NHS
Health Education England

London North West University Healthcare NHS Trust, Northwick Park Hospital

Haematology

Risk-based review (on-site visit)

Quality Review report

6 December 2018

Final report

Developing people for health and healthcare

www.hee.nhs.uk

THE NHS CONSTITUTION
the NHS belongs to us all

Quality Review details

Background to review	Following the previous review of the department in September 2017, Health Education England (HEE) recommended that the department be placed under General Medical Council (GMC) enhanced monitoring and this was done. The current review was planned as a follow-up to assess the training dynamic between clinical supervisors, educational supervisors and trainees. In particular, the review team sought reassurance that there was an appropriate balance between training needs and service delivery and that trainees were involved in the ongoing work to improve the training environment.
Training programme / learner group reviewed	Haematology
Number of learners and educators from each training programme	The review team met with six haematology trainees at specialty training levels three to seven (ST3-7). The review team also met with educational and clinical supervisors in the haematology department and Trust representatives including: • Director of Medical Education • Medical Education Manager • Associate Medical Director for Medical Education and Research & Development • Guardian of Safe Working Hours • Acting Clinical Director/Divisional Director • Educational Lead • Director of Strategy and Deputy Chief Executive.
Review summary and outcomes	The review team identified several areas of good practice, including the comprehensive teaching programme, investment in recruitment and successful resolution of some of the historic challenges faced by the department (please see the Good Practice section at the end of the report.) One Immediate Mandatory Requirement was issued. This related to the lack of a robust process for managing outlier patients and ensuring timely and regular consultant reviews of these patients (please see Actions section at the end of the report). The review team also noted the following areas requiring improvement: • The junior trainees expressed anxiety about managing outlying patients and while working out of hours and were reluctant to call their supervisors too often during on-call shifts • Specialty trainees at level three (ST3s) starting in post did not have appropriate preparation or competency assessment before undertaking on-call shifts and managing haematology outlier patients independently • Trainees were able to attend clinics at the Ealing and Central Middlesex sites but were rarely able to do so at Northwick Park Hospital

	• There was significant, ongoing work to improve services and processes in the department but trainees were not involved and often not aware of this. The review team felt that this was a missed opportunity, particularly as the trainees were enrolled in the Edward Jenner leadership programme supported by HEE • The Clinical Lead for haematology had recently left the Trust. Further work was required to recruit to this post and to ensure a sustainable workforce at all levels was in place • A 'plan B' was required if the department was unable to recruit to consultant and senior nurse roles as hoped, in order to develop a robust clinical and training programme • Despite the drive to provide formal teaching sessions, the department required more robust clinical skills training in the clinical and laboratory environments, for example around bone marrow aspirates and blood film reporting.

Quality Review Team			
HEE Review Lead	Dr Martin Young Head of the London Specialty School of Pathology	**External Clinician**	Dr Mark Ethell Consultant Haematologist The Royal Marsden Hospital
Deputy Postgraduate Dean	Dr Geoff Smith Deputy Postgraduate Dean, North West London Health Education England	**Lay Member**	Jane Gregory Lay Representative
GMC Representative	Samara Morgan Principal Education Quality Assurance Programme Manager General Medical Council	**HEE Representative**	Paul Smollen Deputy Head of Quality, Patient Safety & Commissioning Team Health Education England, London
HEE Representative	Louise Brooker Learning Environment Quality Co-ordinator Quality, Patient Safety & Commissioning Team Health Education England, London	**Observer**	Tolu Oni Learning Environment Quality Co-ordinator Quality, Patient Safety & Commissioning Team Health Education England, London

Educational overview and progress since last visit – summary of Trust presentation

The review team asked about the Trust's response to the General Medical Council National Training Survey (GMC NTS) 2018 results. The Director of Medical Education (DME) advised that there was disappointment at the results due to the work which had been done to improve the atmosphere in the department and communication within the team. Following the previous review in 2017, the consultants had undergone a two-day mediation process and the department ran training sessions on stress management and communication skills. The DME indicated that trainees were now well-supported by the consultants and none of the current trainees had reported witnessing or experiencing bullying and undermining.

There had been changes to the management of the department and an external service review led by the Chair of the British Society of Haematologists. The external review found that service demands had grown but that the Trust investment in the department had not kept pace with them. This had led to increased workloads and meant that at any given time there were between 10 and 25 haematology patients admitted to outlier wards as the haematology ward had just 14 beds. The department Clinical Lead had recently left the Trust leaving this post vacant. The review team was informed that, following the external review, the department had become part of the Integrated Clinical Services division and the Trust had allocated funding to increase the capacity of the department. Work was in progress to build a new 20-bedded haematology ward which was co-located with the day care unit, increasing the overall bed base by six. This was due to open in January 2019.

There were 8.5 whole time equivalent (WTE) substantive consultants in the department, six locum consultants and the day care unit was largely staffed by two locally-employed doctors (LEDs). The Acting Divisional Director (ADD) advised that the department had budget for 16 WTE consultants and the Trust aimed to increase consultant staffing to this level by mid-2020. The DME reported that none of the locum consultants were educational supervisors (ESs) but that some had worked with the Trust for over a year and had recently started ES training. The ADD reported that a business case for a consultant pharmacist had been submitted. The Trust had created a new haematology general manager post and successfully recruited to this role. Management responsibility for the day unit nursing team had been reallocated to the Trust's lead oncology nurse. It was hoped that this change in management would enable the day unit and chemotherapy nurses to work more closely together and make these nursing roles more interesting and attractive to candidates during recruitment.

The postgraduate medical education (PGME) team had met with the trainees after the GMC NTS results were released to discuss the issues raised in more detail. Workload was a key concern, particularly in the day care unit and the laboratory. In day care this was linked to a lack of nursing management and inefficient processes. The review team heard that new standard operating procedures were being written, that the department was working to recruit a nursing lead for day care and that LEDs rather than trainees were allocated to day care most days, so trainees spent minimal time in the unit. In the laboratory a clinical audit was in progress to assess how many films were inappropriately referred for medical review rather than being reviewed by a biomedical scientist (BMS). The Trust was considering appointing senior BMSs to oversee the triage process in order to address this.

The DME reported that the department had regular local faculty group (LFG) meetings where trainees could give feedback and that trainees reported meeting with their educational supervisors regularly and completing workplace-based assessments as needed. The trainees had informed the DME that local teaching was improving and that the GMC NTS red outlier result for regional teaching was due to session cancellations which were outside of the Trust's control. When asked about the red outlier results in the GMC NTS for clinical governance and supervision, the trainees had been unable to identify the reasons for these. The department had set up boxes for trainees to submit written feedback confidentially if they did not wish to raise concerns at meetings or with their supervisors.

The Education Lead (EL) described the new teaching programme which had been implemented following the external review. There were one-hour teaching sessions held at the start of trainee day shifts from Tuesday to Friday each week. The sessions covered a range of topics and included subjects such as cardiology, fertility and radiology as well as haematology. The EL reported that there were good levels of attendance at these sessions.

The Guardian of Safe Working Hours (GoSWH) stated that trainees were taught and encouraged to submit exception reports. In the previous quarter the GoSWH had received four exception reports from haematology trainees, two of which were for working additional hours and two for missed educational opportunities. The GoSWH advised that trainees were known to under-report, particularly at higher training grades.

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? Requirement Reference Number
H1.1	**Patient safety** The trainees expressed concerns about the safety of haematology inpatients admitted to outlier wards. The review team heard that patients presenting out-of-hours could be admitted to an outlier ward by the medical on-call team and might be referred to the haematology team on admission, at handover the next morning or following the medical ward round. There was some anxiety that the referral system was inconsistent and created potential for patients to be 'lost' to the haematology team. The trainees advised that sometimes outlier patients were seen by medical consultants on post-take ward rounds, but this was not always done and the frequency of in-person haematology rounds varied depending on the consultant on duty. The review team was informed that most patients were seen by a consultant at least twice per week, with trainee-led rounds and consultant reviews of patient notes each day. When asked whether they would be happy for friends and family to be treated in the unit, the trainees advised that this would depend on which consultant was on the rota and whether the patient would be admitted to the haematology ward or to an outlier ward. The supervisors advised that if there were concerns about a patient on an outlier ward, the team could arrange to transfer the patient onto the haematology ward and transfer out a more stable patient. The Educational Lead (EL) noted that at local faculty group (LFG) meetings the main issue raised about outliers was the time taken to move around the hospital to see these patients. It was reported that the Trust was working to improve admission processes so that, as far as possible, each specialty had designated outlier wards rather than patients being admitted to the first available bed. It was hoped that this would reduce the time required for outlier ward rounds and standardise referral processes. When the new haematology ward was operational, the department was to have six additional inpatient beds, reducing the number of outliers. The trainees advised that specialty trainees at level three (ST3s) were included in the haematology on-call rota from early in their rotations and were responsible for	Yes, please see H1.1a

	providing expert advice to clinicians in other specialties. The trainees felt apprehensive about having this level of responsibility so early in their rotations and, although they were able to contact the on-call consultant, were reluctant to call and ask questions too frequently. The senior trainees reported that they felt responsible for helping and overseeing the ST3s, who were often more comfortable seeking advice from senior trainees than consultants. The review team was informed that there was no requirement for trainees to complete certain assessments or demonstrate a level of skill or knowledge prior to going on-call.	Yes, please see H1.1b
H1.2	**Rotas** The trainees advised that their day shifts lasted from 08:30 to 18:00 and that they were usually able to leave on time when working in the laboratory, in the red cell team or on the inpatient ward. Trainees reported that they sometimes worked late when covering the outlier patients due to the time taken to walk around the hospital site. This could also depend on whether the consultant led the round and what time the consultant started the round. All trainees had been encouraged to submit exception reports when appropriate and had been taught how to report during the Trust induction. The trainees described the unit as busy and felt that staff workloads were high. Despite this, the trainees reported that they had good support from consultants and from each other. The review team was advised that it was important to have a mix of junior and senior trainees on the rota due to the complexity and volume of work and that junior trainees were paired with a senior trainee in the laboratory whenever possible. The supervisors noted that a consultant was assigned to cover the laboratory every day to review more complex films or bone marrows and to supervise trainees. Historically there had been issues with trainees being unaware of supervision arrangements in the laboratory, so the consultant rota was now displayed on the wall to make this clear. The trainees thought that new ST3s should be assigned to ward duties when they started work in the department as there was more consultant support available there. The review team heard that two physician associates had been recruited and were due to start in early 2019. It was hoped that this would alleviate junior trainee workloads on the ward, particularly relating to administrative tasks. The trainees reported that there were daily consultant rounds, including at weekends. Trainees carried out daily rounds of outlier patients. The rota was arranged by an ST7 trainee who informed the review team that outlier duties and work at the Ealing and Central Middlesex sites were organised into three or four week blocks to provide continuity for the trainees and the patients. The supervisors advised that there had been no gaps in the junior doctor rota in the past six months. When the new cohort of ST3s had started their rotations in August, the supervisors reported that the department had brought in a locum junior doctor to assist with workloads during the transition period.	
H1.3	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The trainees reported that they were able to gain clinic experience when working at Ealing Hospital and Central Middlesex Hospital but that they rarely attended clinics at Northwick Park Hospital, where they spent the majority of their time. It was noted that clinics were not included in the rota at the Northwick Park site which meant that trainees could only attend them if workload on the wards or in the laboratory allowed. The supervisors were aware that trainees attended clinics infrequently and advised that clinic time had been included in the rota for previous trainee cohorts.	Yes, please see H1.3

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	**Impact of service design on learners** There was a discussion of the improvement work underway in the department. The trainees were aware of some of the ongoing projects but explained that they were often told about these projects informally by consultants or other colleagues rather than being involved in the quality improvement process or formally told about the service development programme. The trainees were enrolled in the Edward Jenner supported leadership programme and the review lead suggested that there were opportunities to apply the learning from this programme to projects within the department. The trainees agreed that there were plenty of potential quality improvement projects such as the day unit staffing restructure, a review of processes and workloads in the laboratory and review of the elective admission processes. The supervisors advised that the Trust planned to start holding regular meetings with colleagues at the Royal Marsden Hospital to discuss integrated reporting and that trainees would be involved in these meetings. The trainees had met with the Director of Medical Education (DME) and the Acting Divisional Director (ADD) and given feedback about their experience in the department. One area the trainees highlighted was the workload in the laboratory, particularly the high numbers of bone marrows and blood films referred to trainees by the laboratory. The review team heard that many of these tests did not need medical review and could have been undertaken by a senior biomedical scientist (BMS). The trainees were aware that the department was considering employing a senior BMS to address this issue. The supervisors informed the review team that the consultants were working to train the BMSs around referrals and that there were annual audits of blood film referrals to monitor numbers. The review team heard that there was an average of 300 blood films processed each day, 10% of which were referred for medical review. The supervisors reported that there was a standard operating procedure in place for referrals but that it had proven difficult to implement this in practice and establish clear remits for BMSs and junior doctors. The laboratory was run by a private company, The Doctors Laboratory (TDL), who employed the BMSs. The supervisors felt that this had caused some of the issues around clarity of roles, as BMSs were not able to access full NHS patient records or determine which consultant was responsible for each patient. The department was considering possible solutions for this. There were regular meetings between the Trust and TDL and the supervisors had found that TDL was receptive to feedback and willing to increase the number of BMSs.	Yes, please see H2.1a

	The trainees advised that they had also fed back to the DME about the challenges in the day care unit, including the administrative burden of requesting investigations on paper forms and obstruction from some of the nursing staff when trainees referred patients to the unit. The review team heard that some nurses would refuse referrals and advise trainees to refer patients to the emergency department even if the day unit was not full. The EL reported that the department had allocated locally employed doctors (LEDs) to cover the day care unit after trainees had raised concerns. The LEDs worked in the unit four days per week, reducing the amount of time that trainees were required to spend there. The bone marrow specialist nurse had recently left the Trust so the trainees on the laboratory rota had been assigned responsibility for taking bone marrow biopsies. The ST6 and ST7 trainees were able to cope with this workload and were more confident in challenging referrals which they felt were inappropriate or not justified. The ST3 trainees reported that it was more difficult for them to manage this additional workload. The review team was informed that the department planned to recruit further substantive consultants, physician associates and specialist nurses. The review lead pointed out that several London Trusts were competing to recruit staff, particularly consultants and specialist nurses. The DME reported that the Trust was considering other strategies, such as employing clinical fellows to act as resident medical officers in the private wards and altering clinic arrangements to reduce workloads.	H2.1b
H2.2	**Systems and processes to identify, support and manage learners when there are concerns** The supervisors reported that the department had had trainees requiring additional support (TRAS) in recent years. The EL advised that the supervisors and Postgraduate Medical Education (PGME) team worked in conjunction with the specialty school and training programme director to provide trainees with the necessary support. The review team heard that these trainees had successfully met the curricular requirements and progressed in their training.	
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	**Behaviour that undermines professional confidence, performance or self-esteem** The trainees were aware of the historic issues around difficult working relationships between some consultants in the department and the impact this had on previous cohorts of trainees. The trainees advised that this knowledge had made them apprehensive prior to starting their rotations at the Trust, but that the atmosphere and culture of the department was much improved. None of the trainees reported experiences of bullying or undermining. In particular, the post-weekend handover meeting on Monday morning had been a source of anxiety but trainees now found this meeting productive and felt that consultants were supportive of their clinical decisions.	

H3.2	**Access to study leave** The supervisors informed the review team that trainees were encouraged to attend training and present at conferences and that the majority of study leave requests were granted. The EL noted that the trainees coordinated their study leave requests to ensure sufficient rota coverage which was helpful to the PGME team.	

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	**Sufficient time in educators' job plans to meet educational responsibilities** The educational supervisors advised that there was time allocated in their job plans for supervision activities. This included supervision of clinical fellows as well as trainees. Some consultants did not have written job plans at the time of the review as the process of writing and updating job plans was ongoing, but these consultants had been assured that 0.25PA (programmed activities) would be allocated for each junior doctor they supervised.	

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	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** The trainees were aware of the drive within the department to increase the amount of formal teaching sessions and to ensure that trainees working at the NPH site were released to attend teaching. The sessions were run from 08:30 to 09:30 four days each week. The supervisors advised that they aimed to make the sessions interactive by including scenarios and case discussions, as well as holding revision sessions prior to examination dates. The review lead asked about clinical skills teaching and how this was delivered. The supervisors reported that the clinical nurse specialist (CNS) who had done most of the bone marrow biopsy work and teaching had left and that one of the doctors working in the day unit had taken over this work. The supervisors reported that junior trainees	

	were taught to perform bone marrow biopsies and intrathecal chemotherapy administration during their departmental induction and by consultants and senior trainees in the clinical areas. The supervisors advised that senior trainees needed to learn teaching skills in preparation for future consultant roles. The trainees informed the review team that some consultants were invested in teaching in practice but that others separated formal teaching from service provision. The trainees felt that there were missed opportunities for practical teaching in the clinical and laboratory environments, for example around bone marrow aspirates and blood film reporting. The review team heard that in the two years prior to the review all trainees who had attempted the Member of the Royal College of Pathologists examinations had passed.	Yes, please see H5.1

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.

H6.1	**Learner retention** When asked whether they would consider applying for consultant roles in the department in future, the trainees were divided. Some felt that there was potential in the department for further positive change and that this would encourage them to remain there as consultants.	

Good Practice and Requirements

Good Practice
The review team heard that the Trust took concerns about workload in the department seriously. There was recruitment underway for physician associates, senior nurses and consultants, with some new staff due to start in January 2019.
The trainees all agreed that the historic issues around bullying, undermining and difficult working relationships between consultants in the department had been successfully resolved.
The department was commended for the work done to improve the local teaching programme. The review team commended the unit Training Lead's efforts in developing the teaching programme and supporting trainees through a period of considerable change.

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
H1.1a	There is a requirement for appropriate consultant supervision of outlier patients.	There should be a minimum of two face-to-face reviews of each haematology patient per week. Each haematology patient should be reviewed in person by a haematology consultant within 14 hours of admission.	**R1.2**

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
H1.1b	ST3 trainees starting in post require a preparation period before undertaking on-call shifts independently. Supervisors should ensure that trainees have appropriate levels of knowledge and competency before being put on-call.	Please provide details of a preparation programme and process for competency assessment for new ST3 trainees. This should be in place by the next rotation date (August 2019) and trainees should not be rostered to work on-call independently until the programme and competency assessment are complete.	**R1.9**
H1.3	The Trust should ensure that trainees working at Northwick Park Hospital are rostered to attend clinics.	Please provide copies of trainee rotas including clinic sessions as appropriate for each trainee's stage of training by 20 February 2019.	**R1.15**
H2.1a	The trainees should be informed of ongoing improvement work within the department and encouraged to participate in this work through giving feedback and through formal processes such as audits and quality improvement projects.	Please provide minutes of the next two LFG meetings showing that changes and improvement work in the department are discussed and that trainees are made aware of opportunities for quality improvement projects.	**R1.22**
H5.1	The department requires more consultant engagement to deliver clinical skills training in the clinical and laboratory environments.	Please include this issue on the LFG agenda and provide minutes of the next two LFG meetings. This action can be closed when trainee feedback to the LFG confirms that consultants are delivering clinical skills teaching in practice.	**R2.4**

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions**	**GMC Req. No.**
H2.1b	The Trust needs to ensure that plans are in place for a sustainable workforce at all levels, particularly if the department is unable to recruit to consultant and senior nurse roles as planned.	The Trust is advised to audit the workloads and job plans in the department and determine whether non-medical roles could be developed to cover some aspects of the work currently done by doctors and nurses.	**R2.3**

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**

HEE will plan a follow-up review to determine whether the supervision of junior trainees has improved.	HEE Quality Reviews team

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Martin Young
Date:	5 February 2019

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.