The review team recognised the wealth of training opportunities that were present at the Trust.</li> <li>• The review team felt that the move to a sub-specialty team system within the department had greatly helped the trainees receive the training opportunities they require to meet their curriculum requirements.</li> <li>• The review team recognized that there were a number of highly committed trainers within the department. The trainees were particularly complimentary of the HMDC team.</li> <li>• The review team felt that the regular teaching sessions are well structured and rich, and fully appreciated by the trainees.</li> </ul>   |

- The review team felt that the department taking on additional multi-professional staff to help support the workload, was a positive change and beneficial for the trainees.

However, the quality review team also noted a number of areas that still required improvement:

- The review team heard of systemic cultural issues (perceived as a 'sink or swim' environment) within the department which was sometimes intimidating and detrimental to trainees' learning opportunities within the post.
- The review team heard that trainees felt that there was no functional local faculty group meetings (LFGs) and that feedback from these meetings, if they ran, was not provided to the trainees.
- The review team felt that when the trainee started in post at Kings there was no clear pathway of rotations for each trainee mapped to their curriculum requirements.
- The review team heard that trainees received a poor level of feedback regarding their progress and the review team felt that when feedback was provided, it needed to be delivered through appropriate channels
- The review team felt that dedicated consultant support and oversight was needed in relation to the rota coordinator role.
- The review team felt that there needed to be a more consistent approach in enabling all trainees to attend regional teaching days
- The review team heard that trainees sometimes found it difficult to get their workplace based assessments signed off by certain consultants within the department.
- The review team felt that the Trust needed to review the support provided for trainees transitioning from specialty training year 3 (ST3) level in a DGH to ST4 at King's College Hospital, in order to better prepare them for working in a busy tertiary centre.
- The review team felt that the ward rounds needed to be further developed to ensure they were more educationally valuable so that the rich learning opportunities available were taken advantage of.

### Quality Review Team

|   |  |                           |  |
|---|--|---------------------------|--|
| <b>HEE Review Lead</b>                    | Dr Martin Young<br>Head of School of Pathology<br>for London and Southeast<br>Health Education England | <b>External Clinician</b> | Dr Matthew Smith,<br>Consultant Haemato-oncology,<br>Barts Health NHS Trust          |
| <b>Trust Liaison<br/>Dean/County Dean</b> | Dr Anand Mehta,<br>Deputy Postgraduate Dean,<br>Health Education England for<br>London and Southeast   | <b>Observer</b>           | Zoe Fleet,<br>Joint Royal Colleges of<br>Physicians Training Board<br>Representative |
| <b>Lay Member</b>                         | Jane Gregory<br>Lay Representative   | <b>Scribe</b>             | Ed Praeger<br>Learning Environment Quality<br>Co-ordinator,                          |

## Findings

### 1. Learning environment and culture

#### HEE Quality Standards

**1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.**

**1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.**

**1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.**

**1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.**

**1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.**

**1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.**

| Ref  | Findings  | Action required?<br>Requirement<br>Reference<br>Number |
|------|---|--|
| H1.1 | <p><b>Patient safety</b></p> <p>The review team was pleased to report that no patient safety issues were highlighted by the trainees.</p>   |  |
| H1.2 | <p><b>Rotas</b></p> <p>The Haematology Training Programme Director (TPD) informed the review team that the number of staff within the department from August 2017 had increased by seven. These recruitments included the appointment of two Medical Training Initiative doctors (MTI) and two Advanced Nurse Practitioner's (ANP's), with a further two ANP's planned to join the department in the near future.</p> <p>Both the Training Programme Director and the trainees informed the review team that within the last year the department had been divided into sub-specialty teams. This was done to reduce the amount of cross cover that trainees were required to undertake. The trainees indicated that although the amount of cross covering had reduced, they still received cross cover requests. The TPD informed the review team that there were five large teams within the department, with four main teams and one team that would float and cover the out patient's department.</p> <p>The trainees informed the review team that consultants in certain teams would pick up the work load and cover trainees if the trainee was required to attend a training course, but this was not true for all of the teams in the department.</p> |  |

|      |   |   |
|------|---|---|
|      | <p>The trainees informed the review team that they felt that the rota management would benefit from having consultant oversight. The trainees felt that they had the knowledge in regards to where people should be placed for training needs, but it was felt that consultant's input would be helpful to determine whether the number of people on the rota was adequate for the service needs.</p> <p>The TPD highlighted to the review team the difficulties that the rota co-ordinator had faced in the past, but anticipated that the role would be easier, following the change to working in sub-specialty teams. The TPD felt that a conversation between the administrative higher trainee responsible for the overall rota and the lead higher trainee within each of the teams would allow for a better system to develop.</p> <p>Both the educational supervisors (ESs) and clinical supervisors (CSs) indicated they felt that the rota required some consultant oversight.</p> <p>The trainees informed the review team that when starting in post, they were working the on-call rota within two weeks. The trainees indicated that for new middle grades starting in post, the higher trainees would often try and delay the trainee starting on-call shifts but that due to the limited resources, this was not always possible.</p> <p>The trainees indicated to the review team that when cross-covering bleeps and paediatrics/red cell cross cover, there was a potential that patients could be overlooked. The trainees felt that the size of the departments was a considerable factor in trainees having to cross cover.</p> <p>The trainees informed the review team that to date, they had not been provided with a clear pathway of which rotations they would be undertaking during their time in the department. The trainees felt that this was important to make sure that they were able to meet all their curriculum requirements whilst in post.</p> <p>When asked if they would recommend the position to a friend or colleague, the trainees highlighted to the review team that a large number of CMT/haematology trainees had chosen not to apply for the haematology rotation, centred at King's College Hospital NHS Foundation Trust, due to the high workload and 'busy-ness' of the department.</p> <p>When asked about the on-call setup within the department, the TPD explained to the review team that there were always two consultant's non-resident on-call, with an onsite higher trainee available from 0900-2100 and a non-resident higher trainee on-call overnight, who was always available to attend the site if required.</p> <p>The TPD highlighted to the review team that almost no exception reports had been submitted by the trainees, but indicated that if a trainee worked over their designated hours, they would receive this time back as time in lieu.</p> | <p>Yes, please see H1.2a below</p> <p>Yes, please see H1.2b below</p> |
| H1.3 | <p><b>Induction</b></p> <p>The trainees informed the review team that although they had all received both Trust and departmental inductions, they had not been introduced to the Trust whistleblowing policy. The trainees indicated that if they had a problem and did not feel that they could approach a consultant within the department, that they would contact the post graduate centre.</p> <p>The trainees highlighted to the review team that each of the six sub-specialty teams were working towards introducing individualised induction packs, to help cover all the information that the trainees felt that they needed. The trainees highlighted that the current clotting and lymphoid sub-specialty team inductions were of a higher standard than the rest and perhaps could be used as exemplars for the other teams to copy.</p> <p>The ESs and CSs informed the review team that they had started the local team inductions to help in the transition of trainees from a ST3 grade to a ST4 grade when starting within the department. The Divisional Medical Staffing Manger indicated that they would meet with all of the trainees during the local inductions.</p>  |   |
| H1.4 | <p><b>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</b></p>  |   |

|  |                                   |
|--|-----------------------------------|
| <p>The trainees indicated to the review team that the culture within the department was very much focused on trainees learning outside of work, with less teaching opportunities coming from consultants whilst working alongside the trainees.</p> <p>The trainees informed the review team that the red cell and paediatric teams were a little disorganised in terms of teaching opportunities, and with the busy nature of the myeloid team workload, teaching opportunities with consultants were often difficult to come by.</p> <p>The trainees did indicate that with new consultants joining the department, that at the time of the review, the culture was improving. The trainees highlighted the Haematological Malignancy Diagnostic Centre lead and deputy as being particularly committed to teaching within the department.</p> <p>The trainees highlighted that to get their workplace based assessments signed off, they typically would avoid asking particular consultants, as they knew that they were unlikely to get a response back from these consultants within an appropriate time scale.</p> <p>The trainees indicated to the review team that covering the bone marrow lists was sometimes difficult due to the high numbers of cases involved, but they felt that the situation would improve with the recent addition of two Advanced Nurse Practitioners (ANP's) who would take over the bone marrow lists from the trainees. The clinical director for haematology indicated that the department was looking at having a total of four ANP's.</p> <p>The trainees informed the review team that trainees within the department had very little opportunity to experience Transfusion medicine as the Transfusion practitioners carried the bleep and so fielded most of the hospital enquiries.</p> <p>Despite a large haemoglobinopathy inpatient cohort, the trainees voiced concerns that they had limited opportunities to learn about the red cell diagnostic services, such as High Performance Liquid Chromatography (HPLC), as the red cell team was small and they were often needed on the ward, day unit or in clinic. The impression that came across from the trainees was that protected red cell laboratory time or attending laboratory reporting meetings would be advantageous.</p> <p>The trainees indicated to the review team that they received a lot of laboratory time when completing bone marrow lists, as they report the marrows they perform and each case required a full report, signed off by a consultant, which the trainees highlighted as a good training opportunity. The trainees also indicated that they were able to see enough films to satisfy their curriculum needs.</p> <p>The ESs highlighted that the trainees received a large amount of laboratory time and one to one time within the lymphoid sub-specialty team, but indicated that due to the workload seen in the team, that this often differed in the potential experience available to the trainee, depending on the trainee themselves. The ESs within lymphoid stated that the trainees had no shortage of training and teaching opportunities within the department, but highlighted that the service side of the post could be quite difficult for the trainees.</p> <p>The ESs in lymphoid highlighted that trainees potentially did not pick up on all of the teaching opportunities open to them, and that the consultants needed to signpost teaching opportunities more for the trainees to obtain everything they could from the post.</p> <p>The clinical supervisors highlighted that with three ward rounds a week with dedicated teaching, the trainees needed to be more proactive in asking for teaching that they required for their curriculums.</p> <p>Both the CSs and ESs highlighted to the review team that there was pre and post clinic briefing with the trainees and that learning opportunities could be discussed there. The CSs and ESs all indicated that they had an open door policy and tried to allow the trainee to see the patient first and be available for questions if the trainees felt that they needed help at this point.</p> | <p>Yes, please see H1.4 below</p> |
|--|-----------------------------------|

|      |  |                            |
|------|--|----------------------------|
| H1.5 | <p><b>Protected time for learning and organised educational sessions</b></p> <p>The trainees informed the review team that they received a good amount of structured teaching sessions, with the number of teaching sessions increasing closer to the exam period. The trainees highlighted to the review team that although they had a large number of scheduled teaching sessions each week, a large number of trainees were unable to attend due to cross covering other teams because of the service pressure within the department.</p> <p>The trainees highlighted to the review team that although the clinical fellows were instructed to cover for the trainees, to enable them to attend teaching sessions or training days, this did not always work and the trainees often found themselves having to stay on the ward and miss the sessions.</p> <p>When discussing the regional teaching opportunities available, the trainees highlighted to the review team that attending the Haemophilia teaching sessions at Guy's and St Thomas's NHS Foundation Trust was very difficult, and that they had to negotiate the time with their sub-team leader, who had the final say. The trainees highlighted that a number of trainees had therefore not been able to attend.</p> <p>The trainees indicated to the review team that getting more support from the consultants when trying to attend training days was something that the department had to improve on. The trainees indicated that when they had to cover patients, they were almost always unable to attend teaching days. The trainees felt that the consultants could cover some of the patients to allow the trainee to attend.</p> <p>The CSs informed the review team that with the re-structuring to the sub-specialty teams, that there were now senior (ST6-7) and junior (ST3-5) training days, which allowed for all trainees to attend regional teaching days. The CSs did comment that for inpatients, a number of trainees were expected to stay behind from the teaching days to cover.</p> | Yes, please see H1.5 below |
|------|--|----------------------------|

## 2. Educational governance and leadership

### HEE Quality Standards

**2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.**

**2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.**

**2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.**

**2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.**

**2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.**

|      |  |                            |
|------|--|----------------------------|
| H2.1 | <p><b>Appropriate system for raising concerns about education and training within the organisation</b></p> <p>The trainees indicated to the review team that they were unsure if a local faculty group (LFG) existed within the department, and highlighted that if it did, they were yet to receive feedback from it. The trainees mentioned that the trainee representative attended the consultants meeting and the trainees received feedback from it, albeit in bits and pieces but not the complete minutes of the meetings.</p> | Yes, please see H2.1 below |
|------|--|----------------------------|

|      |   |  |
|------|---|--|
|      | The CSs informed the review team that they held monthly trainer forums, which were not attended by any of the trainees within the department. The consultants used this opportunity to discuss individual trainees and their training needs. Within this forum, consultants would discuss Trainees in Difficulty (TID's) and how to provide support to these trainees.  |  |
| H2.2 | <b>Organisation to ensure access to a named educational supervisor</b><br><br>The trainees informed the review team that they all had received named educational supervisors when starting in the post and that they would meet at the start of the rotation. The trainees indicated to the review team that though they did have a learning agreement set out within this meeting, they did feel that this meeting was more of a box ticking exercise. |  |

### 3. Supporting and empowering learners

#### HEE Quality Standards

**3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.**

**3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.**

|      |  |   |
|------|--|---|
| H3.1 | <b>Behaviour that undermines professional confidence, performance or self-esteem</b><br><br>The review team heard from a number of trainees who highlighted an almost 'sink or swim' culture within the department. The trainees indicated that coming from a district general hospital (DGH) into the department at the Trust was a large step in terms of workload and expectations from consultants.<br><br>The trainees felt that this step up into the department from specialty training level 3 (ST3) to specialty training level 4 (ST4) lacked the necessary support from the consultants and the Trust body required by trainees of that level. This sometimes resulted in the trainees feeling overly stressed and fearful of coming into work.<br><br>The trainees indicated to the review team that this was a systemic cultural problem within the department. The trainees stated that this was mainly due to older and out dated working styles of a number of consultants, a large and expanding department and a large workload. When this issue was discussed with the Clinical Director (CD), the issues of a possible culture of older style teaching methods was acknowledged with the CD, who highlighted that a number of older consultants had stepped down from attending the Thursday ward round, ward attending and on call responsibilities to focus on research.<br><br>When asked about the Thursday ward rounds, the trainees indicated to the review team that although the ward round was sometimes stressful, they felt that it was an opportunity to learn through the questions and debates that came up. However, the trainees felt that a trainee lacking in confidence may find this ward round daunting and overly stressful.<br><br>The trainees did indicate that with the introduction of new, younger consultants, that this culture seemed to be slowly dissipating, but highlighted that without a sweeping change, the old style of working and teaching would remain within the department.<br><br>The ESs indicated that the department had changed from a small department, with only a small number of people attending the Thursday ward round, to a much larger event. The ESs recognised that the ward round could be seen as a little unsupportive, but that the consultants as a group were still learning, and that it was improving as they | Yes, please see H3.1a below<br><br>Yes, please see H3.1b below<br><br>Yes, please see H3.1c below |
|------|--|---|



|      |   |  |
|------|---|--|
|      | <p>did. The Clinical Director echoed these sentiments, noting that the department was looking in to how to alter the Thursday ward round and had already made some changes such as instituting a rotating chair.</p> <p>The trainees highlighted to the review team that they would often be required to be in a number of places at the same time and that the consultants would often not appreciate this. This made the trainees feel stressed. The trainees highlighted that as they became more senior, they felt that they could push back more when required and this made coming in to work in the department easier.</p> <p>The trainees reported that the treatment they received by the consultants varied from trainee to trainee, depending on their level of confidence, which in turn affected the learning and educational opportunities available to them.</p> <p>The ESs and CSs both indicated to the review team that as the department had grown and was larger than previously, they had lost a little of the 'everyone knows everyone' feel to the department. Now working in smaller groups and with the possibility of some senior people not working well together, the ESs and CSs highlighted that small pockets of issues sometimes arose. The ESs and CSs highlighted that the department required trainees to 'stand on their own two feet', but felt that robust conversations with the trainees were not undermining at all, although they could understand how the trainees could perceive them as so. The ESs and CSs indicated that if this mentality was explained better to the trainees, then there would be a better understanding throughout the department.</p> |  |
| H3.2 | <p><b>Access to study leave</b></p> <p>The TPD explained to the review team that the department gave trainees as much access to study leave as they felt they needed. The TPD highlighted that during exam periods, the trainees were often allowed to take a week off to prepare for exams.</p>  |  |
| H3.3 | <p><b>Regular, constructive and meaningful feedback</b></p> <p>The trainees informed the review team that they were actively encouraged to fill in Datix entries when highlighting errors and potential patient safety issues and that these entries were often discussed and worked through with staff members on the wards. This was not the view point of all trainees present though, with a number indicating that they had not received feedback.</p>   |  |

#### 4. Supporting and empowering educators

##### HEE Quality Standards

**4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.**

**4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.**

H4.1

**Access to appropriately funded professional development, training and an appraisal for educators**

The review team were informed by the ESs that they received a good level of support from the Medical Education department at the Trust.

#### 5. Developing and implementing curricula and assessments

##### HEE Quality Standards

**5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.**

5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.

5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.

5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.

|      |   |  |
|------|---|--|
| H5.1 | <p><b>Regular, useful meetings with clinical and educational supervisors</b></p> <p>The ESs indicated to the review team that they met with the trainees at the beginning, middle and end of their post. The ESs highlighted to the review team that they felt that the trainees had a good pathway of learning within the department, and that it was the trainee's responsibility, as adult learners, to get what they needed from the post.</p>  |  |
| H5.2 | <p><b>Appropriate balance between providing services and accessing educational and training opportunities</b></p> <p>The trainees indicated to the review team that the service requirements of the post often limited the amount of training opportunities they could access, due to the workload that trainees experienced on a day to day basis. The trainees reported that they did not feel that there was an appropriate balance between the service provision and the training in the post. The trainees highlighted that they found it difficult to attend training days due to the lack of available time after completing service requirements, and felt that this was a reason behind a number of trainees failing recent exams.</p> |  |

## 6. Developing a sustainable workforce

### HEE Quality Standards

6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.

6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.

6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.

6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.

6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

|     |  |  |
|-----|--|--|
| N/A |  |  |
|-----|--|--|

## Good Practice and Requirements

| Good Practice  | Contact | Brief for Sharing | Date |
|--|---------|-------------------|------|
| The review team recognised the wealth of training opportunities that the trainees were able to access during their placements.   |         |                   |      |
| The review team felt that the move to a sub-specialty team system within the department had greatly helped the trainees receive the training opportunities they required to meet their curriculum requirements.                |         |                   |      |
| The review team recognised that there was a number of highly committed trainers within the department. The trainees were particularly complimentary of the Haematological Malignancy Diagnostic Centre (HMDC) lead and deputy. |         |                   |      |
| The review team felt that the teaching was well structured and rich and was fully appreciated by the trainees.   |         |                   |      |
| The review team felt that the department taking on additional multi-professional staff to help support the workload, was a positive change and beneficial for the trainees.  |         |                   |      |

### Immediate Mandatory Requirements

| Req. Ref No. | Requirement | Required Actions / Evidence | GMC Req. No. |
|--------------|-------------|-----------------------------|--------------|
|              | N/A         |                             |              |

### Mandatory Requirements

| Req. Ref No. | Requirement   | Required Actions / Evidence  | GMC Req. No. |
|--------------|---|--|--------------|
| H3.1a        | The Trust is to investigate the systemic 'sink or swim' culture reported by the trainees within haematology and ensure that the culture within the department is conducive to education and training. | Senior management is asked urgently to review dynamic working relationships of ESs and CSs within the Department to ensure there is a supportive approach to service delivery and training at all levels. The Trust is to report back what measures it takes to ensure there is engagement by all parties and how this is to be facilitated. | R3.3         |
| H1.2b        | The Trust is to inform trainees of their pathway through rotations at the beginning of the trainees post, showing how each rotation is mapped to the trainee's curriculum.                            | The Trust is to provide evidence to HEE outlining each trainee's rotation pathway from the start of the post and correspondence to trainees detailing these rotations.   | R2.12        |

| <b>Recommendations</b> |  |   |                     |
|------------------------|--|---|---------------------|
| <b>Rec. Ref No.</b>    | <b>Recommendation</b>  | <b>Recommended Actions / Evidence</b>   | <b>GMC Req. No.</b> |
| H2.1                   | The Trust is to invite a trainee representative to the department's local faculty group (LFG) meetings, as well as provide minutes of these meetings as feedback to all trainees.  | The Trust is to provide HEE with minutes of the LFGs, evidence of trainee representation attendance and evidence of correspondence of the minutes to the trainees.  | R2.7                |
| H1.2a                  | The Trust is to provide additional support to the rota co-ordinator in the form of consultant oversight.   | The Trust is to provide evidence from both the trainee rota co-ordinator as well as the other trainees in the department highlighting the improved consultant oversight of the rota and feedback on how it works within the department.   | R1.12               |
| H1.5                   | Trust to confirm that all trainees are released to attend regional teaching days and provide trainee feedback, confirming this issue has been addressed, and details of the regional teaching days each trainee has attended.  | Attendance at regional study days is to be included as a standing agenda item in regular LFG meetings (to be held every three months). The minutes are to be submitted to Haematology STC/TPD meetings and HEE Quality on a regular basis to ensure that trainees are released to attend. | R1.16               |
| H1.4                   | The Trust is to ensure that each consultant supervisor sign off workplace based assessments in a timely manner.  | The Trust is to provide feedback from trainees that this situation has improved.  | R4.2                |
| H3.1b                  | The Trust is to provide further support/review the existing support for ST4 trainees transitioning from a ST3 grade at a District General Hospital (DGH) to the haematology department at King's to allow for trainees to be aware of the changes that they will face in the post. | The Trust is to provide HEE with documentation outlining increased support for trainees when starting in post from an ST3 to ST4 grade.   | R1.10               |
| H3.1c                  | The Trust is to continue looking into how to further develop the ward rounds within the department and how these can be more educationally valuable to trainees.   | The Trust to provide feedback from trainees on the educational value and learning opportunities on ward rounds within the department.   | R1.15               |

### Other Actions (including actions to be taken by Health Education England)

**Requirement**

**Responsibility**

|  |  |
|--|--|
|  |  |
|--|--|

| Signed  |  |
|---|--|
| <b>By the HEE Review Lead on behalf of the Quality Review Team:</b> | Dr Martin Young<br>Head of School of Pathology for London and Southeast Health Education England |
| <b>Date:</b>  | 19 April 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.