

# Imperial College Healthcare NHS Trust (Hammersmith Hospital)

Haematology

Risk-based Review (on-site visit)



## Quality Review report

26 November 2019

Final Report

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## Quality Review details

<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 15 trainees who worked within haematology. This included one trainee working at foundation year two (FY2) level, three trainees at core medical training (CMT) level and 11 speciality trainees at training levels three to seven (ST3-7). The review team also met with 19 educational and clinical supervisors in the haematology department and Trust representatives including:</p> <ul style="list-style-type: none"> <li>• Associate Medical Director for Education</li> <li>• Head of Medical Education</li> <li>• Director of Medical Education</li> <li>• The Guardian of Safe Working was on conference call.</li> <li>• Unit of Training Lead for haematology</li> <li>• Divisional Director of Operations</li> <li>• General Manager for Haematology</li> </ul>
<b>Background to review</b>	<p>Health Education England (HEE) conducted an on-site visit to haematology at Hammersmith Hospital following a decline in results for the 2019 General Medical Council (GMC) National Training Survey (NTS). 10 red outliers were returned for: Teamwork, Handover, Supportive Environment, Induction, Adequate Experience, Curriculum Coverage, Educational Governance, Educational Supervision, Feedback and Regional Teaching.</p>
<b>Supporting evidence provided by the Trust</b>	<p>Deep Dive Analysis of the National Training Survey 2019 at the Imperial College Healthcare NHS Trust Department of Haematology</p> <p>Trainee Deep Dive Hammersmith Hospital</p> <p>Minutes of – Haematology Local Faculty Group May 2019</p> <p>Minutes of – Haematology Local Faculty Group October 2019</p> <p>Minutes of – Haematology Local Faculty Group November 2019</p> <p>IGHT – Haematology Consultant Training Record</p>
<b>Summary of findings</b>	<p>The current challenges and pressures faced by the service were discussed. The review team identified several areas of good practice, including:</p> <ul style="list-style-type: none"> <li>• The haematology department and Trust medical education teams' proactive response to the 2019 General Medical Council (GMC) National Training Survey (NTS) results. It was clear that the issues had been investigated and the implementation of new processes, staffing and model of care had started.</li> <li>• Trust representatives reported that a business case for the recruitment of 5.5 haematology consultants had been approved.</li> </ul>

- The review team heard that monthly Local Faculty Groups (LFG) had been established and that all trainees were encouraged to attend. These were felt to be a good forum for understanding and actioning issues.

The review team also noted the following areas requiring improvement:

- The department was required to review and upgrade the training office facilities in conjunction with senior trainees.
- The review team advised that the administrative higher trainee should have designated time in their job plan to enable them to work with the newly appointed rota coordinator.
- The department needed to better protect laboratory training placements, which should be matched to each trainee's stage of training.
- The review team heard how the departmental induction was variable for some trainees and junior doctors, especially when they rotated outside of the normal induction period. The department is required to ensure there is an induction in place for all trainees who are new to haematology.
- The department was advised to continue working on the escalation policy to ensure there is a robust pathway for both known and unexpected rota gaps.

#### Quality Review Team

<b>HEE Review Lead</b>	Dr Orla Lacey Deputy Postgraduate Dean, North West London Health Education England	<b>External Clinician</b>	Dr Raj Patel Training Programme Director for Haematology Consultant Haematologist King's College Hospital NHS Foundation Trust
<b>Head of School Representative</b>	Dr Martin Young Head of the London Specialty School of Pathology	<b>Trainee/Learner Representative</b>	Dr John Jones Higher Trainee King's College Hospital NHS Foundation Trust
<b>Lay Member</b>	Saira Tamboo Lay Representative Health Education England	<b>HEE Representative</b>	Emily Patterson Learning Environment Quality Coordinator Health Education England

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

The Trust representatives provided an overview of the pressures and challenges faced by the haematology department at Hammersmith Hospital, as well as the steps they had planned to address these. Following the 2019 General Medical Council (GMC) National Training Survey (NTS) the department in collaboration with the Trust medical education team conducted 'deep dives' with trainees and held discussions at Local Faculty Groups (LFGs) to identify perceived challenges within the department. Two themes were identified:

1. Staffing, the high work load of trainees and the ward staff
2. Educational governance, more specifically in the areas of:
  - a. Induction
  - b. Teaching

## c. Day to day practicalities.

The review team heard how the department had focused the current and planned interventions on the two themes identified, in an effort to improve the training and educational experience within haematology.

A shortage of staff was raised as a concern with trainees during the department's deep dive. The review team heard how Trust representatives believed improvements had occurred over the last year to address these problems. It was discussed that the department currently had one more clinical fellow and one more junior doctor than usual; a total of five clinical fellows and 4.6 Foundation and CMT doctors worked within the department. Additional staffing had helped to address rota gaps; however, it was acknowledged that this was not a long-term solution.

Trust representatives discussed how they recently had a business case approved to appoint 5.5 additional haematology consultants, a directorate business manager and additional medical secretarial support. It was reported that two of the consultant posts had been advertised and it was expected for the remaining posts to go out to advert in the next couple of weeks. It was hoped that the appointments would increase ward work efficiency, allowing for more protected time for clinics and teaching duties. It was further identified that the additional consultant support would reduce pressures on the trainees and enable the rota to run in line with the new junior doctor contract. Trust representatives identified that they were unable to change the model of care until these consultants had been appointed and hoped for changes to be in place by April 2020.

The department had explored how they could support rostering to help resolve issues around staffing. A rota coordinator had been appointed to assist with producing the rota and identifying upcoming rota gaps. It was discussed how a monthly administrative rota meeting was taking place with the management team to review shortages. The review team heard how the rota was circulated six months in advance and that weekly reviews had been instated, which had allowed a more proactive than reactive response to rota gaps. It was further discussed that a pool of previous trainees and clinical fellows had been identified to help fill shortages when needed.

Trust representatives reported they had conducted a deep dive with trainees about their induction. The review team heard how trainees felt that some aspects of the departmental induction were too high level for trainees at the beginning of their training and how starting at the department could feel overwhelming. A review of the induction process was reported to be taking place to ensure the induction planned for February would be appropriate for all training levels. The department also had established a buddying system, whereby a Speciality Training level three (ST3) trainee would be paired with a more senior trainee. It was further mentioned that the ST3 mentor had met with new trainees to welcome them to the department and a consultant had been based on the wards to provide support and teaching to the more junior trainees.

The review team heard how, during the deep dive, trainees had fed back that they had not been made aware of how their work in the department would fit into their overall training route and competencies. Trust representatives advised that following the feedback the trainees would be provided with oversight on what they were expected to achieve within their rotation, considering their curriculum requirements and previous teaching. The review team enquired about the level of protected time trainees had for morphology laboratory training. It was discussed that occasionally trainees were removed from the labs to support other areas within the department. Trainees who were working within the labs had a fixed time every day with the designated consultant to go through morphology.

The review team questioned why supportive environment was raised as an issue on the 2019 GMC NTS survey. It advised that this was not due to a lack of support felt within the department, but due to the relationships with other medical teams including the renal and intensive care departments. The Trust representatives assured the review team that they had worked to improve the relationships between haematology and the identified departments. It was further discussed that some trainees reported feeling overwhelmed when dealing with severe cases of opiate dependency. The department had run a session with a clinical psychologist around conflict resolution in an effort to provide more support in this area. Resilience training was also offered to trainees.

The review team enquired about the pattern of exception reporting seen within the department. The Guardian of Safe Working Hours (GOSWH) told the review team that not many reports had been raised formally, which was why the Trust was unaware of the issues with the previous haematology rota. Exception reports were on the monthly LFG agenda. The Trust representatives were questioned as to whether trainees were paid for working overtime, or whether they were compensated with time off in lieu. It was reported that at present trainees received monetary compensation, however the department planned to have this dialog with trainees to see if the latter would be preferable.

The Trust representatives acknowledged the management and departmental efforts that had gone into interventions following the 2019 GMC NTS. It was identified that the department was still going through a period of change and recruitment, and that ensuring the consolidation and sustainability of progress made was important.

## Findings

### 1. Learning environment and culture

#### HEE Quality Standards

**1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive learning experience for service users.**

**1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.**

**1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).**

**1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.**

**1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.**

**1.6 The learning environment promotes inter-professional learning opportunities.**

Ref	Findings	Action required? Requirement Reference Number
H1.1	<p><b>Appropriate level of clinical supervision</b></p> <p>The review team asked Educational Supervisors (ESs) and Clinical Supervisors (CSs) whose responsibility is was to accept general haematology ward referrals. Those spoken to explained that there was a weekly consultant rota in place that covered other specialty referrals across the three sites at Imperial Healthcare NHS Trust. At present it was felt that this worked best at Hammersmith Hospital, however with the expansion of the consultant body it was planned for one consultant to be placed at each of the three sites. ESs and CSs advised that there was close consultant supervision for trainees who covered referrals and that the list would be reviewed each day in collaboration by the consultant on duty and the trainee.</p>	
H1.2	<p><b>Rotas</b></p> <p>Higher trainees discussed multiple instances where rota gaps that should have been identified far in advance had been missed. It was mentioned that since managerial oversight had been introduced for the rota and upcoming gaps these problems had been reduced. ESs and CSs advised that training days were now communicated in advance with the rota coordinator, which had enabled known gaps to be factored into the rota and for cover to be arranged.</p> <p>Higher trainees reported that there were still issues with regards to the Foundation and CMT level rota. If there was a gap in the rota it was advised that this would not normally be identified in advance, and that gaps were usually filled with known locums or higher trainee cover. Trainees reported that in the last year filling the gaps on the day had not been a problem, however had caused unnecessary stress and resource. It was further discussed how the department was in the process of establishing a formalised protocol for known and unexpected absences.</p>	Yes, please see recommendation on H1.2

	<p>ESs and CSs spoken to discussed how higher trainees were supernumerary on the rota to attend clinics. The review team heard that higher trainees did not have clinic lists and that attending clinics was purely an educational activity.</p>	
H1.3	<p><b>Induction</b></p> <p>Trainees spoken to reported that the pairing system between ST3 trainees and a more senior trainee as part of their induction was working well. The review team heard that the rota coordinator had made sure senior support was always available when those at the beginning of their specialty training were rostered, which was appreciated by trainees.</p> <p>ESs and CSs spoken to advised the review team that ST3 trainees were not included in the rota until they had completed a month with the department. It was further discussed that ST3s were not expected to hold bleeps for jobs that were deemed unsuitable for the start of their specialty training.</p> <p>Trainees spoken to reiterated what the review team had heard from the Trust representatives, in that the induction they had received required improvement. Trainees advised that they were not given a comprehensive overview of what the role entailed, or what the day to day jobs would include. Trainees reported they had been given the opportunity to feedback on what they felt should have been included in the induction. Some trainees advised they had seen the plans for the proposed induction and were impressed with the improvements made.</p> <p>The review team heard the departmental induction was variable for some trainees and junior doctors. It was discussed that this was often when trainees rotated outside of the normal induction period. Higher trainees discussed how the department was often not told when foundation and CMT trainees were starting with them, this had caused problems with ID cards and logins.</p>	<p>Yes, please see action H1.3</p>
H1.4	<p><b>Protected time for learning and organised educational sessions</b></p> <p>ESs and CSs spoken to reported that the administrative higher trainee did not have designated time in their job plan for rota coordination. It was felt that the appointment of the rota coordinator had taken a lot of pressure off the administrative higher trainee and this job was not extremely busy.</p>	<p>Yes, please see action H1.4</p>
H1.5	<p><b>Adequate time and resources to complete assessments required by the curriculum</b></p> <p>Trainees spoken to reported that the higher trainee laboratory facilities were inadequate. The room was felt to be cramped with three computers and two telephones on two desks, and up to five people using the room at any one time. It was discussed how the trainees had access to three microscopes in this room, however two were felt not to be fit for purpose. ESs and CSs reiterated that the quality of the microscopes in the laboratory were variable.</p> <p>Higher trainees discussed how space for teaching was sometimes a problem. Trainees advised that for their weekly morphology teaching more people attended than could fit into the room. ESs and CSs advised that there were video conferencing facilities that were used when lots of people attended teaching.</p> <p>ESs and CSs spoken to told the review team that trainees had reported how they had nowhere to leave bags and belongings when they were on shift. As a result, lockers had recently been installed and were available to all haematology trainees.</p> <p>The review team had previously been informed that a central laboratory was being built at Charing Cross Hospital, it was intended that the haematology trainees at Hammersmith Hospital would use the laboratory. Trainees and supervisors spoken to advised that they were not aware of a timeframe for its completion.</p>	<p>Yes, please see action H1.5</p>

## 2. Educational governance and leadership

### HEE Quality Standards

2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.

2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.

2.3 The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.

2.4 Education and training opportunities are based on principles of equality and diversity.

2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

H2.1	<p><b>Effective, transparent and clearly understood educational governance systems and processes</b></p> <p>The review team acknowledged the trainees' low rates of exception reporting and enquired as to why this was the case. Trainees spoken to reported that they had heard of one instance when an ST3 trainee was told not to complete an exception report, however they felt that this was an anomaly. It was discussed how trainees felt consultants were supportive and had encouraged exception reporting. The review team heard how consultants would often stay late on shift, if required, to enable the trainee to go home. Trainees advised the reason they did not exception report was because it was their choice to stay later. The review team heard how a higher trainee was rostered for a 18:00 – 21:00 shift, in theory this was to allow trainees who had completed their shift to handover before the night shift. However, trainees spoken to reported that they did not want to handover all their cases as it was felt to be too much work for one individual.</p> <p>The review team reiterated the importance of exception reporting in providing an overview of gaps in the system and in identifying where additional support could be placed.</p>	
H2.2	<p><b>Impact of service design on learners</b></p> <p>Trainees spoken to acknowledged that a large amount of work had been undertaken since the 2019 GMC NTS. Trainees reported that although there were still issues around staffing it was a lot better due to having more people on the ground. The introduction of clinical fellows was thought to be positive.</p> <p>The review team heard how, with the recruitment of the 5.5 additional consultants, the department aimed to move from afternoon to morning handovers. Trainees spoken to reported the red cell team had started to sometimes conduct morning handovers, dependant on the day and whether there were clinics. Trainee views on whether a morning handover was preferable over an afternoon handover were divided. There were concerns raised as to whether consultant led morning handovers would deskill higher trainees and whether it would allow time for them to complete their day to day duties. Trainees discussed how they would appreciate the opportunity to be involved, and to voice their concerns over the change in process.</p> <p>Trainees discussed that they were rostered to laboratories for two months during their rotation. The trainees reported they received good quality training when on the laboratory placement. Trainees advised that every bone marrow would be signed out in conjunction with a consultant. A concern raised by trainees about the placement was that if the department was busy the laboratory was the first place a trainee would be pulled from to support the patient facing roles. It was discussed that the department planned to roster two higher trainees to laboratory jobs, this was thought to allow for flexible working and crisis management. ESs and CSs recognised that protected laboratory time was an issue, however felt that this had improved recently. Trainees further suggested the inclusion of laboratory work in the induction programme.</p>	Yes, please see action H2.2

### 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 to achieve the learning outcomes required.

3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.

3.3 Learners feel they are valued members of the healthcare team within which they are placed.

3.4 Learners receive an appropriate and timely induction into the learning environment.

3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

H3.1	<p><b>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</b></p> <p>ESs and CSs spoken to reported that they were disappointed in the outcome of the 2019 GMC survey, however it had provided them with the opportunity to examine departmental issues. Supervisors spoken to told the review team that after speaking to trainees it had become apparent that they had underestimated how daunting the placement had been for new ST3s. The review team heard how the additional ST3s allocated to Hammersmith Hospital may have amplified the problem.</p> <p>The supervisors advised the review team that they had now implemented a buddying system between ST3 trainees and senior trainees to provide additional support. Informal meetings and team building activities had also been established.</p>	
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H3.2	<p><b>Regular, constructive and meaningful feedback</b></p> <p>Most trainees spoken to reported that they had been receiving more regular feedback from supervisors since August 2019. It was discussed that feedback had been provided both face to face and in written format. However, trainees felt there was variability in which members of the consultant body provided feedback. The review team asked whether constructive criticism was given as well as positive feedback. Trainees reported there was a section in the feedback template for constructive criticism and that supervisors were good at feeding back knowledge-based gaps.</p>	
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### 4. Supporting and empowering educators

#### HEE Quality Standards

4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.

4.2 Educators are familiar with the curricula of the learners they are educating.

4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.

4.4 Formally recognised educators are appropriately supported to undertake their roles.

H4.1	<p><b>Sufficient time in educators' job plans to meet educational responsibilities</b></p> <p>The review team heard how almost all ESs and CSs had one trainee assigned to them. Some ESs and CSs had two trainees. All supervisors spoken to reported they had enough time written in their job plans to meet educational responsibilities.</p>	
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## 5. Delivering curricula and assessments

### HEE Quality Standards

**5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.**

**5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.**

**5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.**

H5.1	<p><b>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</b></p> <p>ESs and CSs advised the review team that since August designated training and laboratory sessions had been established to cover coagulation and transfusion for ST3 trainees. These sessions were intended to complement the ST3 regional training days. The review team asked whether trainees were provided with bleep free training, the supervisors spoken to advised that for the 09:00 training sessions they were.</p>	
H5.2	<p><b>An educational induction to make sure learners understand their curriculum and how their post or clinical placement fits within the programme</b></p> <p>Following the 2019 GMC NTS survey a deep dive was conducted with the trainees. ESs and CSs spoken to reported that trainees' concerns around curriculum coverage transpired to be around their overall deanery curriculum and how their time at Imperial would fit into this. The review team heard from the ESs and CSs that they had established a process to discuss the trainees' past experiences, identify gaps in their competencies and match these to what could be covered on their placements. It was reported that this had made a big difference and that the supervisors had received good feedback.</p>	

## 6. Developing a sustainable workforce

### HEE Quality Standards

**6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.**

**6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.**

**6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs to patients and service.**

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

	Not discussed at the review.	
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## Good Practice and Requirements

### Good Practice

The review team commended the haematology department and Trust medical education team for their proactive response to the 2019 GMC NTS results. It was clear that issues had been investigated and the implementation of new processes, staffing and model of care had started.

Trust representatives reported that a business case for the recruitment of 5.5 haematology consultants had been approved.

The review team heard that monthly LFG had been established and that all trainees were encouraged to attend. These were felt to be a good forum for understanding and actioning issues.

### Immediate Mandatory Requirements

Given the severity of an Immediate Mandatory Requirement, the risk rating must fall within the range of 15 to 25 or have an Intensive Support Framework rating of 3. This risk rating will be reviewed once the Trust has provided their response to the Immediate Mandatory Requirement.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	None		

### Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
H1.5	The department is required to review and upgrade the training office facilities in conjunction with senior trainees.	Once this had been reviewed in conjunction with senior trainees please provide details of the plans to upgrade the office space. Evidence may be in the form of LFG minutes.	R1.19
H1.4	The review team advised that the administrative higher trainee should have designated time in their job plan to enable them to work with the newly appointed rota coordinator.	Please provide evidence that allocated rota coordination time has been included in the administrative higher trainee's job plan.	R1.16
H2.2	The department is to review how it can protect laboratory training placements, which should be matched to each trainee's stage of training	Please provide a proposed plan as to how the department will ensure there are protected laboratory training placements that are matched to each trainee's stage of training.	R1.16
H1.3	The review team heard how the departmental induction is variable for some trainees and junior doctors, especially when they rotate outside of the normal induction period. The department is required to	Please provide evidence as to how a departmental induction is to be given to all trainees, including those rotating outside of the normal induction period.	R1.13

	ensure there is an induction in place for all trainees who are new to haematology.	
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### Minor Concerns

Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	None.		

### Recommendations

These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.

Rec. Ref No.	Recommendation	GMC Req. No.
H1.2	The department was advised to continue working on the escalation policy to ensure there is a robust pathway for both known and unexpected rota gaps.	R1.12

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

Requirement	Responsibility
None.	

### Signed

By the HEE Review Lead on behalf of the Quality Review Team:

Date:

### 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.