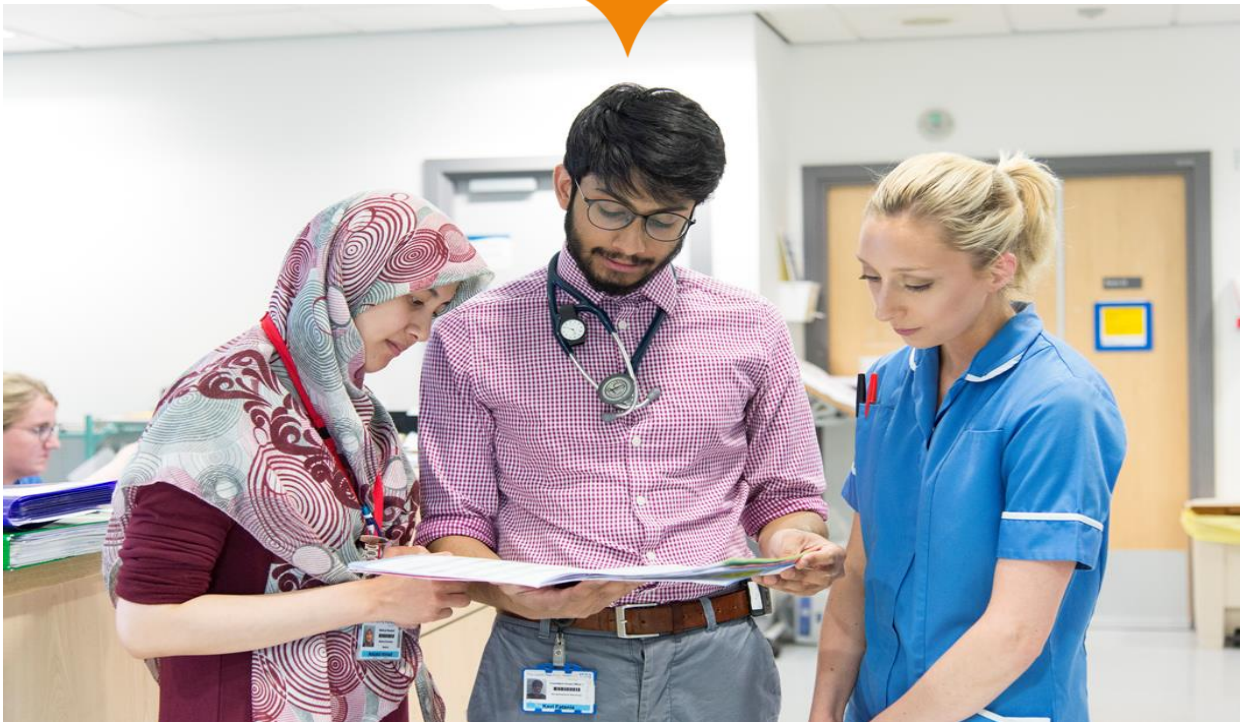


# HEE Quality Interventions Review Report

## Imperial College Healthcare NHS Trust (St Mary's Hospital) Paediatric Haematology Risk-based Review (Learner and Educator Review)



# North West London

15 October 2020

## Review Overview

<b>Background to the Review:</b>	<p>The Risk-based Review (Learner and Educator Review) was held following concerns raised about the learning environment in the 2019 General Medical Council (GMC) National Training Survey (NTS) and the 2019 School of Paediatrics Survey.</p> <p>The purpose of the review was to discuss progress made following the concerns being raised and to identify any continuing challenges faced by the department.</p> <p>The review was originally planned for March 2020, however, was postponed due to the COVID-19 response.</p>
<b>Training Programme/Learner Groups Reviewed:</b>	Paediatric Haematology
<b>Who we met with:</b>	<p>Director of Medical Education Guardian for Safe Working Hours Clinical Director College Tutors Head of Medical Education Medical Education Manager Lead Nurse for Haematology and Infectious Diseases Medical Director</p> <p>Two Higher Adult Haematology Trainees Two Clinical Fellows One Paediatric Speciality Trainee</p> <p>Five Educational and Clinical Supervisors</p>
<b>Evidence utilised:</b>	<ul style="list-style-type: none"><li>- Local Faculty Group Minutes</li><li>- Summary of relevant Datix Reports</li><li>- Most recent MEC minutes</li><li>- Details of the number of exception reports</li><li>- Learner Feedback</li></ul>

## Review Panel

<b>Role</b>	<b>Job Title / Role</b>
<b>Quality Review Lead</b>	Dr Bhanu Williams Deputy Postgraduate Dean, North West London Health Education England (London)
<b>Specialty Expert</b>	Dr Jonathan Round Head of School of Paediatrics Health Education England (London)
<b>Specialty Expert</b>	Dr Martin Young Head of School of Pathology Health Education England (London)
<b>Lay Representative</b>	Jane Chapman Health Education England (London)
<b>HEE Quality Representative</b>	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)
<b>Supportive roles</b>	Chloe Snowdon Learning Environment Quality Coordinator Health Education England (London)

## Executive summary

The current challenges and pressures faced by the service were discussed and the review team identified several areas of good practice, including:

- Trainees spoke highly of their multi-professional colleagues. The department was described as having a good team and professional environment.
- The review team commended the department on the progress made in recruitment, both at consultant and higher trainee level. The increased workforce and introduction of clinical fellows was reported to have reduced departmental pressures.
- Departmental consultants were described as knowledgeable and approachable
- The department was felt to have good training potential, with a wealth of unique clinical opportunities.

The review team also noted the following areas requiring improvements:

- The acuity of patients and the high departmental workload was acknowledged. The department was requested to review the current arrangements of laboratory, clinic and training opportunities to ensure protected time was given to trainees in line with their educational requirements.
- Historically, Local Faculty Groups (LFG) were held separately for haematology and paediatric trainees. The review team heard that there had been recent plans to establish a specific paediatric haematology LFG. The department were encouraged to continue with this plan ensuring the minutes of the meeting specifically cover lab, clinic and protected teaching time.

## Review Findings

Not all the Quality Framework standards have been included within the tables below. The standards included are where the quality interventions are expected to have a direct operational impact on the quality of the learning environment. The other standards are still expected to be reviewed for each organisation and will be undertaken through different tools than the Quality Interventions identified within Table 2.1

Identify the review findings for each of the relevant standards below and remove the standards where there is no comment to be made.

Domain 1 - Learning environment and culture		
<p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p> <p>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.</p> <p>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&amp;I).</p> <p>1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.</p> <p>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.</p> <p>1.6. The learning environment promotes interprofessional learning opportunities.</p>		
HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.4	<p><b>Appropriate levels of Clinical Supervision</b></p> <p>Trust representatives discussed how clinical supervision had been raised as a concern in the 2019 General Medical Council (GMC) National Training Survey (NTS). It was advised that several deep dive meetings had occurred to inform what changes had been required and to measure progress made. Changes implemented included ensuring effective systems were in place out of hours to clarify who was available to provide support and how to contact the consultant on call. It was discussed that organisational development work had occurred in an effort to improve the supportive environment of the department and approachability of colleagues for clinical supervision.</p> <p>Trainees reported that they felt well supported, that it was clear who they needed to contact for consultant support and that consultants were approachable.</p>	
1.4	<p><b>Appropriate levels of Educational Supervision</b></p> <p>Trainees reported that they knew who their educational supervisor was and that meetings had taken place.</p>	

## Domain 2 – Educational governance and leadership

- 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.

HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.1	<p><b>Effective, transparent and clearly understood educational governance systems and processes</b></p> <p>Trust representatives described the educational governance of meetings. It was advised that there was a paediatric Local Faculty Group (LFG) that occurred quarterly which the department's paediatric speciality trainees fed into, and an adult haematology LFG, which the department's adult haematology speciality trainees attended. In addition, Junior – Junior meetings occurred, which fed into Junior- Senior meetings.</p> <p>Trust representatives acknowledged the importance of trainees attending their own training specialty LFGs. The benefit of having a designated paediatric haematology LFG to consider specific items was discussed. It was advised that there were plans to establish a paediatric haematology LFG with the first meeting date scheduled for November.</p>	Yes, please see action PH2.1
2.1	<p><b>Impact of service design on users</b></p> <p>Trust representatives discussed the work conducted to improve workplace culture. It was advised that a values-based workshop had been undertaken by everybody in the team. Educational and clinical supervisors reflected that due to the nature of paediatric haematology the work was challenging, complex and had the potential to be stressful. The values-based work and the recent increased workforce numbers were reported to have been helpful in improving the culture. Trainees spoken to had joined the team only recently. However, they spoke highly of their multidisciplinary and consultant colleagues, advising that the department had a good team and professional environment.</p> <p>Trust representatives advised that progress had been made in recruitment at both consultant and higher trainee level. It was reported that there was a full complement of consultants within the department, with a newly appointed consultant and the return of a consultant from maternity leave. The review team heard that the department had had an additional two clinical fellow posts approved within the last year. In total there were four clinical fellows, three had started in post and a fourth was expected to start shortly. Trust representatives, educational and clinical leads, and trainees all reported that the introduction of the clinical fellows had helped relieve departmental pressures.</p> <p>Trainees reported that the middle grade rota was fully recruited to. It was discussed that prior to a full complement gaps had been filled by locum staff and that trainees had not felt pressured to take on extra shifts.</p>	

2.2	<p><b>Appropriate systems for raising concerns about education and training</b></p> <p>Trainees advised that they felt comfortable raising concerns if there were problems with the training environment and that they would approach their educational supervisors if required.</p>	
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### Domain 3 – Supporting and empowering learners

- 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.

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.1	<p><b>Learners being asked to work above their level of competence, confidence and experience</b></p> <p>Trainees discussed the uniqueness of the post and paediatric haematology. The department was felt to have a wealth of learning opportunities with a lot of the work new to the trainees. Trainees advised that they were supported to work outside of their comfort zone, in a way that felt manageable and safe. The high-risk nature of the patient group and the potential for the role to be stressful was acknowledged. Trainees advised that high standards were expected from their colleagues, however that they felt well supported and were able to approach the consultant body if required.</p> <p>Educational and clinical supervisors advised that changes to the multidisciplinary team meeting had occurred. Historically, trainees had been asked to present all patients, including complex patients that the trainees were not familiar with. Following feedback, changes had occurred so that consultants would present these patients as standard, with support from trainees.</p>	
3.4	<p><b>Induction (organisational and placement)</b></p> <p>Trust representatives reported that a departmental handbook had been developed and there was an organised Trust and local induction for paediatric haematology trainees. It was advised that the Trust induction process had been moved online following the introduction of COVID-19 social distancing measures.</p> <p>Most trainees reported that they had received a good induction. Suggestions to improve the induction process were discussed, trainees advised that including information on how to use the electronic patient records system, Cerner, and practical out of hours information would be helpful. Concerns were raised that not all trainees had received a full induction before starting clinical duties.</p>	Yes, please see action PH3.4

<b>3.1</b>	<b>Access to resources to support learners' health and wellbeing and to educational and pastoral support</b>	
	Educational and clinical supervisors advised that a weekly informal debrief session was held with the adult haematology trainees.	

#### Domain 4 – Supporting and empowering educators

- 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.

HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
<b>4.4</b>	<b>Appropriate allocated time in educators job plans to meet educational responsibilities</b>  Trust representatives reported that educational supervisors had 1.5 Planned Activities (PA) allocated in their job plans.	

#### Domain 5 – Delivering curricula and assessments

- 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.

HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
<b>5.1</b>	<b>Placements must enable learners to meet their required learning outcomes</b>  Trust representatives advised that the teaching programme had been raised as a concern, including a lack of structured teaching for haematology. It was discussed that changes had been implemented and that trainees had been allocated protected teaching time. Paediatric haematology had a dedicated curriculum and weekly simulation training had recently been introduced. Training on Bone Marrow Transplant (BMT) prescribing was available to all trainees and there was a teaching microscope for laboratory training. It was advised that the bespoke chemotherapy prescribing was conducted for all middle grade doctors. The department's paediatric specialty trainees had been able to attend the dedicated paediatric weekly training, it was advised that this had moved online following the COVID-19 response.  Educational and clinical supervisors acknowledged the importance of ensuring a structured teaching programme for haematology was followed. It was discussed that protected teaching time had historically not been allocated to the teaching consultant. Trainees were reported to have protected bleep free teaching on Wednesdays, however not formally on other days. It was advised that the increased workforce numbers would give the	Yes, please see action PH5.1a



	<p>ability to provide protected time for both the teaching consultant and the trainees.</p> <p>Trainees discussed the wealth of learning potential within the department and that the length of the placement was relatively short. Trainees reported that they would appreciate more teaching focused case discussions to learn from the expertise within the department. Educational and clinical supervisors discussed the constraints of the COVID-19 social distancing measures on bedside teaching.</p> <p>Trainees advised that they were not allocated protected time to attend laboratory-based work and that attendance was ad hoc. Trainees spoke highly of the learning potential available within the labs. Educational and clinical supervisors advised that a weekly review of blood films and sign out of bone marrows took place, however support was also available ad hoc if required. It was discussed that when the fourth clinical fellow starts in post there were plans for protected bleep free lab time to be allocated to trainees.</p> <p>The review team enquired whether trainees had protected time to attend clinics. Trust representatives advised that trainees had protected weeks for educational activities, which could be used for any aspect of professional development including clinics. Trainees discussed the long-term benefits of learning opportunities from attending the clinics and felt that there was time to roster protected time.</p>	<p>Yes, please see action PH5.1b</p> <p>Yes, please see action PH5.1c</p>
5.1	<p><b>Appropriate balance between providing services and accessing educational and training opportunities</b></p> <p>Trainees advised that the regional haematology training took place 16:30 – 17:30. It was discussed that this clashed with the 16:30 handover and was not in line with their current working day that finished at 17:00.</p> <p>Educational and clinical supervisors discussed that a Standard Operating Procedure was in place outlining that trainees would be given time of in lieu for training that occurred outside of their normal working hours.</p>	<p>Yes, please see action PH5.1d</p>

## Domain 6 – Developing a sustainable workforce

- 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 of 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.

HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
	Not discussed at the review.	

## Requirements (mandatory)

Any Immediate Mandatory Requirements (IMRs) identified should be identified separately in the appropriate table below. The requirement for any immediate actions will be undertaken prior to the draft Quality Review Report being created and forwarded to the placement provider. The report should identify how the IMR has been implemented in the short term and any longer termed plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

- All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the 'Review Findings' section
- Requirements identified should be succinct, SMART and not include the full narrative from the detailed report
- Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider

### Immediate Mandatory Requirements

Given the severity of an Immediate Mandatory Requirement, initial action must be undertaken as required within 5 days and will be monitored by HEE Quality Team. Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales

Requirement Reference number	Review Findings	Required Action, timeline, evidence (to be completed within 5 days following review)
N/a	No Immediate Mandatory Requirements were identified at the review.	N/a

### Mandatory Requirements

The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.

Requirement Reference number	Review Findings	Required Action, timeline, evidence
PH2.1	The benefit of having a designated paediatric haematology LFG to consider specific items was discussed. It was advised that there were plans to establish a paediatric haematology LFG with the first meeting date scheduled for November.	The Trust to continue with plans to create a designated paediatric haematology LFG. It was advised for standing agenda items covering protected teaching, clinic and lab time to be created.
PH3.4	Most trainees reported that they had received a good induction. Concerns were raised that not all trainees had received a full induction before starting clinical duties.	The Trust to provide evidence that processes are in place to ensure that all trainees receive a full induction before starting clinical duties.

PH5.1a	It was discussed that protected teaching time had historically not been allocated to the teaching consultant. It was advised that the increased workforce numbers would give the ability to provide protected time for both the teaching consultant and the trainees.	The department to ensure that protected teaching is in place for trainees, in line with their educational requirements. This can be evidenced through Local Faculty Group minutes, or an alternative forum where protected teaching has been specifically discussed with trainees.
PH5.1b	Trainees advised that they were not allocated protected time to attend laboratory-based work and that attendance was ad hoc. It was discussed that when the fourth clinical fellow starts in post there were plans for protected bleep free lab time to be allocated to trainees.	The department to evidence short- and long-term plans to ensure that trainees are allocated protected laboratory time. This can be evidenced through Local Faculty Group minutes, or an alternative forum where protected laboratory time has been specifically discussed with trainees.
PH5.1c	The review team enquired whether trainees had protected time to attend clinics. Trust representatives advised that trainees had protected weeks for educational activities, which could be used for any aspect of professional development including clinics. Trainees discussed the long-term benefits of learning opportunities from attending the clinics and felt that there was time to roster protected time.	The department to ensure trainees are allocated protected clinic time. This can be evidenced through Local Faculty Group minutes, or an alternative forum where protected clinic time has been specifically discussed with trainees.
PH5.1d	Trainees advised that the regional haematology training took place 16:30 – 17:30. It was discussed that this clashed with the 16:30 handover and was not in line with their current working day that finished at 17:00.	The department to ensure trainees are allocated protected teaching time to attend the regional haematology teaching and that arrangements to cover the 16:30 handover are made. This can be evidenced through Local Faculty Group minutes, or an alternative forum where protected regional teaching time has been specifically discussed with trainees.

## Recommendations

Recommendations are not mandatory, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Recommendation	
Related Domain(s) & Standard(s)	Recommendation
Domain 5 5.1	The department to review how more teaching focused case discussions can be incorporated to assist the trainees' learning and development.

## Report sign off

<b>Outcome report completed by (name):</b>	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)
<b>Review Lead signature:</b>	Dr Bhanu Williams Deputy Postgraduate Dean, North West London Health Education England (London)
<b>Date signed:</b>	28 October 2020

<b>HEE authorised signature:</b>	Dr Gary Wares Postgraduate Dean, North London Health Education England (London)
<b>Date signed:</b>	19 November 2020

<b>Date final report submitted to organisation:</b>	19 November 2020
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## What happens next:

Any requirements generated during this review will be recorded and monitored following the usual HEE Quality Assurance processes.

As part of our intention to development a consistent approach to the management of quality across England, Quality Reports will increasingly be published and where that is the case, these can be found on (web link)Information from quality reports will be shared with other System Partners such as Regulators and Quality Surveillance Groups