NHS
Health Education England

King's College Hospital NHS Foundation Trust

Neurosurgery

Risk-based Review (focus group)

Quality Review report

17 December 2019

Final Report

Developing people for health and healthcare

www.hee.nhs.uk

THE NHS CONSTITUTION
the NHS belongs to us all

Quality Review details

Background to review	These two focus groups were requested in order to obtain feedback from the previous and current cohort of trainees in neurosurgery at specialist training level two, three and four plus (ST2, ST3 and ST4+) at King's College Hospital NHS Trust (Denmark Hill site) following the General Medical Council (GMC) National Trainee Survey (NTS) 2019 results.
Training programme / learner group reviewed	The review team met with a total of seven trainees from neurosurgery working across King's College Hospital NHS Trust (Denmark Hill site). The number of trainees the review team met with also included some of the previous cohort of trainees from neurosurgery at King's College Hospital.
Quality review summary	Health Education England (HEE) 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.

Quality Review Team			
HEE Review Lead	Dr Anand Mehta Deputy Postgraduate Dean Health Education England (London)	**School of Surgery Representative**	Mr John Brecknell Head of School of Surgery Health Education England (London)
External Clinician	Mr Laurence Watkins Training Programme Director Consultant Neurosurgeon University College London Hospitals NHS Trust	**HEE Representative**	Andrea Dewhurst Quality, Patient Safety and Commissioning Manager Health Education England (London)
HEE Representative	Gemma Berry Learning Environment Quality Coordinator Health Education England (London)		

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
NS1.1	**Patient safety** The review team did not hear any concerns related to patient safety.	
NS1.2	**Serious incidents and professional duty of candour** The review team did not hear of any concerns related to serious incident reporting or professional duty of candour.	
NS1.3	**Appropriate level of clinical supervision** The review team heard that the specialist training level two and three trainees (ST2 and ST3) would receive support and guidance from a Clinical Fellow or ST4+ trainee when on-call. Although the trainees commented that there was limited support provided to the ST2 and ST3 trainees by the consultants, the trainees all knew how to contact a consultant if required. The review team heard that historically there had been issues related to theatre procedures for specialist training level four plus trainees (ST4+) in terms of what part of the procedure(s) the trainee and the Clinical Fellow were allocated. However, the ST4+ trainees reported that this issue had improved with several of the consultants supportive of training and regularly taking trainees through a case. It was heard that the ST4+ trainees felt able to have a conversation with any of the consultants and there were no concerns around their approachability. The review team also heard that the ST4 + trainees had access to all consultants for advice on treatment plans when on-call.	

NS1.4	**Responsibilities for patient care appropriate for stage of education and training** The ST2 and ST3 reported that each neurosurgical sub-specialty often had a Clinical Fellow who would attend the theatre list with a ST4+ trainee alongside the consultant. The ST2 and ST3 trainees felt that they often had limited involvement in operative cases. However, the trainees also advised that they would ask to join a team when there was no Clinical Fellow attached. The review team heard that there had been a degree of pessimism from some of the consultants as to whether ST3 trainees would have the requisite skills to be on the registrar rota. It was also heard that the ST2 and ST3 trainees would welcome additional neurosurgery training before being added to the registrar rota in August 2020. The review team heard that the ST4+ trainees had access to clinics which were, for the majority, consultant named, and registrar led. It was also noted that for one of the general clinics the trainee was responsible for reviewing new patients whilst the consultant undertook other duties within the hospital. However, the trainees advised the review team that if there were issues or concerns that the consultants were available to provide advice.	
NS1.5	**Rotas** In terms of the rota, the review team heard that the (ST2 and ST3) trainees were allocated to the locally known senior house officer (SHO) rota. The trainees also advised that there was a lead ST2 or ST3 trainee who was responsible for rota organisation. It was heard that previously the trainees on the SHO rota had not been given access to theatres and clinics more than once a week and were not required to cover the ST4+ on-calls. As a result, none of the ST2 and ST3 trainees that the review team met with would recommend their post to peers. However, the review team heard that the department had taken steps to address this issue in order to increase the training exposure for trainees. The review team was advised that unless there were ward shortages, the ST3 trainees would not be on the SHO rota and, instead, would cover the ST4+ day on-call or be allocated to a theatre list. It was also reported that the department was looking to ensure that all ST3 trainees had an allocated consultant so that they could attend specific clinics or theatre lists but that this was dependent on staffing on the ward. The review team heard that the SHO rota was busy and included nine junior Clinical Fellows on the on-call rota, but the trainees indicated that there were several unfilled posts. In addition, it was noted that there were four Physician's Associates (PAs) who worked in-hours Monday to Friday but were not required to provide out of hours cover. The trainees reported that the PAs were very good and were able to manage the ward patients in terms of listing the prescribing requirements and ordering imaging and bloods. The trainees further advised the review team that the main problem was that the wards were busy and there was not enough staff. The ST4+ trainees reported that the on-call was extremely busy and resulted in high levels of stress. With regards to the senior Clinical Fellows, the review team heard that there was variability in terms of the support provided. The review team heard that this variability had resulted in the trainees feeling that their training had been made difficult, for example the review team heard on instances where the	Yes, please see NS1.5a

	trainees had not been allowed to operate by a senior Clinical Fellow and that the ST4+ had been treated as more junior members of staff at a lower training grade. The review team also heard that the senior Clinical Fellows were post certificate of completion of training (CCT) and when on-call would therefore supervise theatre lists and advise on treatment plans. It was also heard that the consultant on-call would generally ask the trainee if they had spoken to the senior Clinical Fellow prior to the trainee calling them.	
NS1.6	**Induction** N/A	
NS1.7	**Handover** The review team heard that there was a morning handover meeting led by a senior trainee which trainees were required to attend. It was noted that some trainees had found these morning meetings to be intense and that some members of the team had found these morning meetings to be intimidating and would avoid having to attend. However, the trainees reflected that these meetings had resulted in increased knowledge. The trainees also reported that what was discussed as part of the morning meeting was not mentioned outside of that setting and advised the review team that they had not experienced any bullying behaviour as a result of not knowing all the answers.	
NS1.8	**Adequate time and resources to complete assessments required by the curriculum** The ST2 and ST3 trainees reported that they had found it difficult to achieve the competency numbers required for their surgical logbook. The trainees further advised the review team that this issue was their primary anxiety given the number of trainees in the department seeking the same cases. There was a sense amongst the trainees that their counterparts outside of London were further ahead in terms of experience and operative numbers. The ST4+ trainees felt that the 200 indicative numbers per year was achievable. However, it was noted that there were a limited number of simple spinal cases as these were generally outsourced to a private provider, although the trainees were encouraged to join the consultants at the private provider to participate in the cases.	Yes, please see NS1.8a
NS1.9	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The ST3 trainees were unable to advise the review team on whether the changes implemented by the department in terms of the ST3 trainees being on the ST4+ day on-call rota had resulted in the trainees having increased access to theatres and clinics. However, it was hoped that access to theatres would increase to two days a week. The review team heard that the ST2 and ST3s had received minimal consultant training in theatre and clinics. Furthermore, the review team heard that the ST2 and ST3 trainees had not been given the opportunity to attend clinic. The ST2 and ST3 trainees also felt that there were minimal learning opportunities in theatres as a consultant led case would also involve a senior Clinical Fellow and a ST4+ trainee. Theatre exposure for ST2 trainees was also reported to be once a week at best.	

	The ST4+ trainees advised the review team that they would welcome more elective operative exposure as it was heard that most cases were trauma and emergency operations; there was limited exposure to planned cases.	Yes, please see NS1.9a
NS1.10	**Protected time for learning and organised educational sessions** In terms of learning in theatres, the review team heard that the ST2 and ST3 trainees had not received any one to one teaching in theatres and that most of the theatre teaching had been delivered by the senior Clinical Fellows or ST4+ trainees. Whilst the ST2 and ST3 trainees valued the teaching given by the senior Clinical Fellows, there was concern that they did not know if they were being taught best practice and, for this reason, they advised the review team that they would welcome more consultant led teaching, particularly when performing an operation for the first time. The ST4+ trainees reported that they received consultant led teaching every Friday and that this time was protected unless the trainee was in emergency theatre. The review team heard that the ST2 and ST3 trainees were also encouraged to attend these teaching sessions. The review team heard that attendance had improved.	

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.**		
NS2.1	**Effective, transparent and clearly understood educational governance systems and processes** N/A	
NS2.2	**Impact of service design on learners** The review team heard that the new educational lead is supportive, actively interested in training and the trainees felt that there was a desire to improve the training experience within the department. The ST4+ trainees advised the review team that they had found the on-call and clinics to be stressful and described being on-call and having to open theatres, review patients in the emergency medicine department whilst being responsible for patients on the ward. There was also a feeling that clinics were stressful with examples being cited of two trainees having to manage 60 patients between them or of being required to review all new patients in a limited space of time. The review team heard that the referral telephone was also extremely busy, and the complexity and critical nature of the referrals had resulted in the trainee feeling that there were unable to manage. The trainees advised that it was not uncommon for there to be 40 plus new referrals on the online neurosurgery acute referral system in a 24-hour period in addition to the telephone calls. The review team also heard that the triaging system could be improved and that some of the telephone	Yes, please see NS2.2a

	calls received were not necessary; there were examples cited of the emergency department making a telephone call to immediately follow up on a referral made online. The ST4+ trainees described the department as very stressful and busy. However, they also advised the review team that there were a lot of opportunities available to trainees but that it depended on the mindset of the trainee and how they managed the stressful environment. The department was further described as being taxing mentally and physically as result of the amount of responsibility given to the ST4+ trainees. The review team heard that there was good exposure to the neurosurgery sub-specialties and the ST4+ trainees also believed that the issues within the department could be remedied. The review team were advised that trainees did not receive priority within the department and that all staff members were treated equally. There was an expectation that the junior Clinical Fellows would receive training at the same level as the ST3 trainees.	
NS2.3	**Appropriate system for raising concerns about education and training within the organisation** The review team heard that the department had appointed a new education lead and that one meeting had been held with the trainees to discuss training. However, the trainees were not clear on whether this was a Local Faculty Group and whether the meeting was a single occurrence or part of an on-going schedule. The trainees advised the review team that there had been a meeting held within the department to discuss the 2019 General Medical Council (GMC) National Trainee Survey (NTS) results. The review team heard that the trainees were not aware of a local forum at which they could raise concerns about education and training.	Yes, please see NS2.3a
NS2.4	**Systems and processes to make sure learners have appropriate supervision** The trainees confirmed that they all had an assigned educational supervisor who they met with regularly. The review team heard that whilst most consultants would provide feedback, the trainees felt that the consultants could find it difficult to make the trainee goals achievable given the size of, and number of people within, the department. The review team also heard that trainees could feel anonymous within the department as they did not feel that all the consultants would know who the trainees were by name.	

3. Supporting and empowering learners

HEE Quality Standards

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.

NS3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** The review team heard that there could be improvements made to the guidance and support provided by the consultant body. Some of the trainees also felt that there was limited interest from the consultant body in their development as a neurosurgery trainee.	
NS3.2	**Behaviour that undermines professional confidence, performance or self-esteem** The review team heard that all the trainees found the department to be stressful and described tense conversations daily. However, the trainees advised that whilst they would be corrected on a treatment plan, that they had not directly experienced abusive or bullying behaviour. The ST2 and ST3 trainees described being shielded from the consultants as they were not the direct point of care for patients. The ST2 and ST3 trainees also advised the review team that the ST4+ trainees and Clinical Fellows did not exhibit behaviour which could undermine professional confidence. The ST2 and ST3 trainees felt that there needed to be a change in mentality amongst the senior consultants in terms of trainees being given the appropriate training for their level. There were examples cited of trainees being told that they were not ready to be on the ST4+ on-call rota which had subsequently affected the trainees' morale. It was further heard that this attitude had also been experienced in theatres with trainees unsure of when they would be trained in operative procedures. The ST4+ trainees reported that there used to be a culture of frustration but felt that this was the nature of a surgical department. The ST4+ trainees felt that there had been a shift in the culture and that there had been an overall change in attitude and behaviours. However, the review team heard that the department would not suit all trainees as there was a degree of resilience required to work within neurosurgery at King's College Hospital. The review team heard that the morale amongst the ST4+ trainees was good and that they relied on each other for support. The ST4+ trainees were not aware of anyone being treated unfairly and advised the review team that the consultants were supportive from a pastoral perspective.	Yes, please see NS3.2a
NS3.4	**Academic opportunities** N/A	
NS3.5	**Access to study leave** N/A	
NS3.6	**Regular, constructive and meaningful feedback** N/A	

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 appropriate supported to undertake their roles.**		
	N/A	

5. Developing and implementing 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.**		
	N/A	

6. Developing a sustainable workforce

HEE Quality Standards **6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.** **6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.** **6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.** **6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.** **6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.**		
	N/A	

Good Practice and Requirements

Good Practice

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.
NS1.5a	The Trust is required to ensure that ST2 and ST3 trainees are provided with the opportunity to participate in supervised theatre lists and clinics.	Please provide evidence that the ST2 and ST3 trainees have regular supervised theatre and clinic access by 01 March 2020.	R5.9
NS1.8a	The Trust is required to ensure that the workload and training experience for ST2 and ST3 trainees meets the curriculum requirements, particularly in relation to indicative operative numbers.	Please provide evidence of how the Trust plan to ensure that all levels of trainee can meet their indicative operative numbers by 01 March 2020.	R5.9
NS1.9a	The Trust is required to ensure that the ST4+ trainees receive more elective operative exposure.	Please provide evidence of how the Trust plan to ensure that ST4+ trainees can increase their exposure to elective operative cases by 01 March 2020	R5.9
NS2.2a	The review team heard that the new educational lead was supportive of improving training within the department. The Trust should ensure that the educational lead is supported and that there are appropriate governance systems in place related to education and training.	Please provide details of the steps taken by the educational lead to improve education and training within the department by 01 March 2020.	R2.1
NS2.3a	The Trust is required to ensure that there is a regular Local Faculty Group (LFG) to ensure that there is an appropriate forum for trainees to raise issues related to education and training.	Please provide evidence of the last two LFGs; this should include agendas and minutes of the meeting. Please provide this evidence by 01 March 2020.	R2.1
NS3.2a	The review team heard that the culture within the neurosurgery department could be improved and the Trust should work with the department to ensure that the environment is supportive of education and training.	Whilst HEE accept that culture change can take considerable time, the Trust should provide details of the steps being undertaken to address the culture within the department by 01 March 2020.	R5.9

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.

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.**

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
The review team agreed that in order to support the Trust that there should be two or three work programme meetings in order to review and discuss progress against the action plan and to ensure compliance with the new curriculum.	HEE / Trust

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Anand Mehta, Deputy Postgraduate Dean, HEE London (south London)
Date:	11 February 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.