Health Education England

Barking, Havering and Redbridge University Hospitals NHS Trust (Trust Wide)

Neurosurgery and Otolaryngology

Risk based review (on-site)

Quality Review report

11 February 2020

Final Report

Developing people for health and healthcare

www.hee.nhs.uk

THE NHS CONSTITUTION
the NHS belongs to us all

Quality Review details

Training programme / learner group reviewed	Neurosurgery and otolaryngology
Number of learners and educators from each training programme	The review team met with six neurosurgery trainees ranging from specialty training level two to specialty training level eight (ST2 to ST8) and three otolaryngology trainees ranging from ST2 to ST4. The review team was unable to meet with the clinical lead from the otolaryngology department. However, the review team met with the following Trust representatives: • Medical Director • Director of Medical Education • Head of Medical Education • Deputy Medical Education Manager • Neurosurgery education supervisors • Service manager • Otolaryngology consultant representative • Specialty Manager for Neurosciences

Background to review	This risk-based review was proposed as a result of concerns that impacted on the quality of training for neurosurgical trainees working within the otolaryngology department at Barking, Havering and Redbridge University Hospitals NHS Trust. Health Education England also had concerns around the significant deterioration of the 2019 General Medical Council (GMC) National Training Survey (NTS) results which returned three red and four pink outliers.
Supporting evidence provided by the Trust	The following evidence was returned by the Trust in advance of the quality visit on 11 February 2020: • Accredited educational and clinical supervisor list with appraisal dates • Medical Education and Training Operational Group minutes (September and December 2019) • Trend analysis of exception reports raised within the last six months • Patient feedback for Sahara Ward from 01 June to 30 November 2019
Summary of Findings	The review team were pleased to note that Neurosurgery trainees received excellent training, supervision, daily consultant led teaching, access to operative lists and clinics with time to learn. The role of the Neurosurgical trainee (ST1-2) in the ENT department was not providing adequate training, curriculum related opportunities, access to operating lists or supervised clinics. The trainee along with ENT and GPVTS trainees were working an onerous on call

	rota with persistent gaps leading to increased levels of sickness, burn-out. There was little to no supervision of on calls and no robust system of handover of acute admissions. There appeared to be technical glitches in the exception report processing systems which led to little or no awareness of the rota related issues with safe working hours and lost educational opportunities. The inpatient placement was unduly heavy on administrative duties (such as inefficiencies with imaging requests, routine phlebotomy etc. with little support or educational benefit. The ENT clinics were persistently overbooked, and trainees had no opportunity to discuss, learn from patients seen nor any opportunity for completing work based assessments. The review team have strongly recommended that the role of the Neurosurgical and GPVTS trainee within ENT department be reviewed urgently and following discussion with HoS an alternative placement sought from August 2020. In the meantime, the on-call commitment should be reduced to allow time for accessing curriculum related activity (Clinics, minor surgical lists and operative lists)

Quality Review Team			
HEE Review Lead	Dr Indranil Chakravorty Deputy Postgraduate Dean HEE London	**External Clinician**	Mr Jonathan Bull Training Programme Director Barts Health NHS Trust
Head of School Representative	Mr Dominic Nielsen Deputy Head of School of Surgery HEE London	**Lay Member**	Anne Sinclair Lay Representative
HEE Representative	Andrea Dewhurst Quality, Patient Safety and Commissioning Manager HEE 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
N&O 1.1	**Patient safety** **Otolaryngology** The review team heard that acute patient admissions were largely managed by trainees without direct review with the on-call consultant however trainees did not feel that they were expected to perform beyond their competency or that there was a risk to patient safety. The opportunity to discuss patients with the on-call consultant was available but not routinely undertaken.	Yes, please see N&O1.1 Yes, please see N&O1.2
N&O 1.2	**Serious incidents and professional duty of candour** The review team did not hear of any instances related to concerns around serious incidents or professional duty of candour.	
N&O 1.3	**Appropriate level of clinical supervision** **Neurosurgery** The neurosurgery trainees reported that they felt well supervised by the consultant body and there were no concerns about contacting a senior colleague for advice if required. **Otolaryngology** The consultants only saw patients if admitted but trainees could call out in an emergency. The primary issue heard by the review team related to the on-call being unsupervised with consultants not expected to undertake ward rounds of new admissions at weekends. However, it was noted that the consultant would be available to provide advice via telephone. Should there be an instance whereby there was an emergency and the on-call consultant were off-site, the trainees advised that there was an arrangement in place for appropriate consultant cover. The trainees all agreed that the clinics were well supported by consultants on site.	
N&O 1.4	**Responsibilities for patient care appropriate for stage of education and training** **Neurosurgery** The neurosurgery trainees agreed that the training received in theatres was excellent and reported that the patient mix was interesting, varied and appropriate for their level of training. It was further advised that clinics offered ample educational opportunities. **Otolaryngology** In otolaryngology, the review team heard that the specialty training level two (ST2) trainee receives all referrals from the accident and emergency department and that the on-call required a significant amount of administrative duties with little educational benefit as there was little or no interaction with consultants. When asked about the potential for learning in the placement for Neurosurgery trainees, they felt that seeing patients who could be managed conservatively or with minimal surgical intervention was a valuable learning experience. It was also felt that the placement could be an opportunity to achieve competency in basic surgical skills and including skull-base surgery. However, the on-call commitment meant that there was minimal opportunity to attend theatre sessions and make use of these opportunities. The review team heard that there were concerns with the elective otolaryngology	Yes, please see N&O1.3 Yes, please see N&O1.4

	outpatient department due to persistent overbooking of clinics. The trainees advised that they were not seeing the recommended eight to 10 patients per session; instead, in some instances the trainees were seeing upwards of 16 patients in a clinic scheduled from 14.30 to 17.00. This regular overbooking of clinics was felt to have adversely impacted upon their training opportunities. The clinics started late and over ran. This resulted in them missing Thursday afternoon teaching. The review team heard that due to the busy nature of the clinics left little or no time for discussion or learning; there was no time as a trainee to undertake Work Place Based Assessments (WPBAs) or to take the time to discuss patients with the consultant.	
N&O 1.5	**Taking consent** N/A	
N&O 1.6	**Rotas** **Neurosurgery** The review team heard that a new rota was being introduced in March 2020 to include shorter on-calls and more rest time. The new rota would be a one in nine (1:9) non-resident on-call for 15 hours; currently the rota was a 1:9 non-resident on-call for 24 hours resulting in non-compliance with rest times. In addition, time had been included to allow for administrative tasks for the transition from day to night teams. Although the rota redesign had been trainee led, the review team was advised that there had been consultant oversight into the review. In terms of rota gaps, the review team was advised that due to financial pressures the Trust had not been able to recruit any additional doctors. It was recognised that there was a need to balance the rota to ensure that the service and training were delivered safely. **Otolaryngology** Issues were escalated to the review team around the current punishing/ onerous otolaryngology rota which had resulted in increased frequency of sickness and reports from the middle-grade doctors of feeling exhausted and at the point of burn out. The review team heard that the rota was one in seven (1:7) but that there were currently two full time vacancies and no sign of any attempt to advertise those vacancies. Of those remaining on the rota, one was a neurosurgery ST2 in an otolaryngology placement, one was a general practice trainee and three were Locally Employed Doctors. The otolaryngology trainees advised the review team that concerns around the rota gaps had been raised but no solution had been offered. The neurosurgery trainees felt that there were no specific curriculum relevant training opportunities available within the otolaryngology placement. The trainees described the current rota as only providing two weeks in every seven when there was the opportunity for training. However, the trainees were also expected to take any leave (including annual leave and study leave) during this two-week block, further limiting their training opportunities. The review team heard that the ST3+ trainees would not have their clinical commitments changed if they were on-call; both the ST3+ trainees and consultants undertake the on-call alongside their theatre and clinic responsibilities. The ST2 trainees therefore described having to actively go and find the ST3+ trainee or consultant if they needed advice on a patient. In these instances, the ST3+ trainee would leave theatre to support the ST2 trainee. It was not routine for a consultant or registrar to see an acute patient; if a patient was admitted by a ST2 trainee that the patients would be seen the next morning as part of post-take ward round. The trainees reported that when the rota coordinator was on leave that there was no cover provided for the trainees to liaise with. Instances were described of the ST3+ trainees being first on-call for 24 hours and then second on-call on the next day whilst	Yes, please see N&O1.10 Yes, please see N&O1.9

	continuing to manage clinical commitments. The review team heard that trainees had escalated the risk to safety to the departmental managers. It was also felt that there was an expectation for the ST3+ trainees to resolve rota gaps internally, despite these rota gaps being known in advance by the rota coordinator.	
N&O 1.7	**Induction** N/A	
N&O 1.8	**Handover** **Otolaryngology** The review team heard that the handover at 20.00 was middle grade to middle grade with no consultant input. In terms of the registrar input, it was reported that this varied depending on individuals as there was no agreed handover protocol within the department. The ST3+ trainees advised the review team that they would update the consultants by telephone on admissions for patients who required surgery or who were particularly unwell. The review team heard that the post-take ward round overlapped with the clinic start time which therefore meant that clinics regularly were delayed. The trainees confirmed that all patients were reviewed by a consultant within 24 hours of admission and that all patients were then reviewed daily as part of ward round.	Yes, please see N&O1.2
N&O 1.9	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** **Neurosurgery** The trainees all commended the positive culture of learning in neurosurgery and felt that the transition from ST2 to ST3 was well supported. The trainees also advised that when they were allocated theatre sessions that there was excellent hands-on training offered.	
N&O 1.10	**Protected time for learning and organised educational sessions** **Neurosurgery** The trainees commended the training received in the department; training in theatres was felt to be very good and clinics were not overbooked and provided educational opportunities. The trainees also felt that they were allocated new patients, that offered excellent education opportunities. In addition, the review team heard that the 08.00 morning meeting was a regular well-attended neurosurgical teaching slot. The trainees said this meeting was of a high quality. It was also agreed by the trainees that there was an excellent culture of education with consultants willing to teach and spend time with 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.

N&O 2.1	**Effective, transparent and clearly understood educational governance systems and processes** N/A	
N&O 2.2	**Impact of service design on learners** **Neurosurgery** The trainees commented that whilst the volume of work was not particularly different to other neurosurgery departments, the internal systems of the hospital meant that tasks took inordinately longer to complete. For instance, the review team heard that organising an imaging scan involved completing a paper form, taking it down to the department and then having a clinical discussion with a radiographer (not a radiologist). The trainees also mentioned a level of obstructiveness. This could then delay the trainee accessing theatre if it was a training day and missing the stages of a procedure suitable for their training level. The trainees suggested that, generally, the paper-based systems added an extra 20% of time to tasks. The Trust management team recognised that there were administrative difficulties within the department and imaging was highlighted as one such area. The department was trying to identify and minimise urgent requests for radiography; it was felt by the education leads that the patients who would require routine predictable imaging post-operation could be anticipated and requested in advance. The review team was also advised that the department was in the process of developing standard pro-forma and guidelines for post-surgery requirements and that the next step would be meeting with the radiology department to discuss the pro-forma and guidelines.	Yes, please see N&O1.5
	It was also heard that there were issues around the ST2 trainees being required to take a substantial number of 'urgent' blood samples after the morning phlebotomy round. In addition, the trainees advised the review team that they were also expected to undertake all male catheterisations and cannulation as nursing or other healthcare staff were not appropriately trained. The Trust management team confirmed that although there was a Doctor's Assistant in post they were currently being signed off on their competencies, but that once this was complete, they would be able to assist in routine tasks.	Yes, please see N&O1.6
	Otolaryngology The ST3+ trainees all agreed that the number of operative cases available for training was adequate and they had scheduled theatre sessions within their rota. However, it was heard by the review team that when there were vacancies on the rota that there had been occasions when the ST3 trainee would be reallocated away from theatre and asked to cover the rota vacancy which resulted in the trainees losing between five and 10 operative cases per month. This issue had been raised at an audit meeting with the department leads and although there was an agreement that the trainees would be given compensatory theatre lists, this was yet to be implemented.	Yes, please see N&O1.7
	The trainees also raised concerns around the lack of an agreed patient referral pathway/ protocol from the accident and emergency department. This led to a confusion about which patients were suitable for referral urgently versus elective clinics.	Yes please see N&O1.1
N&O 2.3	**Appropriate system for raising concerns about education and training within the organisation** The Director of Medical Education (DME) confirmed to the review team that he had sight of exception reports submitted by the trainees related to education. From the DME perspective it appeared that very few were being submitted as a result of lost educational opportunities. However, it was also heard by the review team that although exception reports were being submitted, they were not readily available for managers and the education team to view. This appeared to be a process error which has been identified and being resurrected. Within the Trust, the review team heard that	Yes please see N&O1.8

	exception reports fell under the remit of the workforce team. There was recognition from the Trust management team that there was a need to improve the information flow from the workforce team to the education team. **Neurosurgery** The trainees confirmed that they were aware of, knew how to, submit an exception report. However, the trainees advised the review team that there had been no response or action following exception reports submitted for missed educational opportunities. The Trust management team advised that there were also adjustments being made to the neurosurgery work schedule in order to reflect theatre time. **Otolaryngology** The trainees advised the review team that whilst they had submitted exception reports for missed training opportunities there had been no response received or action taken by the department.	

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.

N&O 3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** N/A	
N&O 3.2	**Behaviour that undermines professional confidence, performance or self-esteem** The review team did not hear of any concerns related to unprofessional behaviour or bullying and undermining.	

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&O 4.1	**Access to appropriately funded professional development, training and an appraisal for educators** N/A	
N&O 4.2	**Sufficient time in educators' job plans to meet educational responsibilities** N/A	
N&O 4.3	**Access to appropriately funded resources to meet the requirements of the training programme or curriculum**	

	N/A	

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.

N&O 5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** **Otolaryngology** The review team was advised by the trainees that the posts provided good training; the department was busy, and trainees all received training in theatre. The trainees also reported that the consultants provided excellent teaching.	
N&O 5.2	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum** N/A	
N&O 5.3	**Appropriate balance between providing services and accessing educational and training opportunities** **Neurosurgery** The review team heard from Trust management that having disproportionately higher numbers of ST2 trainees in the department had made it difficult to balance training in terms of ensuring equal access to learning opportunities at the appropriate level. **Otolaryngology** With regards to the two-week block for training, the learning opportunities for the trainee were also dependent on the rota. Trainees described times when they had spent the two-week block on the ward with limited, or no, opportunity to attend theatre or clinics. The review team heard that on average the neurosurgery trainees in the otolaryngology six-month placement attended theatre between four and seven times	

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.

N&O 6.1	**Appropriate recruitment processes** N/A	
N&O 6.2	**Learner retention** **Neurosurgery** The trainees recommended the department as an appropriate placement for a ST3+ trainee. There were concerns around the otolaryngology placement for the ST2	

	neurosurgery trainee; primarily related to the on-call rota which allowed for little or no learning opportunities relevant to the Neurosurgical curriculum. **Otolaryngology** The ST3+ otolaryngology trainees would recommend the post to their peers and would be content for friends and family to be treated in the department. However, there was concern around the middle-grade rota and, as a result, the neurosurgery ST2 trainees would not recommend the department to their peers.	

Good Practice and Requirements

Good Practice
The review team were pleased to hear about the daily 08.00 teaching sessions, the excellent supervision and training offered in clinics and theatres within the Neurosurgical department.

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.

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&O1.1	The Trust is required to ensure that all patients admitted with acute ENT presentations and clerked by ST1-2s receive a senior review as appropriate within 12-14h as recommended by NCEPOD 2007 and RCS reports from 2011 and 2014.	The Trust is required to demonstrate an updated SOP for acute admissions and LFG confirmation of this standard being met by 01 June 2020.	R1.2 R1.6
N&O1.2	The Trust is required to ensure senior (consultant/ middle-grade) oversight of a structured handover of acute and deteriorating patients from day to night team	The Trust is required to provide a Handover SOP and evidence via audit of implementation by 01 June 2020.	R1.14
N&O1.3	The Trust is required to ensure that ST1-2 trainees including Neurosurgical trainee have access to supervised clinics and theatre lists (minimum of 1 each per week) compatible with curricular requirements (eg Skull base surgery)	The Trust is required to provide documentary evidence with job plans/ schedules and LFG minutes by 01 June 2020.	R1.15 R1.19
N&O1.4	The Trust is required to ensure that trainees	The Trust is required to provide	R1.15

	are expected to see no more than the recommended 8-10 patients in ENT clinics and adequate time is allocated for Consultant led discussion of cases seen plus WBAs to be completed.	documentary evidence with job plans/ schedules and LFG minutes by 01 June 2020.	
N&O1.5	The Trust is required to ensure that protocols for routine or predictable imaging for operative patients are established with Radiology department, pre-arranged and supported by electronic systems.	The Trust is required to provide a copy of the agreed protocols by 01 June 2020.	R1.20
N&O1.6	The Trust is required to ensure that ST1-2 trainees are not expected to perform routine tasks such as predictable phlebotomy, male catheterisations and ferrying imaging requests. There should be a workforce review and implementation of a mixed skill-set which should include Doctor's Assistant, Physician Associate and Advanced Care Practitioners as appropriate.	The Trust is required to submit the report of a workforce review, plan, business case and timeline by 01 June 2020.	R1.19
N&O1.7	Rota Management: (a) The Trust is required to complete the current review of the ST1-2 rota to ensure that the shift pattern is conducive to trainee health-wellbeing, complies with working time directive, has adequate rest days/ periods and appropriate time to undertake learning in clinics and theatres. The numbers should be a minimum of 1:9/ 1:10 and any predictable rota gaps should be managed proactively without pressure for internal cover. (b) There should be consultant oversight of the rota and leave management with adequate transparency and meeting the NHSE/I recommendations of 8-12 week predictability.	The Trust is required to submit samples of the new rota, confirmation of consultation and co-production with trainee representatives and implementation timeline by 01 June 2020. The Neurosurgical trainee's (in ENT) on call commitment should be reviewed urgently with a view to a 50% reduction to allow access to clinics and theatre-based training. This must be in place within 6 weeks and reported on by 01 June 2020. Given the consistent lack of appropriate training opportunity in the ENT posts for neurosurgical trainees, HEE will be looking to reallocate those posts within the trust to other departments. This will also be driven, in part, by the changing curricular requirements for neurosurgery.	R1.12
N&O1.8	Exception Reporting: The Trust is required to ensure that the exception reporting systems are robust, trainees are encouraged to report as appropriate and there is a prompt response from supervisors and GOSWH review of working patterns as well as missed educational opportunities.	The Trust is required to submit copies of exception reporting trends, actions taken and LFG minutes confirming trainees can raise concerns when needed. An update should be provided by 01 June 2020.	R1.6

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.**
N&O1.9	The Trust is required to ensure that GPVTS trainee has a job schedule and rota which allows for access to training appropriate for Primary care.	The Trust should provide documentary evidence of an appropriate job schedule agreed with GP Program Director implemented by 01 June 2020.	R1.14 R1.15 R1.19
N&O1.10	The trust is required to provide trainee feedback on the planned rota changes in neurosurgery	The trust must provide feedback from the neurosurgery trainees by way of LFG minutes within 6 months. However, an initial update should be provided by 01 June 2020.	R1.14 R1.22

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.**
N&O1.11	The Trust should undertake a review of workforce wellbeing in relation to the rota and staffing numbers as well as skill-mix. This review should compare the workload with other similar units and lead to the development of a multi-skilled, multi-professional sustainable workforce for the ENT department.	R1.14

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
The HoS for Surgery to work with ENT and Neurosurgical TPD to ensure that there is an appropriate balance of ST1-2 and ST3+ higher trainees to allow for peer to peer learning and supervisory opportunities.	HoS Surgery

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Indranil Chakravorty
Date:	28/02/2020

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.