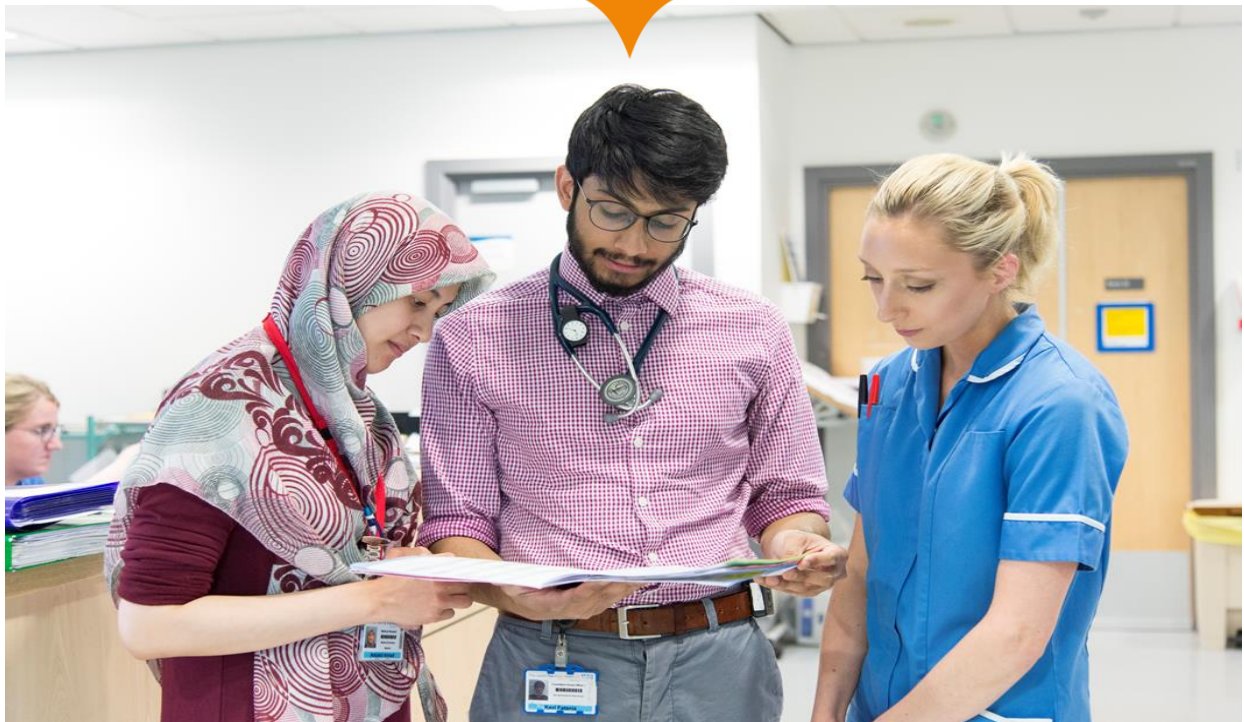


HEE Quality Interventions Review Report

**London North West University Healthcare NHS
Trust (Northwick Park Hospital)
Haematology
Learner and Educator Review**



Health Education England - London

Date of Review: 24 June 2021

Final Report: 28 July 2021

Review Overview

Background to the review:	<p>The review was a follow-up to a series of previous visits, the most recent of which was held in November 2020. At the visit, the review team heard how the department had made progress, however, there were several long-standing concerns that had not fully been resolved.</p> <p>The purpose of the visit was to ensure that the improvement in training had been maintained and to review the changes made.</p> <p>General Medical Council (GMC) representatives were invited to attend the review as the department has been under enhanced monitoring since September 2017.</p>
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	<p>Haematology (Higher Trainees)</p>
Who we met with:	<p>Director of Medical Education Medical Education Manager Guardian of Safe Working Hours Clinical Director Educational Lead College Tutor Medical Director</p> <p>Eight Haematology Speciality Training level four to seven (ST4-7) trainees.</p> <p>Five clinical and educational supervisors</p>
Evidence utilised:	<p>College Tutor Update - June 2021 Haematology Trainee Focus Group Minutes – April 2021 Haematology LFG Minutes – 28 April 2021 Haematology LFG Minutes – 17 March 2021 Haematology LFG Minutes – 30 December 2020</p>

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Dr Liz Carty Deputy Postgraduate Dean, North London
Specialty Expert	Dr Martin Young Head of School of Pathology
Specialty Expert	Dr Catherine Horsfield Deputy Head of School of Pathology
External Specialty Expert	Dr Raj Patel Training Programme Director and Consultant Haematologist
Trainee Representative	Dr Thinzar Ko Ko Trainee Representative
Lay Representative	Kate Brian Lay Representative
GMC Representative	Kevin Connor Principle Education QA Programme Manager General Medical Council
GMC Representative (Observing)	Lucy Llewellyn Principle Education QA Programme Manager General Medical Council
HEE Quality Representative	Andrea Dewhurst Quality, Patient Safety and Commissioning Manager
HEE Quality Representative	Emily Patterson Learning Environment Quality Coordinator
Supporting roles	Ummama Shiekh Quality, Patient Safety and Commissioning Officer

Executive summary

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

- 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 sustained tangible shift in culture, with trainees reporting the department to be friendly and supportive.
- A comprehensive induction programme was reported to be in place.
- The review team heard that the changes made to the handover arrangements between the acute medical take and the haematology department were working well and demonstrated continued improvement.
- The established local faculty group meetings were reported to operate well in their current format, with trainees advising that 70 – 80% of issues raised were resolved.
- The department was felt to have good learning opportunities, due to the number and range of patients seen.

The review team also noted the following areas requiring improvements:

- The Trust to continue to formalise the governance processes in place for the complex coagulation pathway between Northwick Park Hospital and Hammersmith Hospital.
- The Trust to continue with their consultant job planning to ensure robust laboratory supervision is in place.
- The review team noted that there were a number of consultant vacancies. The Trust to continue to ensure that recruitment to these posts remains a high priority.

Due to the ongoing areas requiring improvement the review team requested for a follow-up learner review to take place, the timing of which is to be confirmed.

Review findings

The findings detailed in the sections below should be referenced to the quality domains and standards set-out towards the end of this template. Specifically, mandatory requirements should be explicitly linked to quality standards. Not all of HEE's domains and standards have been included, only those that have a direct operational impact on the quality of the clinical learning environment, which a quality review will be most likely to identify (although this does not preclude other standards outlined in the Quality Framework being subject to review, comment and requirements where relevant).

Mandatory requirements

Mandatory requirements and Immediate Mandatory Requirements (IMRs) should be identified as set out below. IMRs are likely to require action 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

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
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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
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H1.4	Consultants' presence in the morphology labs was reported to be variable, affecting the trainees' accessibility to clinical supervision.	The Trust to continue with the job planning exercise to ensure consultants have the appropriate time protected to provide clinical supervision in the labs. This can be evidenced through minutes from an LFG, or an alternative meeting where this has been discussed. Please provide an update to this action for the reporting deadline 01 September 2021.
H2.1a	The review team heard that a process was being established whereby staff at Northwick Park could phone Hammersmith Hospital (Imperial College Healthcare NHS Trust) colleagues for a second opinion on complex coagulation cases. Trainees and supervisors reported differing numbers of cases escalated to Hammersmith Hospital weekly.	The Trust, in collaboration with trainees to continue to formalise the complex coagulation pathway. The Trust to ensure that appropriate governance measures are in place, for example how the conversation between the two hospitals is documented in the patient notes. Please provide an update to this action for the reporting deadline 01 September 2021.
H2.1c	The review team heard that the departmental clinical governance meetings had been paused. It was advised that a clinical governance lead had been appointed last month and that there were plans to reinstate these meetings.	The department to reinstate the departmental clinical governance meetings. This action can be demonstrated through minutes from an LFG, or an alternative forum. Please provide an update to this action for the reporting deadline 01 September 2021.

Recommendations

Recommendations are not mandatory but intended to be helpful, 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
H2.1b	Following the established working relationship between Northwick Park Hospital and Hammersmith for complex coagulation cases, the Trust to consider reviewing where clotting and coagulation tests are sent to support continuity of care.
H4.4	Trainees, clinical and educational supervisors advised that the consultant body was not replete. It was advised that the optimum number of consultants for the department was 16. The review team heard that 10 consultants were currently in post, including locum and fixed posts. Trainees advised that the gaps in the consultant body had affected the consultants' ability to provide a timely follow-up for all patients. The Trust to consider reviewing the follow-up process in the interim of further consultant appointments.

HEE Quality Standards and Domains for Quality Reviews

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>Trust representatives discussed historic concerns with handover from the acute take at night. It was advised that this had been resolved through haematology trainees having access to the acute take patient list. The review team heard that concerns relating to the acute take handover were felt to be resolved and had not been raised at recent local faculty group (LFG) meetings.</p> <p>Trainees reported handover processes to work well. It was advised that after a night shift trainees would work half a day which allowed time to provide a comprehensive handover. Trainees discussed that a Monday morning handover and weekly multi-disciplinary team meeting took place.</p>	
1.2	<p>Bullying and undermining</p> <p>All trainees advised that they had not experienced or witnessed bullying or undermining behaviour. Trainees reported the department to have a supportive and friendly culture.</p>	
1.3	<p>Quality Improvement</p> <p>Trust representatives discussed quality improvement workstreams. It was advised that the workforce, culture and, quality and safety workstreams were well embedded.</p> <p>Trust representatives advised that as part of the workforce workstream demand and capacity planning had taken place. It was reported that recent posts had been recruited to, including a new General Manager, Lead Nurse and a joint Clinical Director with Imperial College Healthcare NHS Trust. Trust representatives advised that there was a clinical transformation fellow and a workforce steering group which looked at better ways of working and how other clinical and allied health professionals could support the workforce.</p> <p>The review team heard that external organisational development support had helped to understand the longstanding cultural issues within the department. It was advised that the LFG meetings were well established and provided a mechanism for feedback and open discussion. Trust representatives advised</p>	

	<p>that trainees had applied for consultant posts within the department, demonstrating a marked improvement in culture.</p> <p>Trust representatives reported that the quality and safety of the department was monitored at the Trust executive group. It was advised that the Chief Operating Officer conducted walk arounds to ensure departmental staff felt supported and had the opportunity to talk.</p>	
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>Trainees advised that a monthly consultant rota was circulated with a consultant rostered daily for laboratory supervision. The review team heard how consultant presence in the labs was variable. Trainees reflected that the department was busy, and that the consultant body was not at full complement. It was discussed how due to a heavy workload trainees perceived attending labs to be low down on the consultants' priority list. The review team heard how the dedicated higher trainee room and multiheaded microscope was conducive to collaborative learning and that 80% of laboratory teaching was conducted by senior higher trainees. Trainees reported that they had good malignant haematology exposure, however, advised that they would benefit from teaching with a malignant marrow specialist.</p> <p>Trust representatives advised that job planning was required to ensure consultants had protected time to provide clinical supervision in the labs. The review team heard that there were ongoing efforts to recruit additional departmental consultants.</p>	Yes, please see action H1.4

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>Trainees advised that they attended a monthly LFG meeting. It was discussed that approximately 70 – 80% of items raised at the meetings had been resolved. Trainees reported that clinical issues were easier to have resolved than administrative ones. Clinical and educational supervisors advised that LFGs had allowed the opportunity for both supervisors and trainees to have an open and protected environment to discuss the department.</p>	

	All trainees advised that they knew how to exception report but that it was rarely required. Trust representatives reported that four reports had been received in the last 12 months.	
2.1	<p>Impact of service design on users</p> <p>Trainees advised that the higher trainee cohort was cohesive and supportive of one another. It was discussed that the rota was managed well by two of the higher trainees. Trainees reported that if there was a rota gap this would be covered by higher trainees, or consultants as required.</p> <p>The review team heard that the department had a high number of complex red cell cases. It was reported that escalation and advice from a tertiary centre was often required for complex coagulation. The review team heard that a process was being established whereby staff at Northwick Park could phone Hammersmith Hospital (Imperial College Healthcare NHS Trust) colleagues for a second opinion when required.</p> <p>The review team questioned what governance process were in place in the arrangement between Northwick Park Hospital and Hammersmith Hospital. Trust representatives advised that a joint meeting between the two Hospitals had recently been established and that there were plans for this meeting to take place three times a month. Trainees advised that following escalation to Hammersmith Hospital they would email consultants from both hospitals with information on what was discussed and the agreed patient plan. Supervisors spoken to reported that one to three cases were escalated to Hammersmith Hospital a week, trainees advised that one to three cases were escalated a day.</p> <p>Clinical and educational supervisors reported that a local meeting took place every Thursday to discuss patient plans and any advice received from Hammersmith Hospital colleagues. In addition to the Thursday meeting all inpatient and complex cases were discussed during the Monday handover where all the team were present.</p> <p>The review team heard that clotting tests were sent to the Royal Free London NHS Foundation Trust and malignant tests to the Royal Marsden NHS Foundation Trusts. Trainees, clinical and educational supervisors advised that changing processes so that clotting and coagulation tests were sent to Hammersmith Hospital would help to align working relationships.</p> <p>Clinical and educational supervisors reported that a monthly clinical governance meeting used to take place. It was advised that Datix cases, mortality cases, departmental and policy issues were discussed. The review team heard that these meetings had been paused, it was advised that a clinical governance lead had been appointed last month and that there were plans to reinstate these meetings. Trainees advised that the introduction of a morbidity and mortality meeting would be helpful.</p>	<p>Yes, please see action H2.1a</p> <p>Yes, please see recommendation H2.1b</p> <p>Yes, please see action H2.1c</p>

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) Trainees advised that a comprehensive induction process was in place.	
3.1	Access to resources to support learners' health and wellbeing and to educational and pastoral support Clinical and educational supervisors advised that there were mechanisms in place for supporting trainees who require additional support. It was discussed that further clinical and educational supervision and teaching would be offered. The review team heard how trainees had received weekly exam teaching and ensured access to study leave. Supervisors discussed how if required concerns would be escalated to the Director of Medical Education.	

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
4.4	Appropriate allocated time in educators job plans to meet educational responsibilities Trainees, clinical and educational supervisors advised that the consultant body was not replete. It was advised that the optimum number of consultants for the department was 16. The review team heard that 10 consultants were currently in post, including locum and fixed posts. Trainees advised that the gaps in the consultant body had affected the consultants' ability to provide a timely follow-up for all patients. The review team heard that there were lengthy follow-up lists.	Yes, please see recommendation H4.4a

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>The review team heard that all higher trainees had received an Annual Review of Competency Progression (ARCP) outcome one. Trainees advised that there were no problems in completing assessments or meeting curriculum competencies.</p> <p>Trust representatives advised that when they had spoken to trainees, trainees reported local and regional training to be good and accessible. It was further discussed that joint teaching took place with Imperial College Healthcare NHS Trust.</p>	
5.1	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>Trainees reported that there were no junior staffing gaps and that they received good support from their junior colleagues. Trust representatives advised that two clinical fellows had been appointed to cover the equivalent speciality training level three (ST3) posts. It was discussed that having a full complement of staff had allowed more time for educational opportunities rather than service delivery.</p> <p>Clinical and educational supervisors reported that trainees had appropriate time to attend labs. It was discussed that when three trainees were rostered the third higher trainee would attend labs. Trainees advised that they were supernumerary in clinics.</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.	

Report sign off

Quality Review Report completed by <i>(name(s) / role(s)):</i>	Emily Patterson Learning Environment Quality Coordinator Health Education England
Review Lead name and signature:	Dr Liz Carty Deputy Postgraduate Dean, North London Health Education England
Date signed:	01 July 2021

HEE authorised signature:	Dr Gary Wares Postgraduate Dean, North London Health Education England
Date signed:	27 July 2021

Date final report submitted to organisation:	28 July 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 HEE's national website. Information from quality reports will usually be shared with other System Partners such as Regulators and Quality Surveillance Groups