

Barking, Havering and Redbridge University Hospitals Trust

Neurology

Risk-based Review (on-site visit)



Quality Review report

05 December 2019

Final Report

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healthcare

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Quality Review details

Training programme / learner group reviewed	Neurology
Number of learners and educators from each training programme	<p>The review team met with a cohort of training and non-training grade trainees and a number of specialist trainees at grades three to five (ST3 to ST5) working in the Neurology department:</p> <p>The review team also met with clinical/ educational supervisors from the department of neurology and the following Trust representatives:</p> <ul style="list-style-type: none"> • Dr Magda Smith, Chief Medical Officer • Ms Louise Head, Associate Director of Research & CMO Office • Dr Rajesh Bagtharia, Associate Director of Medical Education • Caroline Curtin, Head of Medical Education • Anthony Lovell, Deputy Medical Education Manager • Susan Coull, Medical Education Advisor • Dr Anjum Misbahuddin, Educational and Clinical Lead • Dr Rajith De Silva • Dr Abijhit Chauduri • Dr John McCauley • Dr Stephen Wroe
Background to review	<p>The 2018 General Medical Council (GMC) National Training Survey (NTS) results returned a significant number of red outliers for neurology which prompted a risk-based review (focus group) between the neurology trainees working at Queen's University Hospital and Health Education England (HEE) representatives on 06 August 2019. The focus group highlighted a number of ongoing concerns with regards to consultant-led supervision and oversight being provided to trainees working in the Neurology department.</p> <p>This risk-based review (on-site visit) was planned following the release of the General Medical Council National Training Survey (GMC NTS) 2018 results and the subsequent risk-based review (focus group) to Neurology on 06 August 2019 at the Barking, Havering and Redbridge University Hospitals (Queen's University Hospital).</p> <p>Health Education England also had concerns around the significant deterioration of the 2019 GMC NTS results which returned ten red outliers for: overall satisfaction, clinical supervision, clinical supervision out of hours, reporting systems, workload, supportive environment, adequate experience, educational governance, local teaching and rota design. There were four pink outliers for: teamwork, handover, curriculum coverage and feedback.</p>

Supporting evidence provided by the Trust	<p>In advance of the quality review on 05 December 2019, Barking, Havering and Redbridge University Hospitals submitted the following evidence to the Health Education England (HEE) Quality, Reviews and Intelligence team. This evidence was reviewed by the quality review team as part of the pre-review processes.</p> <ul style="list-style-type: none"> • Dr Anjum Misbahuddin's email to Deputy Postgraduate Dean for North East London • Core Medical Training Study Day • Copy of ST Teaching Rota • IMT-CMT Study Day (16 October 2019) • Log of Educational Appraisal • Specialist Registrar Timetable (October 2019) • Trainee Focus Group Neurology (14 August 2019) • Trainee Focus Group Neurology (20 September 2019) • Trainee Focus Group Neurology (27 November 2019) • Medical Educational & Training Operational Group (METOG) Meeting Minutes (12 September 2019) • Medical Educational & Training Operational Group (METOG) Meeting Minutes (26 September 2019)
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Summary of findings	<p>Health Education England thanked the Trust for the work done to prepare for this review and for ensuring that the trainees were released from their duties to attend. HEE also thanked the trainees for their attendance and participation in the review.</p> <p>The review team was pleased to note the following areas that were working well:</p> <ul style="list-style-type: none"> • The review team commended the Trust for the work undertaken by the consultant and educational department to improve trainee experience. The review team was also pleased to hear that the consultant body was very supportive and approachable. • The review team commended the Trust for the steps it had taken to improve the experience of the ward registrar cover, in particular the newly introduced neurology clinical fellow. <p>The review team was pleased to hear that the Trust for the steps it had taken to improve the experience of the referral registrar in terms of consultant oversight and support.</p> <ul style="list-style-type: none"> • The trainees described having access to a wide range of teaching sessions, which included consultant-led weekly neurology teaching and the Monday morning governance and teaching meeting. The trainees also highlighted the newly introduced journal club as a positive experience. <p>However, the review team also noted several other areas for improvement:</p> <ul style="list-style-type: none"> • The review team heard that trainees did not feel confident in the processes around raising exception reports. • The Trust was asked to review the stroke mimic pathway and ensure that all individuals involved in the stroke on-call services were fully aware of it.
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Quality Review Team			
HEE Review Lead	Catherine Bryant Head of School of Medicine	East of England Programme	Rhys Robert Consultant Neurologist

		Director Representative	Health Education England (East of England)
Lay Member	Jane Gregory Lay Representative	Lay Member	Sarah Pluckrose Lay Representative
HEE Representative	Tolu Oni Learning Environment Quality Coordinator	HEE Representative	Ed Praeger Deputy Quality, Patient Safety and Commissioning Manager

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

The review team thanked the Trust for facilitating this quality visit.

The review team met with the Neurology Lead (NL), Service Manager (SM) Head of Medical Education and Training (HoMET) Neurology Consultants (NS), Deputy Manager & Medical Education Facilitator (DMMEF) and discussed the General Medical Council National Training Survey 2019 (GMC NTS) and the department's response to the current pressures impacting on the quality of neurology training being received by trainees.

In terms of the 2019 GMC NTS survey, the Neurology Lead advised that a number of red outliers received had been unexpected. The review team heard that the department engaged with the higher trainees through Local Faculty Group (LFG) meeting and that at these meetings, the Neurology Lead reported that the GMC NTS results were discussed, and that the trainees' feedback highlighted a number of issues relating to access to clinics, teaching, staffing levels. The trainees' feedback also highlighted significant issues with the supervision/management of referrals when on-call for stroke medicine.

When asked about number of clinic days afforded to trainees, the NL reported that the high level of general neurology referrals received on the wards had resulted in ward-based higher trainees not achieving the Royal College of Physicians recommended clinic days of 2.5 p/week and as such these trainees only attended clinic days when the volume of ward referrals were low. To reassure the review team, the NL asserted that the nature of case mix of ward referrals meant that experience managing referrals was equivalent to clinic sessions. In addition, the review team also heard of a newly instituted timetable primarily aimed at improving consultant visibility and clinic access for trainees working in the department. The NL further described that the rapid access clinic 'hot clinic' had stopped

In terms of teaching, the Neurological Lead reported that trainees had access to a series of weekly teaching sessions which occurred 70% of the time. It was also reported that trainees had access to a new teaching timetable detailing weekly consultant-led neurology teaching schedules. The review team was also encouraged to hear that consultant-led teaching and the Monday morning governance meeting occurred invariably and that the trainees now benefited from the newly revised monthly journal club.

In relation to the level of consultant input in the department, the review team felt reassured to hear that the department had taken on-board feedback received from a previous HEE visit which highlighted a lack of consultant oversight and supervision for trainees managing ward referrals to neurology with acutely unwell patients. Of note was the comment from the NL which indicated that all consultants were allocated time in their job plans to ensure daily review of inpatient ward referrals. The review team also heard of consultant buddy system arrangement in place which ensured visibility of named consultant on site to manage and supervise the registrar managing referrals.

The NL reported that neurology trainees undertaking on-call shifts within the stroke unit received a consultant-led departmental induction prior to resuming their shifts. The review team also heard that trainees working in the stroke unit had access to a number of teaching opportunities which included the weekly stroke meeting and the pre-weekend handover session occurring on Fridays.

When asked about the operational processes in place to manage bed pressure at the site: the review team heard of a red and green system in place for predicting daily discharges against Trust targets. It was also reported that the service delivery unit actively engaged with the department (i.e. consultant body) in embedding robust escalation processes/pathway for managing bed pressure related concerns. The NL highlighted that all

neurological outpatients awaiting admissions for rehab were being effectively escalated through the pathway. In terms of the on-call arrangement, the Service Manager reported that the Trust had embedded a bronze, silver and gold on-call system for bed management across site and that the unit encouraged patient discharge through active participation at board rounds.

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive learning experience for service users.

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.

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).

1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.

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.

1.6 The learning environment promotes inter-professional learning opportunities.

Ref	Findings	Action required? Requirement Reference Number
N1.1	<p>Patient safety</p> <p>The review team were pleased to hear of no activities taken within the department that had a direct, adverse effect on patient safety.</p>	
N1.2	<p>Serious incidents and professional duty of candour</p> <p>Trainees indicated being familiar with the formal Trust incident reporting system (Datix). The trainees also reported that in such instances where a Datix had been raised, the department encouraged learning through constructive feedback mechanisms.</p>	
N1.3	<p>Rotas</p> <p>The review team heard of a rota arrangement which constituted of four trainees assigned to designated clinic shifts with access to one monthly referral blocks of covering the wards and programmed investigation unit (PIU). The review team heard that trainees engaged with a varied number of patients (average 10 patient referrals) on the wards with clinical oversight and supervision being provided by one higher trainee based on the ward.</p> <p>The review team noted that trainees (higher and middle-grade doctors) had access to a weekly consultant-led ward round with teaching opportunities embedded. The review team noted that trainees would find additional administrative support on the wards to be of value.</p>	

	<p>In terms of the escalation process in place: the trainees reported having access to a named clinical supervisor whom they escalated patient related queries and concerns to.</p> <p>The review team heard that the department had taken steps to improve workload issues highlighted from previous visit in August 2019. In particular the introduction of the ward-based clinical fellow providing junior level support to higher trainees working on the ward. The review team heard that the current system of core medical trainees rotating through Intensive Care Unit (ITU) and neurology wards (three monthly basis) also improved staffing on the ward and impacted positively on the neurology specialist registrars.</p>	
N1.4	<p>Induction</p> <p>The review team heard that all neurology trainees undertaking on-call shifts in stroke medicine received a consultant-led specialty local-induction prior to starting shifts.</p>	
N1.5	<p>Protected time for learning and organised educational sessions</p> <p>The review team was encouraged to hear that the neurology department provided two hours of consultant-led, curriculum relevant weekly teaching sessions to its higher trainees. The review team noted that the higher trainees also had access to registrar-led teaching sessions where patient cases were discussed.</p> <p>All trainees indicated to the review team that they valued consultant-led governance meeting teaching sessions which occurred on Monday mornings and highlighted that learning was always received during teaching sessions at ward rounds.</p> <p>The review team also heard of a morbidity and mortality (M&M) meetings occurring monthly.</p>	
N1.7	<p>Adequate time and resources to complete assessments required by the curriculum</p> <p>The review team heard of a rota arrangement with designated consultant-led subspecialty clinic shifts which provided curricula relevant teaching opportunities.</p>	

2. Educational governance and leadership

HEE Quality Standards

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.

N2.1	<p>Impact of service design on learners</p> <p>When asked about exception reporting, the review team heard that all trainees met were aware of a formal process for raising exception reports but that the induction process afforded limited engagement from the Guardian of Safe Working Hours (GoSWH) around safe working practices. Although the HoMET reported that the</p>	
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- 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.

N3.1	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The review team heard of no specific instances where trainees met, had been exposed to bullying and undermining behaviours within the neurology department. The review team was also encouraged to hear of several instances where trainees described enjoying pastoral care and support at consultant level However, when asked about the interaction between trainees and other departments within the hospital: the review team heard of an instance where a trainee had been directly impacted upon by undermining behaviour from the radiology department when requesting for help.</p> <p>The review team was reassured to hear that the department provided a monthly governance meeting where bullying and undermining related issues were discussed.</p>	Yes, please see N3.1
N3.2	<p>Access to study leave</p> <p>None of the trainees that the review team met reported any instance where they had found it difficult to access relevant study leave related activities.</p>	
N3.3	<p>Regular, constructive and meaningful feedback</p> <p>From its conversation with the educational and clinical supervisors, the review team heard that the department usually received five to ten patient referrals per day and that supervision was always adapted to the experience of trainees. In terms of the learning received from referrals duties, the review team was reassured to hear that trainees had access to the daily consultant-led referral meetings but noted that only a handful of consultants offered written feedback summary provided at the end of each day.</p>	

4. Supporting and empowering educators

HEE Quality Standards

- 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.

	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>No issues discussed.</p>	
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5. Delivering curricula and assessments

HEE Quality Standards

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.

An educational induction to make sure learners understand their curriculum and how their post or clinical placement fits within the programme

No issues discussed

6. Developing a sustainable workforce

HEE Quality Standards

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 to 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.

Appropriate recruitment processes

No issues discussed.

Good Practice and Requirements

Good Practice

1. The review team praised the Trust for the work undertaken by the consultant and educational department to improve trainee experience. The review team was also pleased to hear that the consultant body was very supportive and approachable.
2. The review team commended the Trust for the steps it had taken to improve the experience of the ward registrar cover, in particular the newly introduced neurology clinical fellow.
3. The review team commended the Trust for the steps it had taken to improve the experience of the referral registrar in terms of consultant oversight and support.
4. The trainees described having access to a wide range of teaching sessions, which included consultant-led weekly neurology teaching and the Monday morning governance and teaching meeting. The trainees also highlighted the newly introduced journal club as a positive experience.

Immediate Mandatory Requirements

Given the severity of an Immediate Mandatory Requirement, the risk rating must fall within the range of 15 to 25 or have an Intensive Support Framework rating of 3. This risk rating will be reviewed once the Trust has provided their response to the Immediate Mandatory Requirement.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	None		

Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	n/a		
N2.1a	The department to facilitate an open culture of exception reporting, provides refresher training in exception reporting from the Guardian of Safe Working Hour (GoSWH), undertakes in the Local Faculty Group (LFG) a regular discussion of workload, trends from reports and impact on trainee wellbeing.	Trust to provide evidence of further training sessions facilitated by the GOSWH and evidence that exception reporting is a standing item on the LFG agenda. Please provide initial required evidence by 1 March 2020, with dates for subsequent two LFG minutes, followed by LFG minutes when available.	R2.1
N2.1b	The Trust is required to implement a review of the stroke mimic pathway and ensure that all individuals involved in the stroke on-call services are fully aware of it.	The Trust is to provide HEE with the stroke mimic pathway and evidence that this has been discussed and understood by all trainees involved. Please provide required evidence by 1 March 2020.	R1.19
N2.2	It is highly recommended that the Trust ensures all consultants have a minimum of 0.25SPA demonstrable in their job plans to provide educational and clinical supervision. No consultant should be expected to provide supervision to >4 trainees at any one time. All consultants should be expected to undergo an annual educational appraisal in line with GMC domains as part of annual appraisal cycles.	Please provide evidence that all consultants have the required time in their job plans and also provide evidence of consultant educational appraisals. Please provide required evidence by 1 March 2020.	R2.10

Minor Concerns

Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
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N3.1	The Trust should introduce improved collaborative working across Neurology and Radiology departments. The review team felt that this should include a range of interventions including regular multi professional in-situ simulation sessions that were focused on structured respectful professional communication, leadership, team working and other relevant human factors.	Please provide evidence of multi professional in-situ simulation sessions and their attendance. Please provide required evidence by 1 March 2020.	R1.17
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Recommendations

These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.

Rec. Ref No.	Recommendation	GMC Req. No.
	None	

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

Requirement	Responsibility
None	

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Dr Catherine Bryant, Head of School of Medicine
Date:	13 January 2020.

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.