

HEE Quality Interventions Review Report

London North West University Healthcare NHS Trust (Northwick Park Hospital)

Haematology

Learner and Educator Review



Review Overview

Background to the Review:	<p>This review is a follow up to a series of previous visits, the most recent of which was held in October 2019. At that visit HEE heard how the department had made progress addressing issues around departmental culture and the learning environment, educational governance, and service design. HEE wished to hold a follow up visit in spring 2020 to ensure that the improvement in training had been maintained and to review the changes made. Due to the COVID-19 response the review was postponed and was rearranged for November 2020</p> <p>The department is currently under General Medical Council (GMC) Enhanced Monitoring and has four conditions.</p>
Training Programme/Learner Groups Reviewed:	Haematology
Who we met with:	<p>Director of Medical Education College Tutor Clinical Lead Postgraduate Centre Manager Medical Education Manager Clinical Director Guardian of Safe Working Hours Five educational and clinical supervisors 10 specialty training level four to seven (ST4 – ST7)</p>
Evidence utilised:	Local Faculty Group Minutes from November 2019 – October 2020

Review Panel

Role	Job Title / Role
Quality Review Lead	Dr Orla Lacey Deputy Postgraduate Dean, North West London Health Education England (London)
Specialty Expert	Dr Martin Young Head of School of Pathology Health Education England (London)
External Specialty Expert	Dr Raj Patel Training Programme Director Consultant Haematologist
Trainee Representative	Dr Thinzar Ko Ko Trainee Representative
Lay Representative	Saira Tamboo Lay Representative
GMC Representative	Samara Morgan Principle Education QA Programme Manager (London) General Medical Council
GMC Representative	Dr Jim Hall Enhanced Monitoring Associate General Medical Council
HEE Quality Representative	Paul Smollen Deputy Head of Quality Patient Safety and Commissioning Health Education England (London)
HEE Quality Representative	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)
Supportive Roles	James Oakley Quality Patient Safety and Commissioning Officer Health Education England (London)

Executive summary

The current challenges and pressures faced by the service were discussed and the review team identified several areas that were working well:

- The review team commended the department on the work undertaken to create a supportive training environment. The review team felt that there had been a tangible shift in culture, with trainees reporting that they would recommend the placement to their peers.
- Departmental consultants were reported by trainees to be approachable and supportive. Trainees spoke highly of the wellbeing support they received from their supervisors and colleagues.
- The review team recognised the investment made into departmental facilities to support service and training delivery.

The review team also noted the following areas requiring improvement:

- It was acknowledged that plans were in place to review the skill mix and support workforce transformation within the department. Whilst the review team were encouraged to hear this, it was felt that further clarity on investment, plans and a timeline for this work was required.
- The department had yet to formalise their escalation process for complex coagulation advice, including the pathway for escalation to a tertiary centre.
- The department was felt to not be suitable for ST3 training at this stage. The Trust to continue to support the department to address the areas of improvement and to ensure the sustainability of the conditions set by the General Medical Council.

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&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
1.1	<p>Handover</p> <p>Trainees advised that a formal Friday afternoon and a Monday morning handover took place. It was discussed that due to the impact of COVID-19, the handover had moved online to Microsoft Teams. Trainees reported that the handover was comprehensive and supportive, it was acknowledged that historically this had not been the case.</p> <p>Trainees further reported that informal daily handovers took place at the beginning and at the end of the day, often via telephone. Educational and clinical supervisors advised that an end of the day handover took place from 17:30 – 18:30 and first thing in the morning.</p>	
1.2	<p>Bullying and undermining</p> <p>Trust representatives discussed how there had been a cultural transformation within the department. It was advised that one incident relating to bullying and undermining behaviour was raised in 2019, and that no incidents had been reported in 2020.</p> <p>Trainees advised that no bullying and undermining concerns had been identified directly within the department. It was reported that if concerns arose trainees would discuss these with their educational supervisor. Trainees advised how a consultant from another department had exhibited undermining behaviour, however, it was felt to have been an isolated incident.</p> <p>Educational and clinical supervisors advised that there was a no tolerance policy for bullying and undermining behaviour within the department.</p>	

	<p>Trainees advised that access to clinical supervision out of hours was good. Consultants were reported to be approachable and proactive in visiting the trainee office to find out who was on call before the start of the shift.</p> <p>Supervisors reported that all new patients were reviewed within 24 hours of admission.</p>	
1.4	<p>Appropriate levels of Educational Supervision</p> <p>Trust representatives advised that they had reduced the number of educational supervisors within the department to three.</p> <p>Trainees spoke highly of their educational supervisors, advising that they provided excellent wellbeing support, were approachable and went above and beyond expectations to provide support. Trainees reported that the educational supervision they received was timely and appropriate.</p>	
1.6	<p>Multi-professional learning</p> <p>Trust representatives advised that in the last six months the department had published four peer reviewed publications.</p> <p>Trust representatives discussed the working of the wider MDT. The department had piloted a physician associate role for a year and reported the placement to be positive. It was advised that funding for a new full-time physician associate had been approved. Trust representatives further discussed ambitions to introduce a dedicated prescribing pharmacist and a nurse consultant. It was advised that a haematology matron had been appointed and was due to start in January 2021, efforts to employ nursing staff for the day care unit was underway.</p>	Yes, please see action H1.6

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>Effective, transparent and clearly understood educational governance systems and processes</p> <p>Trust representatives advised that local faculty group (LFG) meetings were now occurring monthly. Trust representatives, trainees and supervisors discussed how the LFG had been a good forum to raise concerns and had</p>	

	<p>supported the cohesiveness of the department. Trainees reported that feedback had been listened to and acted upon.</p> <p>Trust representatives advised that in the last year six exception reports were submitted from the haematology department. It was advised that the reports had been submitted following trainees having to stay late because of an unexpected event.</p> <p>Trainees reported that working over their hours was a rare occurrence, the on-call doctor started shift at 17:00 allowing time for handover. Trainees discussed that they were not pressured to stay late and felt well supported and looked after.</p> <p>Trainees advised that they would recommend the placement to their peers at Specialty Training Level Four (ST4) and above.</p>	
2.1	<p>Impact of service design on users</p> <p>Trust representatives discussed the investment made to improve the physical environment of the department. An expansion of the ward and day unit had occurred. It was further advised that an update to the IT infrastructure, including laptops for remote working and improvements to the trainee office had taken place.</p> <p>Trust representatives advised that a high workload had been a previous departmental challenge. To address this the department had made changes to the work structure, junior doctor cover and day-care cover. It was advised that a review of the department's work had taken place, focusing on educational opportunities, and had been structured into four main areas: clinics, referrals, laboratory, and ward work. Trust representatives reported changes to junior doctor cover, with four junior doctors rostered to the ward where historically there had been two. It was further discussed that the responsibility for haematology day-care cover now sat with the departments' clinical fellows rather than the higher trainees.</p> <p>Higher trainees advised that the changes put in place to address the high workload had been beneficial. It was discussed that the changes had allowed more time for the trainees to undertake educational opportunities rather than service provision.</p> <p>The review team enquired about the management of outlier patients. Trainees advised that there were few outliers and that these would be reviewed by the attending consultant. Consultants were advised to be proactive and discuss new cases for review. It was reported that the clinical fellows would cover both the red and white cell outliers, with close consultant support.</p> <p>Educational and clinical supervisors reported that the day-care unit was running well. It was advised that a clinical fellow worked within the unit and that work had been undertaken to improve the referral process and pathways. Supervisors reported that there was a clear escalation standard operating procedure in place.</p> <p>Educational and clinical supervisors reported that a clinical chemotherapy governance meeting took place every two months. It was advised that any concerns would be discussed at the meeting and the service would look to make improvements if required. Protocols were reported to have been updated and uploaded onto the intranet.</p>	

2.2	Appropriate systems for raising concerns about education and training Trust representatives reported that trainees had experienced issues with their pay and advised that this had been distressing for the trainees. The head of medical staffing was working with the department to resolve this.	Yes, please see action H2.2
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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
3.4	Induction (organisational and placement) Trust representatives reported that the feedback they had received from trainees on induction had been positive.	
3.2	Time for learners to complete their assessments as required by the curriculum or professional standards Trainees advised that they had access to case-based discussions and workplace-based assessments. Consultants were reported to be timely in signing off the required material.	

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
4.3	Educational appraisal and continued professional development Educational and clinical supervisors advised that all supervisors went through the appropriate appraisal process. It was discussed how the consultants within the department had undertaken a 360 review.	

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
5.1	<p>Placements must enable learners to meet their required learning outcomes</p> <p>Trust representatives discussed the wide-spread interruption COVID-19 had had on teaching within hospitals. It was advised that since August 2020 a weekly teaching structure had been put in place. Additional teaching opportunities included monthly journal clubs, weekly red cell case discussions and time to attend regional teaching sessions.</p> <p>Trainees advised that the regional teaching took place 16:30 – 17:30. It was discussed that this was not protected bleep free time. However, it was noted that the training was recorded and available to access. Trainees reported that the training had moved online during COVID-19 and that this had increased accessibility.</p> <p>Trainees and supervisors discussed the challenges of using the multiheaded microscope due to social distancing measures in place. It was advised that initially teaching had occurred by using a camera but, the experience had not been good. It was reported that training had then moved into a room suitable for social distancing however, the room could only accommodate one trainer and three trainees.</p> <p>Educational and clinical supervisors advised that an intensive course of morphology teaching took place for three days twice a year. It was discussed that if a Specialty Training Level Three (ST3) trainee was to be placed within the department three hours protected consultant morphology teaching would take place weekly.</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)
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No Immediate Mandatory Requirements were identified during the review.

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
H1.4a	The complexity of thrombosis was acknowledged, with Northwick Park Hospital reported to experience a disproportionate number of complex and challenging cases. It was advised that there were times where trainees would appreciate a second opinion, especially to issues that required a nuanced approach outside of guidelines. Trainees advised that thrombosis queries were escalated however, in an ad hoc manner. Trainees reported that they were not aware of a formal relationship with the Royal Free Hospital, however, perceived a formal escalation pathway to a tertiary centre for advice to be positive.	The department to formalise their escalation process for complex coagulation advice, including the pathway for escalation to a tertiary centre.
H1.4b	Trainees reported that on some days laboratory supervision did not occur. It was advised that trainees relied heavily on their ST7 colleagues for support. Trainees perceived consultants to be busy, with laboratory supervision low on their priority list. It was discussed that the concerns with laboratory supervision had been recognised by consultants and that discussions had taken place about changing the rota. Trainees reported that the newly appointed consultants had provided good supervision.	The department to continue with the workforce job planning to ensure dedicated and protected morphology teaching time and supervision. Please evidence progress through minutes from the LFG, or an alternative forum, where morphology teaching time and supervision has been discussed.

H1.6	It was acknowledged that plans were in place to review the skill mix and support workforce transformation within the department. The review team were encouraged to hear this however, it was felt that further clarity on investment, plans and a timeline for this work was required.	The Trust to support the department with the workforce transformation reviews. Please provide further clarity on investment, plans and timeline for this work.
H2.2	Trust representatives reported that trainees had experienced issues with their pay and advised that this had been distressing for the trainees. The head of medical staffing was working with the department to resolve this.	Please provide evidence that all pay related issues have been resolved. This can be through minutes from an LFG, or alternative forum, where pay related issues have been explicitly discussed.

Report sign off

Outcome report completed by (name):	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)
Review Lead signature:	Dr Orla Lacey Deputy Postgraduate Dean Health Education England (London)
Date signed:	31 December 2020

HEE authorised signature:	Dr Gary Wares Postgraduate Dean Health Education England (London)
Date signed:	18 February 2021

Date final report submitted to organisation:	19 February 2021
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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 develop 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