NHS
Health Education England

Barking, Havering and Redbridge University Hospitals NHS Trust

Ophthalmology

Risk-based Review (Focus Group and Education Lead Conversation)

Quality Review report

11 February 2020

Draft Report

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Quality Review details

Training programme / learner group reviewed	Ophthalmology
Number of learners and educators from each training programme	The review team met with five ophthalmology trainees at specialty training levels one to five (ST1-ST5). The review team also met with the following Trust representatives; • Head of Medical Education and Training Manager • Deputy Medical Education Manager • College Tutor for Ophthalmology • Clinical Lead for Ophthalmology

Background to review	This risk-based review was proposed as a result of the number of ongoing concerns that had impacted on the quality of training being delivered at Barking, havering and Redbridge University Hospitals NHS Trust. Health Education England (HEE) also had concerns around the significant deterioration of the 2019 General Medical Council (GMC) National Training Survey (NTS).
Supporting evidence provided by the Trust	The Trust provided HEE with evidence prior to the review that included; • Faculty Meeting notes • GMC NTS Results analysis • Serious Incident Reports • Simulation Training Summaries • Trainee Meeting Notes HEE would like to thank the Trust for sending through this evidence.

Quality Review Team			
HEE Review Lead	Indranil Chakravorty Deputy Postgraduate Dean Health Education England (North East London)	**Lay Representative**	Anne Sinclair Lay Representative
Head of School Representative	Emma Jones Head of School of Ophthalmology	HEE Representative	Ed Praeger Deputy Quality, Patient Safety and Commissioning Manager Health Education England, London

Head of School Representative	Cordelia McKechnie Deputy Head of School of Ophthalmology		

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
O1.1	**Patient safety** When asked by the review team whether the trainees had been directly involved, or were aware of particular patient safety issues within the department, all trainees met with indicated that they had not witnessed or were aware of specific patient safety concerns. The trainees highlighted that they would review and discuss morbidity complications within the department. When asked about the lack of out of hours' services available at the Trust and whether this could potentially adversely affect patient safety, the trainees described the out of hours' arrangement of sending patients to the Moorfields Eye Hospital. The trainees indicated to the review team that if the patient was to stay on the ward at the Queen's Hospital site overnight, then there was an agreement for the otolaryngology department to have oversight of the patient, with the ability to contact the ophthalmology consultant out of hours if required. The trainees indicated that it was the responsibility of the trainees to carry out ward reviews of patients whilst in hours. When asked, the trainees were unsure if the Moorfields Eye Hospital had access to a patient record if that patient had originally been seen on a Friday at the Queens Hospital site, but then required urgent follow up care over the weekend. The trainees admitted that they had never been put in this situation and were unsure of the pathway to follow. When asked about the out of hours' arrangement for patients, the clinical lead (CL) for ophthalmology explained that the hospital had had an historical agreement that had been made, which had involved a Consultation process of their Clinical Commissioning Group (CCG) for all out of hours' patients to be sent to the Moorfields Eye Hospital and	Yes, please see O1.1a below Yes, please see O1.1a below

	that information regarding this was provided to all patients as part of their discharge letter. The clinical Lead also said that in addition to an agreement between CCGs there is an SLA between the hospitals and he has had confirmation of this with an email from the service lead at Moorfields. When challenged about this statement by the panel, the Head of Medical Education and Training Manager (HMETM) explained to the review team that there was a formal pathway for patients in place. When asked what the pathway was for a patient that was seen on a Friday at Queen's Hospital regarding their follow up assessment the following day, the CL explained to the review team that they would see the patient at Queen's Hospital and would come in during their time off. The CL indicated that if they were unable to see their own patient, they would be able to hand the patient over to another consultant who would instead attend the hospital on the Saturday to see the patient. The CL indicated that this was more of an agreement between consultants within the Trust and not a formal pathway or process for the department.	
O1.2	**Appropriate level of clinical supervision** When asked about the clinical supervision that trainees received within the department, the trainees highlighted that they would often be placed with a locally employed doctor (LED), they often felt that the advice they received would require a second opinion from a consultant. The trainees felt that this could be a potentially dangerous situation to be in, as they explained that they 'didn't know what they didn't know' and did not always fully trust the advice given to them from the LED. The trainees highlighted that a number of the LEDs had left the Trust and that the situation was improved because of this. One junior trainee indicated that they had seen a patient with wet age-related macular degeneration managed by a LED with a 3 month rather than an urgent follow up for treatment, but indicated that they now understood that this was the incorrect management. When asked about the LED clinical decision making, the CL indicated that the trainees could find themselves working alongside a junior LED whilst covering casualty but highlighted that there was always a consultant on site for the trainees to approach if they required advise and that this approach was encouraged. The CL also highlighted that the consultants would cross cover to ensure that the sub specialties were covered and that there was a timetable for this. The trainees explained that clinical supervision was provided by consultants and that they were always able to contact the consultant if required. A trainee described a specific situation where they had found it difficult to contact a consultant whilst the consultants had worked alternative weeks and another consultant had retired but highlighted to the review team that this was not an issue anymore. When ask whether ward referrals were discussed with a consultant, the trainees indicated that they would sort out the sub specialty consultant to discuss patients with, but were unsure whether there was a named consultant specifically to provide them ward supervision. The trainees indicated that there was a named consultant to cover the casualty department during the day and that on call supervision was based on specialty with neurological cases picked up by the neurology consultant and paediatric cases picked up by the paediatric consultant. When asked about trainees having a named clinical supervisor for clinics, the CL explained that there was always a consultant present and if this was not possible, then the clinic would be cancelled. The College Tutor (CT) for ophthalmology also explained that they had discussed clinical supervision with the trainees and felt that the trainees were happy with the cover that they received.	Yes, please see O1.2 below Yes, please see O1.2 below Yes, please see O1.2 below
O1.3	**Responsibilities for patient care appropriate for stage of education and training** The trainees explained the review team that they were seeing good numbers of patients when on high volume lists at the King George site, but felt that with a recent	Yes, please see O1.3

	change in the rota, that a number of lower grade trainees were being placed on lists that they felt may be a challenge to them.	
O1.4	**Rotas** When asked about their rotas, the trainees indicated that on Fridays, they were rostered glaucoma clinics on a Friday morning, ward patients to see after and with teaching sessions organised for the afternoons. The trainees indicated that with the teaching sessions held on the Royal Free Site in Hampstead and with the morning clinics often overrunning, it would often prove difficult to travel between sites and attend the teaching session on time. The trainees highlighted to the review team that this had been raised with management and that they were trying to alter the rota to better accommodate this. When asked about the cross site working, the CT indicated to the review team that this was being reviewed and changed for future rotas. The CL further explained that they had allocated Research, Study, Teaching and Audit (RSTA) time to trainees on Friday mornings and that the trainee attending the Friday morning clinics had volunteered for the placement (trainees received two RSTA sessions per week). The CL also highlighted that the trainees needed to be stronger and ensure that they leave the clinic on time to attend teaching sessions. When asked about clinics overrunning, the trainees indicated to the review team that both the medical retina and glaucoma clinics would often run till 7pm. The trainees felt that the cause of this was a combination of rota design and not accounting for trainee's annual leave in advance. When asked if the trainees completed exception reports for the late finishes to their day, the trainees indicated to the review team that they did not and highlighted that time would often be given back as either time off in lieu or were provided with a session off. When asked about overrunning clinics, the CL explained to the review team that they would only ever have a single trainee involved in the clinics at one time and that the trainees would get a reduced number of patients to see. The trainees indicated that they would normally see around eight to ten patients per clinic. The CL also highlighted that the trainee was unable to stay past their designated hours without prior permission. The CL indicated that they were actively monitoring the finishing time of trainees from these clinics. The Deputy Medical Education Manager (DMEM) highlighted to the review team that there was a wider Trust initiative regarding rota designs and ensuring that clinics were rostered in accordance to trainees taking leave and required competencies. The DMEM indicated that this was an ongoing piece of work. The trainees indicated that with split site working, they would often find difficulty in finding parking spaces at sites and that this would cause delays in them starting the afternoon clinic.	Yes, please see O1.4a below Yes, please see O1.4b below
O1.5	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The trainees also highlighted that they would often sit with and receive teaching from the consultants during clinics, although the trainees felt that this could also be related to the lack of room space available.	Yes, please see O1.5 below
O1.6	**Protected time for learning and organised educational sessions** When asked about the educational sessions the trainees received, the trainees explained to the review team that they had previously had teaching of one session	

	every two weeks, however there was a new teaching programme that had just started that included case presentations, neurology cases and a journal club. A number of trainees highlighted that they weren't always able to attend journal club due to rota conflicts. The trainees indicated that they received and were able to attend the regional and local teaching sessions which took place on a monthly basis, as well as simulation training in theatres. The trainees highlighted that with the regional teaching taking place at the Royal Free London NHS Foundation Trust, it often took longer for the trainees to travel then the teaching session was organised for. The trainees explained that the consultants were making a renewed effort to ensure that trainees were getting out on time from service commitments to ensure that they arrived on time to regional teaching sessions.	Yes, please see O1.6 below
O1.7	**Adequate time and resources to complete assessments required by the curriculum** The trainees advised there had been an issue with a particular supervisor not being assigned to the college portfolio to be able to sign of competencies.	
O1.8	**Access to simulation-based training opportunities** The trainees had undertaken a simulation training event in the management of a common cataract complication, posterior capsular rupture. The teaching was undertaken in theatre and was well received by the trainees.	
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.**		
O2.1	**Impact of service design on learners** The CL explained to the review team that the hospital was unable to support the 24 hours on call service and that to do so, would require extra staff to complete the rota. The CL was not aware that the Regional advisor had raised this with the previous CL. The CL indicated that currently the department currently had 4 trainees and 10 consultants, but they only had four middle grade doctors on the rota whereas they should have a total of six. The CL also highlighted that the department would also normally have two fellows but were currently running with zero. The CL recognised the excellent training opportunities trainees would garner from working out of hours but indicated that this had been raised to management and that no progress on the situation had been made. The HMETM further emphasised the desire for an out of hours' service within the department, especially considering patient safety, but felt that it was out of their hands. When asked about the outsourcing of cataracts patients to Care UK, the CL indicated to the review team that this had occurred a number of years ago (two years) but was	Yes, please see O2.1 below

	not currently happening within the department. The CL explained that a single consultant had responsibility to two cataract lists and that the trainees also had access to these lists. The trainees highlighted that there was not a portable slip lamp available to them due to breakage, with this confirmed by the CL and indicated that the department was looking at purchasing a new portable slip lamp in the coming weeks.	
	Appropriate system for raising concerns about education and training within the organisation When asked if the department held regular local faculty group (LFG) meetings, the trainees all indicated that they would occur every month with a good attendance by consultants. A number of trainees highlighted that due to exams taking place on the same day as the LFGs in January, that they were unable to attend.	
O2.2	**Organisation to ensure access to a named educational supervisor** The trainees that the review team met with confirmed that they had been allocated a named educational supervisor by the Trust.	
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.**		
O3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** The trainees all indicated that the Medical Staffing Coordinator was their day to day to day manager and that she was very approachable and friendly. The trainees indicated that they felt that she required more support from the management team and that if the trainees had any problems, that she would be their main point of contact.	
O3.2	**Behaviour that undermines professional confidence, performance or self-esteem** When asked about whether the trainees had witnessed, or been involved in any bullying or undermining within the Trust or department, all trainees indicated that they had not and also highlighted that the consultants were friendly and easy to speak to, with a good culture within the department as a whole, and noted the use of first names among all staff was good, as it had a positive effect in breaking down hierarchy. The trainees also indicted that they had a good working relationship with the nursing staff although it did take a small amount of time to get used to the dynamic between the groups.	

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.

O4.1	**Sufficient time in educators' job plans to meet educational responsibilities** When asked about the number of educational supervisors (ES's) in the department, the CL indicate that there was four ES's, each with one trainee and 0.25 professional activities (PA) each allocated to them for this purpose.	
O4.2	**Access to appropriately funded resources to meet the requirements of the training programme or curriculum** When asked if training had been provided to the new interim CT, the CT indicated that they had had Train the Trainer training organised for March 2020 as well as received support from their colleagues. The CT also highlighted that they had received their educational supervision training at King's College Hospitals NHS Foundation Trust.	Yes, please see O4.2 below

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.

O5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** When asked whether the training post delivered the requirements for the trainees to complete and pass their curriculum and assessments, the trainees indicated that it was dependent on the stage of training the trainee was at. The trainees indicated that the level of the training experience was good but could be improved by better matching activities/rotas in regard to the specific training requirements of each training grade. The trainees explained that they were pooled together more as a group and that higher-grade trainees within the group may not be getting the experience that their peers in other hospitals were getting. The trainees highlighted the rota, the lack of rooms/capacity issues and the demands of the service as the main issues. The trainees indicated that a lack of understanding of the curriculum and its requirements had been an issue when meeting with their ES's. The trainees also highlighted the rota as being a sticking point and that rota management with the full understanding of the trainee requirements would be greatly beneficial to the department. The trainees explained that they had raised this with their ES's and that the ES's had helped the trainees move around lists to better help the trainee's curriculum requirements.	

	When asked about specific alterations that could be made to better improve the curriculum experience the trainees received, the trainees highlighted sub specialty rotas and linking theatre lists to clinic lists. This sentiment was echoed by the CL who indicated that this had been a discussion point within the department and would be raised as an agenda item at the next LFG. When asked what casualty sessions the trainees received, all indicated at least one a week with a trainee indicating that they received two a week for the first six months. The trainees indicated that ward referrals were indicated to be a maximum of two a week. When asked about the trainee's rotas and how they mapped to the trainee's curriculum requirements, the CL explained to the review team that the rota had been improved in general and in line with requirements. The CL highlighted that they insisted on a pro-active programme to help meet trainee requirements and were using feedback from ES's and clinical supervisors to monitor progress. The CL indicated that the department was aware of the trainees need for more surgical exposure and the CL felt that there was more stability in this regard but did not indicate changes that had been made. The CL also explained that there was a policy not to remove trainees from clinics that they were assigned to.	
O5.2	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum** When asked if the trainees currently opportunities had to perform difficult to acquire competencies, the trainees indicated that due to the department having ultrasound equipment available, they had moved away from performing temporal artery biopsies.	
O5.3	**Opportunities for interprofessional multidisciplinary working** When asked about the interprofessional relationships that the trainees had, the trainees all indicated to the review team that the nursing staff were helpful, such as providing the services to get urgent bloods as soon as requested.	

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.

O6.1	**Progression of learners** When asked about any courses for personal or professional progression that had been offered to or made aware to the trainees, the trainees indicated that the NHS Elect Leadership Course was available to them and would be fully paid for by the department.	

Good Practice and Requirements

Good Practice
Simulation training, in particular cataract complication training in theatre. Responding to trainees needs and varying the timetable to improve training opportunities. New teaching programme in place with journal club and regular local teaching. Communication within department is good, with examples of nursing, managers and consultants working with trainees without barriers of hierarchy.

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.
	N/A		

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.
O1.1a	The Trust is to provide a clear escalation pathway for emergency out of hours care for patients.	The Trust are to provide HEE with the emergency out of hours' pathway Trust to provide patient information sheets on how to access out of hour care. Deadline for this action is the 01 September 2020.	1
O1.2	The Trust is to review trainee supervision and ensure that trainees have access to a consultant at all times to ensure that appropriate supervision levels are maintained. A named consultant should be available to trainees whilst working on the wards / A&E.	Copies of the trainee's timetable and consultant's timetables are requested or copies of the trainees' timetable including the consultant supervisor for each clinic. Copy of the Consultant timetable for ward cover. The deadline for this evidence is 01 September 2020	2
O1.3	The Trust is to ensure that trainees are not working on cataract lists above their experience level.	Trust to confirm that they risk assess cataracts and lower risk cases are included in the case mix for trainee lists. The deadline for this evidence is 01 September 2020.	1
O1.4a	The Trust is to ensure that trainees are not working beyond their rostered hours and that trainees complete exception reports when unavoidable overruns do happen.	The Trust to confirm that the exception reporting process is outlined in the induction process. The deadline for this evidence is the 01 September 2020.	1

		The Trust is also to ensure that Exception Reporting is included as a standing item on all future Local Faculty Group (LFG) meetings. Please provide copies of the next three meetings.	
O1.4b	Trust initiative centred around weekday rota design and matching clinics with trainee competencies.	The Trust is to provide an update on the Trust initiative. The deadline for this evidence is the 01 September 2020.	1
O1.6	The Trust is to ensure there is a local teaching programme available to trainees showing of one hour each week	The Trust is to provide a copy of the teaching timetable. Please provide this evidence by the deadline 01 September 2020.	5
O4.2	The Trust is to provide HEE with evidence that educational supervisors are suitably trained for their role.	Please provide this evidence by the deadline 01 September 2020.	1

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.
O1.5	The Trust is to provide room allocation details for all clinics to ensure that appropriate rooms are available to trainees.	Please confirm rooms are allocated The deadline for this is the 01 September 2020	1

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.
O2.1	HEE recommends that the department continue to look into the running of a 24 hour on call service. Please see advice below from the Ophthalmology STC. Basic Specialty trainees and Higher specialty trainees will have different requirements for EPAs in on call experience and lack of provision in this area may result in an adjustment in the mix of BST/HST trainees The Ophthalmology Specialty Training Committee (STC) contacted Queens on 11 March 2020. The STC in March 2020 discussed the new curriculum and that an Entrustable activity in on call out/of hours was expected. In preparation for this, the STC contacted the Trusts, as the Trust does not currently provide out of hours' experience for Ophthalmology Specialty trainees, and the trainees should have equal opportunity according to their training year to complete this requirement. The STC expressed that this had become a more pressing issue, as there are increasing numbers of trainees with statutory reasons to come off the rota at another time in the training programme, so trainees may not have the opportunity to complete this in their other training years on the rotation.	1

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

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	
Date:	

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.