

# King's College Hospital NHS Foundation Trust

**Haematology**

**Risk-based Review (on-site)**



## **Quality Review report**

**9 April 2019**

**Final report**

**Developing people  
for health and  
healthcare**

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## Quality Review details

<b>Background to review</b>	<p>Health Education England (HEE) planned this quality review based on the deterioration of scores for haematology in the General Medical Council National Training Survey (GMC NTS) 2018.</p> <p>The Trust received red flags in supportive environment, induction, educational governance, educational supervision and regional teaching. The Trust also received pink flags in feedback and clinical supervision.</p>
<b>Training programme / learner group reviewed</b>	Haematology
<b>Number of learners and educators from each training programme</b>	<p>The review team met with a number of haematology higher trainees. The review team also met with clinical and educational supervisors in haematology and the following Trust representatives:</p> <ul style="list-style-type: none"> <li>– Director of Medical Education</li> <li>– Medical Director</li> <li>– Medical Education Manager</li> <li>– Deputy Medical Education Manager</li> <li>– Educational Lead (EL) for Haematology</li> </ul>
<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 was pleased to hear of the high quality and regular teaching available to the trainees. It was noted that training had been timetabled until December 2019 which was curriculum focused. The trainees highlighted they were given pre-reading material and had access to library of books.</li> <li>– The review team heard that monthly local faculty group (LFG) meetings had been implemented since the last Health Education England (HEE) visit and that trainees felt comfortable to raise concerns within these meetings.</li> <li>– The review team was pleased to hear that specialty trainees level 4 (ST4s) felt they received a good induction and were well supported by the recently appointed mentor who had met with them to map out training to the curriculum.</li> <li>– The review team felt the introduction of Advanced Nurse Practitioners (ANPs) in the department had a positive impact to running the service.</li> </ul> <p>However, the quality review team also noted a number of areas for improvement:</p> <ul style="list-style-type: none"> <li>– Although it was noted that the balance between training and service worked well when all trainee posts were filled, the review team was concerned to hear that there are continuing issues with cross cover arrangements which was left for a senior trainee to resolve with little senior consultant support. This problem was identified at a previous visit</li> </ul>

and is on-going. The problems with providing cross cover has a negative impact on providing high quality clinical care and detracts from training.

- The review team was concerned to hear that junior trainees were on occasion required to hold multiple bleeps including paediatric haematology as a result of the demands of cross covering.
- The review team was disappointed to hear that there was a lack of support for higher trainees in managing trainee rotas and it was noted there was not an appropriate identifiable consultant to approach when issues arose at the beginning of the day.
- The review team was disappointed to hear that on occasion higher trainees had to step down in order to cover junior level tier on the rota in addition to covering their role. When this happened there was little support from on-call consultant to take the higher trainee calls.

### Quality Review Team

<b>HEE Review Lead</b>	Anand Mehta Deputy Postgraduate Dean for South London	<b>External Clinician</b>	Martin Young Head of School for Haematology
<b>Lay Member</b>	Kate Rivett Lay Representative	<b>HEE Representative</b>	Bindiya Dhanak Learning Environment Quality Coordinator Quality, Patient Safety & Commissioning Team (London)
<b>HEE Representative</b>	Kenika Osbourne Learning Environment Quality Coordinator Quality, Patient Safety & Commissioning Team (London)		

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

Since the quality visit, the Educational Lead (EL) for haematology reported that monthly local faculty group (LFG) meetings had been implemented which were well attended by trainees and trainers. It was noted how trainees felt on the ground was a standing agenda item to which no bullying or undermining behaviour had been reported. The review team also heard that trainee forums took place to discuss training issues which were fed back to consultant meetings by the named trainee representative.

At the previous quality review, 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 EL informed the review team that there was a named locum consultant who was a mentor for the specialty trainees level 4 (ST4s) who was appointed shortly after the previous visit. This mentor had an open door policy for trainees to raise any issues of concern. It was mentioned to the review team that there was a WhatsApp group formed for general support and resilience training and made available for all trainees in haematology. It was reported to the review team that the department had access to a library of 20 text books and that trainees received Tuesday teaching which was consultant led and mapped to the curriculum.

It was heard by the review team that a named higher trainee had planned all trainee rotas and trainees knew what they were doing for the next 12 months. It was reported to the review team that there had been some

changes to the atmosphere within the department, with a number of consultants leaving and new consultants being appointed.

When asked what the trainees would report to the review team, the Trust indicated that trainees were likely to report on workload and rota gaps impacting on training opportunities. The EL noted to the review team the difficulty to recruit locum and trust grade doctors to support rotas. It was heard that the Trust had appointed an overseas trainee from Sri Lanka who would be in post in the next few months.

## 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	<p><b>Patient safety</b></p> <p>No specific patient safety issues were reported by trainees to the review team however, the review team was concerned to hear that junior trainees were on occasion required to hold multiple bleeps including paediatrics, as a result of the demands of cross covering which could potentially have an impact on providing high quality clinical care.</p> <p>The review team heard that all trainees would feel comfortable having friends and family treated within the haematology department at the Trust.</p>	Yes, please see H1.1
H1.2	<p><b>Rotas</b></p> <p>The haematology educational lead (EL) informed the review team that the number of staff within the department from August 2018 had increased with the recruitment of five advanced nurse practitioner's (ANP's). It was noted that the ANPs were in the process of being trained up and were on study leave three days a month on a prescribing course. The trainees all commended the support the ANPs provided and felt that they were a stable part of the workforce.</p> <p>When asked about the rota gaps, the higher trainees indicated to the review team that when trainees rotated in September, there was a fully compliant rota however, as the year has progressed, trainees had left on maternity leave, finished training to take on consultant positions or have moved to Princess Royal University Hospital (PRUH). It</p>	Yes, please see H1.2a

	<p>was noted that at the point of a trainee leaving, they would not be replaced which left the department stretched.</p> <p>The review team heard that during the period of January – March 2019, higher trainees had to step down to cover the junior trainee role on the rota as well as covering their own role which proved challenging. The review team were informed that there was now a full junior trainee rota with a total of eight junior clinical fellows (JCFs) within the department. It was noted that the JCFs were always supported by a higher trainee and an ANP whilst on the ward and on-call. It was noted by the review team that the higher trainee rota was two trainees short with further reductions anticipated as a result of higher trainees taking up consultant posts in July 2019.</p> <p>The EL informed the review team that there were 30 consultants in haematology who worked a one in eight on-call rota. When asked if consultants would occasionally step down to support rotas, the trainees were not aware that this happened and indicated there was a lack of leadership from the consultant body with regards to the management of day to day rota issues. 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 input would be helpful to determine whether the number of people on the rota were adequate for the service needs.</p> <p>The trainees indicated to the review team that when cross-covering bleeds and paediatrics/red cell cross cover, there was a potential that patients could be overlooked and could have an impact on the quality of care for patients.</p> <p>When asked if they would recommend the position to a friend or colleague, most trainees indicated they would recommend the post if they were able to access the excellent learning opportunities available.</p>	Yes, please see H1.2b
H1.3	<p><b>Induction</b></p> <p>All trainees confirmed they were happy with the corporate and local induction received when they had started in post. The group of trainees informed the review team that written material was given to trainees at the beginning of the post which included key contacts needed for the position.</p> <p>The specialty trainees level 4 (ST4s) informed the review team they had all met with locum consultant who was their mentor as part of their induction to discuss training needs and expectations of the role which was helpful.</p>	
H1.4	<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 weekly, which was mostly consultant led and had been mapped to the curriculum and scheduled until December 2019. The trainees highlighted to the review team that reading material was distributed to the trainees prior to these sessions and presentations were saved in a shared drive which was easily accessible. It was noted to the review team that the teaching sessions were not bleep free sessions. The EL indicated to the review team that whilst teaching took place on Tuesday morning between 08:30 – 09:30, there was very little clinical activity.</p> <p>When asked if trainees were able to attend regional teaching, all trainees confirmed that they were able to attend and that clinics were cancelled in order to do so.</p>	Yes, please see H1.4

## 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

**Appropriate system for raising concerns about education and training within the organisation**

The review team was pleased to hear that local faculty group (LFG) meetings had been implemented since the last quality visit in March 2018, which took place monthly with good trainee representation. The trainees mentioned that the last few meetings which had been held had a primary focus on the difficulties encountered as a result of the rota gaps and not education.

The trainees reported they held a trainee forum once a month after teaching where issues were discussed. The named trainee representative reported issues to the consultant's meetings.

The ESs and 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 requiring additional support (TRAS) and how to provide support to these trainees. It was noted that the DME held quarterly meetings with all ESs in the Trust.

The trainees mentioned to the review team that the newly appointed mentor was also a general point of contact for ST4s who had an open door policy to discuss any issues with 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**

No trainees who the review team met with on the day of the visit reported any bullying behaviour.

HEE conducted a pre-review questionnaire and informed the Trust that three trainees reported that they had been subject to behaviour by other which has eroded their professional confidence or self-esteem. The EL indicated to the review team that there were mechanisms in place for trainees to feed back if there were any issues but no trainees had raised this. The DME informed the review team that this was helpful to know and would be looking into this.

Yes, please see H3.1

### 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.

N/A

## 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 Regular, useful meetings with clinical and educational supervisors

The trainees informed the review team that they all had a named educational supervisor when starting in the post and that they would meet at the start of the rotation. When asked how often trainees met with ESs, the trainees indicated that this was dependant on individual trainee needs. The ESs indicated to the review team that they met with the trainees at the beginning, middle and end of their post. The review team heard from the group of trainees that ESs were easy to access and approachable.

#### H5.2 Appropriate balance between providing services and accessing educational and training opportunities

The trainees indicated to the review team that the service requirements of the post and pressures of daily workload often limited the amount of training opportunities they could access. The trainees reported that they did not feel that there was an appropriate balance between the service provision and the training in the post when there were continual gaps in rotas.

## 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	
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## Good Practice and Requirements

### Good Practice

The review team heard of the high quality teaching programme mapped out to curriculum and the learning resources available were well received by trainees.

The review team heard of the implementation since the last quality visit of the LFG meeting which was well attended by trainees and trainers.

### 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.
H1.1	The Trust is to ensure that trainees are not required to hold multiple bleeps including paediatrics, as a result of the demands of cross covering.	Please provide HEE with a robust plan to ensure bleeps and cross cover is distributed safely and appropriately. Please provide an update within one month.	R1.7
H1.2b	The Trust is required to have consultant oversight and input into the daily management of the rotas.	The Trust is required to provide trainees who are managing the rotas support and oversight from a named consultant in the management of rotas.	R1.12
H1.4	The Trust is required to ensure that weekly teaching is protected for trainees and there is a named person to cover bleeps.	The Trust is to assign a nominated person within the department to cover bleeps whilst trainees attend teaching. Please provide HEE with evidence through LFG minutes. Please provide an update within two months.	R1.16
H3.1	The Trust is required to address the results from the pre-review questionnaire that were highlighted by the review team with regards to trainees professional confidence or self-esteem.	Please provide HEE with evidence that this has been addressed with trainees through trainee forums or LFG meetings. Please provide an update within two months.	R3.3

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
H1.2a	The review team recommends the Trust continue to review the workforce strategy to support patient care and improve educational opportunities for trainees.	HEE advises that the Trust is to explore further recruitment pathways for Doctors Assistants, Physician Associates and ANPs in to the department.	R1.12

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

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Anand Mehta, Deputy Postgraduate Dean for South London
Date:	2 May 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.