

Moorfields Eye Hospital NHS Foundation Trust
Moorfields Eye Centre at St George's Hospital
Ophthalmology
Risk-based Specialty Review



Quality Review report

Date: 3 May 2016
Final Report

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Quality Review details

<p>Background to review</p>	<p>The purpose of this visit was to review the progress of concerns raised at the conversation of concern that took place in March 2015 and to assess how these had been addressed by Moorfields Eye Hospital NHS Foundation Trust.</p> <p>The concerns at Moorfields Eye Centre at St George's Hospital raised in March 2015 focused on the on-call rota system. The out-of-hours (OOH) service was a historical set-up, and the on-call rota was made up of trainees and trainers from St Helier Hospital, Kingston Hospital and Croydon University Hospital as well as St George's Hospital.</p> <p>The Head of School of Ophthalmology was keen to use this opportunity to meet the trainees from Moorfields Eye Hospital NHS Foundation Trust who were based in their day-to-day work at the Eye Centre at St George's Hospital, to ensure the experience during the day was meeting the curriculum requirements.</p> <p>The General Medical Council National Training Survey (GMC NTS) in 2015 provided a breakdown of the results for the Moorfields Eye Centre at St George's Hospital. The results referred to the trainees in rotation at this site, and did not include the on-call trainees. There were no GMC NTS results for the out-of-hours service, as this was provided by trainees from various different Trusts.</p> <p>The GMC NTS 2015 results for the site generated four red outliers in the following areas:</p> <ul style="list-style-type: none"> • Workload. 80% of trainees stated that the work intensity by day was 'heavy' or 'very heavy'. Furthermore 40% of trainees worked beyond their rostered hours on a daily basis and 20% of trainees stated that the work pattern left them feeling short of sleep on a weekly basis. • Access to Educational Resources. The trainees rated the access to educational resources as 'good' or 'poor'. There were specific concerns related to 'simulation facility' and 'equipped rooms for group teaching'. • Local Teaching. 60% of trainees reported that they had less than one hour of teaching per week. When attending teaching, 80% of trainees stated that their clinical workload was not covered. • Regional Teaching. 20% of trainees stated that they were provided with regional / school specialty-specific teaching on a bi-monthly basis; the remaining 80% reported that it was less frequent. <p>Additionally, the site generated one pink outlier in the GMC NTS 2015 survey for:</p> <ul style="list-style-type: none"> • Induction. 80% of the trainees stated that they did not receive the appropriate information on starting in post. <p>There were no patient safety nor any bullying and undermining comments raised in this survey.</p>
<p>Specialties / grades reviewed</p>	<p>The visit team met with trainees in ophthalmology at the following grades: specialty training grade one trainees (ST1), ST2, ST3, ST4, ST5, ST6, and ST7.</p>
<p>Number of trainees and trainers from each specialty</p>	<p>The visit team met with 12 trainees in ophthalmology who covered the out-of-hours (OOH) rota and were based across sites including the St George's Hospital, Croydon University Hospital and St Helier Hospital sites.</p> <p>The visit team met with seven trainers/tutors who were based across sites including the St George's Hospital, St Helier Hospital, Kingston Hospital and Croydon University Hospital sites.</p>
<p>Review summary and outcomes</p>	<p>The visit team was informed by all of the trainees (those based at the Moorfields Eye Centre at St George's Hospital site as well as those from other sites covering the OOH rota), that the training experience at the St George's Hospital site was a</p>

positive one and that they had good exposure to a mixture of patients. This included access to more trauma (as St George's Hospital was a trauma centre) and more neurological patients than at previous placements. The visit team heard from all of the trainees that they would have recommended the Moorfields Eye Centre at St George's Hospital site as a place to train to colleagues and that they would be happy for their relatives to be treated at the site. Those trainees who were based at the Moorfields Eye Centre at St George's Hospital site noted that the site was busier than previous placements they had experience of.

The visit team identified areas that were working well, which included:

- Since the previous visit in 2015, pathways had been improved for most clinical situations so there was clarity around these for both trainees and consultants on call.
- It was reported that the trainees' experience of on call was positive and that the specialty training year one trainees (ST1s) appreciated that they were not on call for the first three months of their placement.
- The first on calls were supervised by the second on calls. Supervision of first on calls was good and they felt well supported.
- Since the last visit in 2015, the induction had improved and it was easier for trainees both inside and outside of St George's to obtain ID badges, IT access as well as access for ordering blood tests etc.

The visit team also identified various areas for improvement, including the following:

- Access to the iClip system was not available for all trainees.
- There was a lack of clarity around the consultant on call cover arrangements due to the fact that it was covered by 27 consultants who only provided cover twice a year.
- Trainees appeared unsure about letters of access, although Moorfields provided evidence that both trainees and consultants on call had received these letters.
- A ward round took place every morning at 8am -9am but the trainees informed the visit team that there was insufficient time to review all patients so trainees would finish it during lunch time or at the end of the day. The visit team heard that the trainees at all levels would appreciate more consultant input during ward rounds.
- The workload of trainees in daytime Eye Casualty at St George's Hospital was heavy and they reported not always getting a lunch break.
- Consultant supervision during daytime Eye Casualty at St George's Hospital was generally good apart from one session when the consultant was less approachable.
- There was confusion around the weekend handover as it was unclear whether the Monday morning handover should have been a consultant-to-consultant handover or a second on call handover.

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

The visit team heard an update on the training provided at the Moorfields Eye Centre at St George's Hospital from the college tutor for ophthalmology, Miss Dhanes Thomas. Miss Thomas highlighted the strengths of the training programme, which included access to emergency and trauma cases (as St George's Hospital was a trauma unit), experience of working within a large unit, exposure to all sub-specialties, cataract training as well as good surgical training. At the time of the visit, there were five ophthalmology trainees based at the site, with one having recently left.

Miss Thomas also outlined the improvements put in place following concerns raised at the conversation of concern held in March 2015, which included:

- A named consultant for OOH cover was implemented on 19 January 2016. This consultant had co-ordinated and led meetings of all consultants on call where the future shape of the OOH service had been discussed.
- Improvements had been made to the induction programme, including increasing it to a full day session and dealing with all ID badge and IT access issues at this session. Regarding the induction in August 2016, there were plans to invite all consultants from the region in order to deal with all of the access issues.
- ST1 support on a Saturday had been strengthened with the addition of an extra locum shift. This was a middle grade trainee at grade ST4 or above. Feedback from the trainees had found this extra tier of support invaluable.
- Regarding ST1 starting in training, a new system had been introduced in August 2015 that meant that ST1 trainees were supervised for the first three months of their placement.
- At the South West Thames OOH meeting, all consultants were invited to attend and raise any issues.
- Pathways and protocols for the main acute issues had been introduced so that all trainees and consultants on call were aware of the procedures. An audit had not yet been carried out as it was only recently implemented at the time of the visit.
- Staffing issues within the emergency department (ED) were still being dealt with and the Trust was working with other EDs to reduce patients being sent there inappropriately. Audits had been carried out around patient discharge which found that 80% of patients were returning to the Moorfields network.
- Follow-up appointments for patients were now being arranged by the administrative staff and not trainees.
- It was confirmed that both trainees and consultants had seen the letter of access/indemnity.

Quality Review Team

Lead Visitor	Miss Fiona O'Sullivan, Head of the London Specialty School of Ophthalmology	External Representative	Dr Eoin O'Sullivan, Consultant Ophthalmologist, King's College Hospital
Trust Liaison Dean	Dr Andrew Deaner, Trust Liaison Dean, Health Education North Central and East London	Trainee Representative	Mr Robert Petrarca, Honorary Research Fellow, King's College Hospital
Lay Member	Catherine Walker, Lay Representative	Scribe	Kate Neilson, Learning Environment Quality Coordinator, Quality and Regulation Team, Health Education England

Findings

GMC Theme 1) Learning environment and culture

Standards

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

Ref	Findings	Action required? Requirement Reference Number
O1.1	<p>Patient safety</p> <p>The visit team heard that there were no issues relating to patient safety at the Moorfields Eye Centre at St George's Hospital site.</p> <p>The trainees informed the visit team that the paediatric pathway had been clarified since the conversation of concern in March 2015. Due to safeguarding concerns, all children had to be seen in the emergency department (ED) first before they were seen by a trainee in ophthalmology.</p>	
O1.2	<p>Serious incidents and professional duty of candour</p> <p>The college tutor for ophthalmology confirmed that regarding incident reporting, feedback was provided to everyone involved in the incident as well as the clinical leads. Feedback was also provided to the college tutor and at internal governance meetings for internal trainees. For external trainees, feedback was given to their tutor/supervisor. Serious incident reporting and learning were also covered at the on call meetings to which all of the 27 consultants on the on-call rota were invited and were sent the minutes.</p> <p>The visit team heard from the trainees that they were all aware of the procedure for reporting serious incidents. Those trainees who had reported incidents directly noted that they had all received feedback on these incidents. The visit team was informed by the trainees that they all felt encouraged to report serious incidents.</p>	
O1.3	<p>Appropriate level of clinical supervision</p> <p>The visit team heard from the ST1 trainees that they were not placed on the on-call rota straight away at the beginning of their placement and that they shadowed a more experienced trainee for three months before commencing on call work. It was noted by these ST1 trainees that they appreciated this support as they were given time to settle in to the placement before starting on the on-call rota. These trainees reported that they felt well supported on the ground. The visit team was informed that the supervision on Saturdays had improved since the previous visit as an extra tier of support (second on call) had been implemented. At the time of the visit, ST1 trainees were supervised by a trainee at grade ST2 or above and were hopeful that this arrangement would be rolled out for the entire ST1 year. The trainees noted that it was mandatory for this extra second on call to be resident for six hours in order to support the ST1 workload.</p> <p>The visit team was informed by the trainees that the consultant on-call rota was made up of 27 consultants and that they were all contactable by mobile telephone for advice, if required. The trainees advised that there were no issues with the consultant on call cover arrangements in terms of contacting consultants.</p> <p>The visit team heard that consultant supervision during daytime hours within the ED</p>	

	was generally good with one exception.	
O1.4	<p>Rotas</p> <p><u>Out-of-hours rota</u></p> <p>The visit team was informed by the trainees who covered the OOH rota that the workload was high and they noted that the implementation of a nurse-led triage system or a clinical nurse specialist to see walk-ins would help to improve the situation. It was reported by the trainees that the nursing staff were stretched very thinly. The visit team also heard that as patients received direct access via letters from general practitioners (GPs), this added to the trainees' OOH workload. The trainees also reported that there was a culture of telling patients to walk-in to the department, when this was not necessary and that the nursing staff had, at times, accepted patients inappropriately. The visit team heard that the only solution to this issue would be to make the system more aligned with that at the Moorfields Eye Hospital City Road site.</p> <p>The visit team heard from the second on call trainees that they did not feel comfortable taking time off the next day in lieu of being called in overnight. There were instances where trainees felt that they were not alert enough to be at work due to a lack of sleep from a nightshift. The trainees reported that it was not always possible to obtain a taxi from the Trust when working at night and that it would have been easier for the Trust to have an Uber account that they could access.</p> <p>Regarding the follow-up of patients, the trainees informed the visit team that they had to chase feedback on patients and often advised them to attend the ED if they became unwell, especially in the cases of vulnerable/elderly patients. The Senior Management Team (SMT) advised the visit team that the administrative staff dealt with patient follow-up but the trainees noted that they did not receive any feedback on these.</p> <p><u>Daytime rota</u></p> <p>The trainees based at the St George's Hospital site advised that the Eye Casualty workload was busy and their sessions frequently ran over into lunchtime. The reasons for the high workload included the fact that clinics were regularly overbooked and that when trainees were on leave, clinic lists were not reduced. It was noted by the trainees that a new system for cancelling clinics was due to be introduced.</p> <p>The trainees informed the visit team that they did not feel supported when cancelling operative procedures due to emergencies being received and that they felt pressure from the non-clinical management team to achieve targets. Although trainees reported that they had discussed this issue with their supervisors, consultants felt the same pressure when cancelling cases so the situation was very stressful for both trainees and senior clinicians.</p> <p>Within the ED, the trainees noted that there was no cover when trainees were on leave. The visit team heard from the trainees that there was only one consultant covering the ED at any one time, who was also the trainees' supervisor. The trainees advised that they were asked to provide cover for the ED and sacrifice their study sessions, which they did not get back. The visit team was informed by the trainees that they did not feel pressurised to achieve the four hour ED wait target.</p> <p>The trainees based at the St George's Hospital site told the visit team that they received at least one and a half theatre sessions per week (the majority got two sessions a week) and all expressed the view that they were getting sufficient surgical experience. Trainees reported that their timetables were tailored to their training needs.</p> <p>The trainees based at the St George's Hospital site informed the visit team that the daily ward round at 8am-9am did not provide sufficient time to complete it and they often had to finish the round at lunchtime or after clinics. Furthermore, as the ward round was not consultant-led, decisions around management were sometimes difficult. The trainees suggested that a consultant presence or input would aid quicker decision making.</p> <p>The visit team heard from the trainees based at the St George's Hospital site that it was difficult to obtain confirmation of leave as there was confusion around the process for requesting it and it had to be signed off by multiple managers.</p>	<p>Yes. See O.14a below.</p> <p>Yes. See O1.4b below.</p> <p>Yes. See O1.4c below.</p> <p>Yes. See O1.4d below.</p> <p>Yes. See O1.4e below.</p>

	<p><u>On call consultant cover</u></p> <p>The on-call rota was covered by 27 consultants and as a result, they only provided cover twice a year at the most, which meant that many consultants were unfamiliar with the facilities and procedures at the St George's Hospital site. Therefore putting systems in place was challenging due to the fact that there were so many consultants on the rota. The role of the consultant on call appeared to be an advisory one over the telephone rather than being available onsite.</p> <p>The visit team heard from the consultants who covered the on-call rota that patients requiring surgery were transferred to the City Road Hospital site as theatre access at the St George's Hospital site was limited. However, there was confusion around the pathway for treating acutely ill patients who required surgery but could not be transferred to the City Road Hospital site (due to medical fitness concerns). The consultants noted that this situation did not arise very often but that there was confusion when it did.</p> <p>The consultants based outside of the St George's Hospital site who covered the on-call rota informed the visit team that they did not have access to computer logins so relied on trainees for this access.</p> <p>The visit team heard from the consultants that covered the on-call rota that patient care could be delayed due to the fact that they had to refer on to sub-specialty consultants and that they felt they did not have the final decision about how patients were treated.</p>	<p>Yes. See O1.4f below.</p> <p>Yes. See O1.4g below.</p>
<p>O1.5</p>	<p>Induction</p> <p>The visit team was informed by the trainees that the induction from August 2015 was a major improvement on that of the previous year. In August 2015, the induction took place over a whole day rather than a few hours. The new induction included a guide to the department, access forms for Open-Eyes, and a guide for how to use Open-Eyes, ID card access as well as a talk on governance from an individual from the Moorfields Eye Hospital NHS Trust.</p> <p>Regarding Eye-Clip access, which was understood to be a St George's Hospital electronic patient record (EPR) system, only two of the trainees reported that they had access to this system. The majority of the departments at the St George's Hospital site, with the exception of the paediatrics department, were paper-based so they did not use electronic patient records.</p> <p>The visit team heard that all of the trainees had access to blood test results as well as the laser machine and that they all knew how to report a serious incident.</p>	
<p>O1.6</p>	<p>Handover</p> <p>The visit team was informed that there needed to be clarity around the consultant OOH responsibilities and handover pathways. It was noted by the trainees that it would have been helpful for consultants providing OOH cover but not based at the St George's Hospital site to handover to a consultant based at the St George's Hospital site.</p> <p>The visit team heard from the trainees as well as the on call consultants that there was confusion around the Monday morning handover and whether this should have been a consultant-to-consultant or a second on call to a consultant handover.</p> <p>The visit team heard that regarding OOH ward referrals, the second on call trainee was responsible for these but that it was not a formal arrangement. Referrals were then emailed. However the trainees noted that it was unclear which consultant was responsible for each patient.</p>	
<p>O1.7</p>	<p>Protected time for learning and organised educational sessions</p> <p>The visit team heard from the trainees based at the St George's Hospital site that there were local teaching sessions at the site on Tuesday lunchtime. The sessions were well pitched and time to attend was protected.</p> <p>Regular regional teaching sessions were held weekly at the St Thomas' Hospital site and the trainees informed the visit team that these sessions were very good and pitched at the appropriate level. All sessions were consultant-led.</p>	

GMC Theme 3) Supporting learners**Standards**

S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

O3.1	Behaviour that undermines professional confidence, performance or self-esteem The visit team heard from the trainees that they all felt supported and that there was no evidence of bullying or undermining behaviour from other colleagues.	
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Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The appointment of a consultant who is responsible for the leadership of this large on call system is to be commended.	College Tutor	Please complete attached pro forma.	15 June 2016

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
O1.4a	The Trust is required to review the OOH trainee workload.	Trust to undertake diary card exercise and minutes of meetings of LFGs at St George's Hospital and of the consultant on call meetings to show how workload issues are being addressed.	R1.12
O1.4b	The Trust is required to confirm the rota arrangements with second on call trainees in instances when they are called in to cover night shifts but are expected to be back onsite the next morning. The Trust's policy on taxi use should also be communicated to the trainees.	Trust to submit copies of communications with trainees around rota arrangements and taxi use.	R1.12
O1.4c	The Trust is required to clarify the arrangements for organising patient follow-up with trainees.	Trust to submit copies of communications with trainees around patient follow-up arrangements.	R1.1
O1.4d	The Trust is required to audit the daytime workload in the Eye Casualty and to ensure that named clinical supervisors for trainees working in Eye Casualty are always approachable for advice.	Audit of workload in daytime Eye Casualty at St George's Hospital with start and finish times of trainees to be submitted.	R1.12
O1.4e	The Trust to review the time allowed for daily ward rounds and to review consultant	Trust to submit an update on the arrangements for daily ward rounds.	R1.14

	input to ward rounds.		
O1.4f	<p>The Trust is required to clarify the roles and responsibilities of the consultants covering the on-call rota, including:</p> <ul style="list-style-type: none"> • Who is responsible for providing a handover following these shifts and to whom they should handover, • The pathway arrangements for acutely ill patients who require surgery. 	Trust to submit copies of communications with the consultants covering the on-call rota that clarifies their responsibilities with respect to handover of patients and an updated pathway for acutely ill patients who require surgery.	R1.12

Recommendations

Req. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
O1.4g	The visit team recommends that further nurse triage support is provided at weekends for the OOH service.	Trust to provide update on nurse triage support provided.	R1.12

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

Requirement	Responsibility
N/A	

Signed

By the Lead Visitor on behalf of the Visiting Team:	Fiona O'Sullivan
Date:	1 June 2016