

# Moorfields Eye Hospital NHS Foundation Trust (Moorfields Eye Centre at Croydon University Hospital)

## Ophthalmology

### Risk-based Review (on-site)



## Quality Review report

31 October 2017

Final Report

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## Quality Review details

<p><b>Background to review</b></p>	<p>The Risk-based Review (on-site visit) of ophthalmology at Croydon University Hospital, was proposed in response to the results received by the Trust in the 2017 General Medical Council National Training Survey (GMC NTS)</p> <p>At Croydon University Hospital, ophthalmology returned four red outliers (overall satisfaction, clinical supervision, clinical supervision out of hours and curriculum coverage) and six pink outliers (handover, induction, adequate experience, educational governance, educational supervision, and feedback)</p>
<p><b>Training programme / learner group reviewed</b></p>	<p>Ophthalmology</p>
<p><b>Review summary and outcomes</b></p>	<p>The review team heard highly positive feedback regarding the training at the Hospital. The areas specifically highlighted as working well were:</p> <ul style="list-style-type: none"> <li>• All of the trainees the review team met with commented that they felt well supported within the department and that they were part of the multidisciplinary team. The trainees were particularly complimentary of the college tutor.</li> <li>• The trainees indicated that the role of the senior resident was working well, as it allowed them to raise any concerns about the education and training they received with someone in their peer group.</li> <li>• The review team was informed that the consultant substantive appointments that had been made had had a positive impact within the department, especially in relation to trainees receiving clinical supervision and being able to complete their workplace based assessments. The trainees indicated that this was especially relevant in relation to the substantive consultant who was based in the urgent care centre.</li> <li>• It appeared to the review team that the management and organization of the clinic and theatre lists worked well, and that they were not overbooked in order to ensure that trainees received adequate training opportunities and experience as opposed to being predominantly focused upon service provision. The trainees reported that they did not feel overloaded in clinics and that they had sufficient time to complete their workplace based assessments with the clinical supervisor.</li> </ul> <p>The following areas were identified as requiring improvement:</p> <ul style="list-style-type: none"> <li>• The review team was informed that within the Moorfields eye unit, the trainees had limited access to the Croydon University Hospital IT systems, especially PACs and therefore could not view any images or scans, although they could access the reports.</li> <li>• The trainees reported that although they received a comprehensive and detailed induction at St. Georges Hospital regarding the on-call shifts, for the more junior trainees, this session was held three months before they started undertaking the on-call shifts. Although the trainees proactively organised to shadow other trainees before they began the on-call shifts, this was done in their own time and it was felt that a refresher or formal shadowing period would be beneficial.</li> <li>• The review team was pleased to hear that a Local Faculty Group had been introduced and felt that this needed to become more established. As there were a large number of clinical supervisors within the department,</li> </ul>

	<p>the review team also felt that a structured opportunity for the consultants to meet and discuss trainees' progress would be beneficial.</p> <ul style="list-style-type: none"> <li>All of the trainees the review team met with were aware of how to exception report and felt comfortable doing so. However, the review team was informed that the exception reports were not always dealt with in a timely manner.</li> </ul>
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Quality Review Team			
<b>HEE Review Lead</b>	Ms Cordelia Mckechnie Deputy Head of the London Specialty School of Ophthalmology	<b>External Clinician</b>	Dr Emma Jones Head of the London Specialty School of Ophthalmology
<b>Deputy Postgraduate Dean</b>	Dr Andrew Deaner Deputy Postgraduate Dean, HEE North Central London	<b>Lay Member</b>	Jane Gregory Lay Representative
<b>Observer</b>	Elizabeth Dailly Deputy Quality and Reviews Manager, HEE London and the South East	<b>Scribe</b>	John Forster Quality Support Officer, HEE London and the South East

## Findings

### 1. Learning environment and culture

#### HEE Quality Standards

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.

1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.

1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.

1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.

1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.

Ref	Findings	Action required? Requirement Reference Number
O1.1	<p><b>Patient safety</b></p> <p>The trainees felt that the lack of access to the Croydon University Hospital Trust IT system presented a potential patient safety issue, as they couldn't always access PACS to see relevant patient information. The trainees mentioned a recent incident</p>	

	<p>where a patient had had cataract surgery, despite being in Croydon Hospital for heart-related issues three days prior. This information was on a different IT system to the patient's ophthalmology data. The trainees reported that the patient died 9 days after the surgery.</p> <p>Although this was an isolated incident, the trainees felt that it had potential to re-occur, as the trainees had to rely on the patient telling them about medical history and medications; they did not have access to this data electronically.</p> <p>This issue also impacted training, as scans and images could not be viewed during clinics.</p>	<p>Yes, please see O1.1a and O1.1b below</p>
<p>O1.2</p>	<p><b>Appropriate level of clinical supervision</b></p> <p>The trainees reported that the clinical supervision was good, though it required the trainees to be proactive to receive it. The review team heard that there was a substantive consultant who was now based in the urgent care centre and therefore was able to provide clinical supervision, which had been lacking previously as the post was often filled by locum cover. The trainees reported that the consultant accompanied the trainee during sessions in the urgent care centre, making it feel like a teaching clinic. The trainees were very pleased with this.</p>	
<p>O1.3</p>	<p><b>Rotas</b></p> <p>It was reported that when trainees were on-call overnight during the week, they were not automatically given a zero day the day afterwards. This was due to the fact that it was felt that two hours was sufficient to cover the on-call session overnight and there were no restriction on the amount of hours at the time the rota was built. If the trainees had a particularly onerous session, they could request a zero session the next morning, from the HR representatives.</p> <p>Trainees felt that although they would be granted this time off if asked and would be supported by the department, they felt guilty if they did not go in to work at short notice. It was stressed that they weren't pressured by the Trust not to take the time off, but they were aware about how logistically difficult it could be to work around their absence, and so did not feel able to take the rest.</p> <p>The review team heard that exception reporting was not always responded to in a timely manner; discussions could be had informally, but formal response was lacking.</p>	<p>Yes, please see O1.3 below</p>
<p>O1.4</p>	<p><b>Induction</b></p> <p>The trainees reported that though the induction was good, they were not fully prepared for the on-call shifts. The trainees felt that there were two reasons for this. Firstly, although the induction was good, the trainees had no exposure to the workings of the department before their first shift. Meeting the nursing staff, knowing where everything was kept, and understanding the general logistics of the shift had to be learnt on the fly. Trainees had themselves organised informal, unpaid visits to shadow colleagues in order to address this, but they felt it would be good if it could be included as part of the induction. This was especially true for the more junior trainees, as it was heard that the senior trainees were more used to moving around.</p> <p>The second issue was the 3 month gap between the induction and starting their shift, compounding the first problem. The trainees felt that an organised shadowing period or refresher could help address this issue as well.</p> <p>It was reported that often patients would come into the department when it wasn't necessary, and that it was difficult for junior trainees to triage these patients. The possibility of another talk on this topic had been mentioned, but the trainees did not know if or when this was due to occur.</p>	<p>Yes, please see O1.4 below</p>

O1.5	<p><b>Handover</b></p> <p>The handover process at St George’s Hospital during the trainees’ on-call shifts was reported to be satisfactory, though it was a work in progress due to the variability of trainees. The trainees reported that while some handovers were very clear, this was not always the case. There had been one or two issues where patients should have been handed over to another team, but had not been transferred to the appropriate consultant when the trainees conducted the ward round. The review team heard that this issue was being looked at, and that two more consultants had been hired to help with the ward rounds, which should help. All patients said that they had not experienced patients getting lost in the system.</p> <p>There was concern that nurses were not always aware of transfer arrangements of patients, and the patient’s care pathway.</p>	Yes, please see O1.5 below
O1.6	<p><b>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</b></p> <p>The trainees reported that timetables were very personalised, and that care was taken to ensure that they accommodated the trainees interests, wishes, and portfolio requirements. Trainees reported that there was a good balance between learning opportunities and service provision.</p> <p>It was reported that an ST1 had been assigned one surgical list a week, though it was felt that two would be more helpful. The trainee had discussed this with the educational supervisor and a consultant who was providing an alternative list, and it was agreed that the trainee could attend both every week. The trainee had been attending both lists, and reported that the responsiveness was encouraging. However, there had been some miscommunication as to the trainees attendance.</p>	Yes, please see O1.6 below.
O1.7	<p><b>Adequate time and resources to complete assessments required by the curriculum</b></p> <p>Previously, trainees had highlighted that they were being supervised by doctors who did not have access to eportfolio, often because they were locum doctors. The review team heard that this had now been remedied, that the trust was moving away from locums, and that a full-time, eportfolio-trained consultant had been appointed in casualty. The feedback from the trainees regarding this consultant was good.</p>	

## 2. Educational governance and leadership

### HEE Quality Standards

2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.

2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.

2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.

2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.

O2.1	<b>Impact of service design on learners</b>	
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	It was reported that the recent instigation of a community-based triage service by Croydon Clinical Commissioning group had meant that less time was being spent treating patients who did not need to be at the Moorfields Centre, and could be handled by the minor eye service instead. This had led to a 10-15% drop in the number of patients referred.	
O2.2	<p><b>Effective, transparent and clearly understood educational governance systems and processes</b></p> <p>The review team was informed that Local Faculty Groups had been initiated prior to the review, and that the department had found them to be beneficial. However, the review team heard that they were not yet fully embedded.</p>	Yes, please see O2.2 below.
<h3>3. Supporting and empowering learners</h3> <p><b>HEE Quality Standards</b></p> <p><b>3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.</b></p> <p><b>3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.</b></p>		
O3.1	<p><b>Regular, constructive and meaningful feedback</b></p> <p>The trainees reported that they would like more regular feedback on their performance. They felt that informally, feedback was provided and cases were discussed, but they would appreciate an increased number of formal, regular meetings with their clinical supervisors. They acknowledged that they could probably request this directly, and that perhaps they had not pushed enough for this.</p>	
<h3>4. Supporting and empowering educators</h3> <p><b>HEE Quality Standards</b></p> <p><b>4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.</b></p> <p><b>4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.</b></p>		
O4.1	<p><b>Access to appropriately funded professional development, training and an appraisal for educators</b></p> <p>The educators expressed frustration about the lack of feedback on their performance throughout the year, as they had too few trainees to participate in the GMC NTS. It was reported that they had recently held their first LFG meeting, which had been helpful, and would continue. It was suggested that a similar survey could be conducted by someone outside the department, such as the DME, who could report back.</p> <p>The review team heard that the trainers did not receive educational appraisals, and instead the topic was briefly covered under their Trust appraisals. The review team explained that the DME is normally expected to meet with the college tutor, and that there were new GMC requirements in relation to the appraisal.</p>	<p>Yes, see O4.1a below.</p> <p>Yes, see O4.1b and O4.1c below.</p>
O4.2	<b>Sufficient time in educators' job plans to meet educational responsibilities</b>	



	<p>It was reported that all felt they had enough time to adequately perform their role as a trainer, as the clinic is not very busy. It was reported that trainees are often supernumary so they have time to discuss patients. The trainers reported that they had time to cover all skill sites, and that they would lower the number of patients on a cataract list when a trainee was present to allow for teaching time.</p> <p>The review team heard that there was only one educational supervisor, who had to cover everything.</p>	<p>Yes, see O4.2 below.</p>
O4.3	<p><b>Access to appropriately funded resources to meet the requirements of the training programme or curriculum</b></p> <p>The trainers were frustrated by the lack of spaces they had to meet the trainees, as they currently either had to move to a separate building, use a cubicle in the admin hub, or the staff room. They reported that they had tried to discuss this with Croydon University Hospital Trust, to no avail.</p>	

## Good Practice and Requirements

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
O1.1a	The Trust is required to ensure that trainees have the requested access to PACS, when working at the eye clinic.	The Trust to confirm that this access has been given, and submit trainee feedback that this has occurred. This can be through local faculty group minutes.	R1,1
O1.4	The Trust is required to ensure that Specialty Training Year 1 trainees (ST1s) undertake a shadowing period with another trainee before they commence on call shifts. The shadowing period should be undertaken and the trainees should be appropriately remunerated.	The Trust to confirm that this has taken place, and submit the relevant rota demonstrating that the trainees are undertaking such shadowing periods. The Trust also to submit feedback from the trainees demonstrating that this issue has been adequately resolved. This can be through local faculty group minutes.	R1.7
O1.6	The Trust to formalise the revised ST1 timetable, regarding the extra surgical lists.	The Trust to provide the timetable.	R1.12
O4.1b	The Trust is required to organise educational appraisals between the Director of Medical Education (DME) and educators within the next four months. These should reoccur every three years.	The responsible officer to confirm that this has taken place.	R4.1

O4.2	The Trust is required to nominate and train an additional educational supervisor from the pool of clinical supervisors to support the current college tutor in her role.	The Trust to confirm within four months the name of the additional educational supervisor. Trust to confirm that job planning has occurred to give the supervisor time to undertake the training duties.	R4.2
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Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
O1.1b	Continue to report adverse incidents using Datix.	The Trust to provide the report of the patient who died after transfer to another hospital to deal with a complication of surgery.	R1.2
O1.3	It is recommended that the Trust make sure that exception reports are dealt with in a timely manner, and to keep trainees informed with the progress of reports.	The Trust to confirm that this is occurring, and to submit LFG minutes where this issue is discussed with the trainee representatives.	R1.12
O1.5	We recommend that the handover process is extended to include the multiprofessional team.	Trust to provide evidence of the extended handover.	R1.14
O2.2	The Trust is recommended to continue hosting minuted local faculty group meetings every four months, and to use these to give and receive feedback from the trainees.	The Trust to provide minutes for the next two LFG meetings held.	R2.7
O4.1a	It is recommended that the Trust liaise with the DME to conduct a survey of the trainees at the end of the year to receive feedback regarding the quality of training provided, in place of the General Medical Council National Training Survey.	Trust to provide a copy of the survey undertaken, and feedback received.	R1.5
O4.1c	We recommend that the college tutor attends the Sub-specialty Training Committee with their corresponding college tutors at Moorfields, and we recommend that the college tutor share the HEE Professional Development Framework for Educators with the clinical supervisors. ( <a href="http://www.faculty.londondeanery.ac.uk/new-multiprofessional-framework-for-educators/professional-development-framework-for-educators">http://www.faculty.londondeanery.ac.uk/new-multiprofessional-framework-for-educators/professional-development-framework-for-educators</a> )	Trust to provide attendance record of the SSTC, and to confirm that the framework has been shared with educators.	R4.1



<b>Signed</b>	
<b>By the HEE Review Lead on behalf of the Quality Review Team:</b>	Cordelia McKechnie
<b>Date:</b>	Deputy Head of School of Ophthalmology

**What happens next?**

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.