

Quality and Regulation Team (London and South East)

**The Hillingdon Hospitals NHS  
Foundation Trust  
General Practice  
Specialty Focused Visit**

**Quality Visit Report**

2 March 2016

Final Report



Visit Details	
<b>Trust</b>	The Hillingdon Hospitals NHS Foundation Trust
<b>Date of visit</b>	2 March 2016
<b>Background to visit</b>	<p>In May 2015, the Care Quality Commission (CQC) carried out a follow-up inspection to the Trust and subsequently changed the safety rating from 'Inadequate' to 'Requires Improvement'. In September 2015, a General Practice (GP) 'Scheme Visit' was conducted by the GP specialty training lead (STL) alongside the associate director of general practice education for London North West. During this visit, workload and staffing at the Trust were recognised as concerns that required further investigation.</p> <p>The visit team was also interested in understanding how the restructuring of services had affected the GP trainees as the GMC National Trainee Survey (NTS) reported a pink outlier surrounding workload as well as a red outlier in study leave.</p> <p>It was understood that the closure of Central Middlesex Hospital Emergency Department as well as the implementation of Shaping a Healthier Future (SaHF) would impact upon the workload of trainees. However, the visit team was concerned about the impact this could have on the learning environment of GP trainees.</p> <p>The opening of the simulation centre was also an area of interest for the visit team wanted to appreciate the effectiveness of the simulation programme within the training of the trainees as well as the trainers.</p> <p>It was also brought to the attention of the visit team that the GP Integrated Training Programme (ITP) within the acute medical unit (AMU) was not providing good learning experience under appropriate supervision. Therefore, it was of interest to the visit team to further explore this area with the members of the Trust, trainees and trainers within the acute medicine setting.</p>
<b>Visit summary and outcomes</b>	<p>The visit was well attended by 11 GP trainees and 13 clinical supervisors from a range of specialties namely emergency department (ED), obstetrics and gynaecology (O&amp;G), paediatrics and care of the elderly.</p> <p>The main focus of the visit would be on the effect the service redesign due to the implementation of SaHF and the effect this had on education and training. The visit team was also interested in exploring the structure of the GP ITP posts with AMU and the supervision processes presented to support GP trainees at the Trust.</p> <p>Overall, it was conveyed that the GP trainees felt well supported by the wider range of staff at the Trust. The visit team was informed that the ED made effective use of resources available to encourage trainees to attend their 'half-day release'. The GP ITP within AMU was reported to have changed from ward-based to 'hot clinic' based which demonstrated a good response to trainees' feedback. The Genitourinary Medicine (GUM) clinic also was described as providing a good learning experience with great supervision.</p> <p>The visit team identified that the care of the elderly post required reviewing as the vast amount of teaching opportunities were not adequately recognised, as the GP trainees felt that the post was mainly service driven and did not contribute to their educational needs. The visit team recognised that the educational agreement described by the senior management as a tool to ensure correct educational supervision was not being effectively used within the Trust and one of the requirements that the visit team has mandated is the effective use of the educational agreement to extradite learning opportunities. The visit team felt that the O&amp;G outpatient experience appeared to be planned but not enacted upon. Therefore, it was agreed that the trainees' attendance at outpatients needed to be monitored. The trainees reported that they felt unsupported within the O&amp;G's triage unit, and found it difficult to readily access senior advice as well as support.</p> <p>Therefore, within the report the Trust has been highly recommended to implement the use of the educational agreement as a vital part of the Trust's</p>

educational delivery. It was understood that the shortage of staff and the heavy workload had an effect on study leave. However, the visit team heard of the good practice the ED was applying in encouraging study leave. As a result, the Trust has been encouraged to work harmoniously with all its department to provide a uniform balance of service delivery with good educational support.

### Visit team

<b>Lead Visitor</b>	Dr Andrew Tate, Specialty Training Lead, Health Education England North West London.	<b>External Representative</b>	Dr Ramesh Bhatt, Associate Director of General Practice Education, Health Education England North West London.
<b>Trust Liaison Dean</b>	Dr Orla Lacey, Trust Liaison Dean, Health Education England North West London.	<b>External Representative</b>	Dr Samia Hassan, Training Programme Director (Imperial College Health Partners).
<b>Lay Member</b>	Jane Gregory, Lay Representative.	<b>Trainee Representative</b>	Dr Ravi Parekh, GP ST3 (Imperial GP Training Scheme).
<b>Scriber</b>	Deepa Somarchand, Quality Support Officer.	<b>Observer</b>	Samina Ashraf, Deputy Quality and Visit Manager.

### Findings

Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
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#### GMC Theme 1) Learning environment and culture

GP1.1	<p><b>Patient safety</b></p> <p>During the visit, the general practice (GP) trainees rotating within obstetrics and gynaecology (O&amp;G) reported that the lack of senior staff presence within the pre natal triage unit (PNTU) posed a patient safety risk as they had to deal with medical complexities that were beyond their training level. Although, the team heard that the specialist nurse led unit had a gynaecology consultant available on a 24/7 basis, the trainees felt that they had to leave the department in the care of a healthcare assistant in the absence of the midwife to seek further advice.</p>	<p>The Trust is required to revise its staffing structure within the PNTU to ensure that GP trainees have access to a clinical supervisor at all times during the PNTU rotations.</p>	<p>Mandatory Requirement.</p>
GP1.2	<p><b>Serious incidents and professional duty of candour</b></p> <p>There were no reports of serious incidents (SI) within the GP rotations and the trainees related to the visit team that they were comfortable discussing any such issues openly with their clinical supervisors and/or training programme directors (TPD). The senior management team (SMT) conveyed to the visit team that SI training was incorporated within clinical governance meetings and trainees were invited to attend although not many attended.</p>		

GP1.3	<p><b>Appropriate level of clinical supervision</b></p> <p>The visit team heard that the clinical supervision within the acute medical unit (AMU) 'hot clinic' was good and well structured. Trainees reported that despite being in their own cubicle, a consultant was always available to support the trainees if required. GP trainees within paediatrics reported that a consultant was always available during night shifts and all the seniors were very supportive as well as approachable.</p> <p>However the GP trainees within O&amp;G reported that the culture within the obstetrics department was not very supportive and senior staff only approached the trainees when there was a possibility of errors despite the O&amp;G consultants relayed to the visit team that they felt they were approachable. The visit team heard that a gynaecology consultant had recently been employed on a full time basis to provide the appropriate level of clinical supervision to trainees. However, the GP trainees within O&amp;G did not feel that clinical supervision was readily available within PNTU.</p>	The Trust is to encourage greater multidisciplinary team collaboration within the O&G department so that a more supportive environment can be created.	Recommendation.
GP1.4	<p><b>Responsibilities for patient care appropriate for stage of education and training</b></p> <p>It was recognised that due to the nature of PNTU, GP trainees might feel out of their depth for their stage of training. The O&amp;G clinical supervisors communicated that that the six months' rotation period was not adequate for a GP trainee to learn everything that the speciality had to offer. As a result, the visit team heard that the rotation within PNTU could be an overwhelming period for GP trainees. This was reiterated by GP trainees within O&amp;G who felt like they were performing beyond their education and training within PNTU.</p>	The Trust is to review the educational needs of trainees against the departmental service needs to assess the suitability of the post for GP trainees' educational development.	Mandatory Requirement.
GP 1.5	<p><b>Rotas</b></p> <p>The visit team was informed that due to the nature of acute medical rotations and the fixed rota structure, there was no provision for trainees to attend the 'half-day release'.</p> <p>The visit team also heard that although trainees were allocated into O&amp;G clinics, they were not often able to attend these. The clinical supervisors explained that due to the intensity of the work within O&amp;G as a result of the integration of Shaping a Healthier Future (SaHF), it was difficult to facilitate the attendance to the clinics. It was further explained that the rota issue within O&amp;G was mainly due to a shortage of staff despite the increased level of core trainees being made available throughout the evenings.</p> <p>GP trainees within paediatrics reported that due to the inflexibility of their rota, it was difficult to have access to private study leave.</p> <p>The SMT described the workload issue as an unfortunate effect of the acute nature of the Trust as well as the financial constraint being experienced. The SMT informed the visit team of the intention to train and retain Physician Assistants (PA) to help with staffing issues.</p>	<p>The Trust is to ensure that teaching days are included in GP trainees' rota and adequate provision is made to facilitate the release of the trainees concerned.</p> <p>The Trust is encouraged to learn from the good practice within ED of how to facilitate attendance at teaching sessions despite busy rota and/or shortage of staff and apply the good practice throughout all departments.</p>	Mandatory Requirement.
GP 1.6	<b>Induction</b>		

	<p>The overall information regarding induction was that all GP trainees received a Trust induction. The visit team heard that not all trainees received a departmental induction at the start of their new rotation. The visit team was informed that the GP trainees within care of the elderly had to ask colleagues which ward to go to as no prior communication was provided. Despite the GP trainees agreeing that the 'shadow week' was very useful within O&amp;G, not all trainees received the opportunity to attend.</p> <p>GP trainees reported that on their first week of night shifts within O&amp;G, a senior member of staff accompanied them for the ward round and supported them well through their first week on nights. Trainees undertaking a GP Integrated Training Programme (ITP) within the AMU 'hot clinic' mentioned spending their first day with a consultant who encouraged the discussion of each case after the trainee reviewed the patient. This furthered the confidence of the trainees who felt well integrated and supported. The visit team was also informed that at induction, it was emphasised that everybody was approachable.</p>	The Trust is to ensure that there is a uniform process in place where GP trainees receive adequate departmental induction at the start of each rotation.	Mandatory Requirement.
GP 1.7	<p><b>Handover</b></p> <p>The visit team heard that trainees received a daily handover whereby they could comfortably ask questions to senior staff.</p>		
GP 1.8	<p><b>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</b></p> <p>Due to the breadth of the learning opportunities present within the genitourinary medicine (GUM) and emergency medicine, GP trainees described these rotations as being informative and useful to their training.</p> <p>However, other rotations such as the ward-based care of the elderly as well as the PNTU were reported by trainees to contribute less to their learning opportunities as often these rotations were either unsupervised or observational based only;, limiting the prospects of interactive learning.</p> <p>The TPD also related to the visit team that due to the move of Ealing Hospital's paediatric unit to The Hillingdon Hospitals NHS Foundation Trust, the paediatric rotation for GP trainees had been hindered by excessive amounts of baby checks which were understood to be limiting the learning opportunities for the trainees concerned.</p>	<p>The Trust is to encourage a regular constructive feedback mechanism which could be used by CS to signpost learning opportunities.</p> <p>The Trust needs to review the paediatric rota to align the amount of "baby checks" closer to curricular requirements.</p>	<p>Recommendation.</p> <p>Mandatory Requirement.</p>
GP 1.9	<p><b>Protected time for learning and organised educational sessions</b></p> <p>The visit team heard that there were no clashes of teaching within the Trust. It was understood that Tuesday afternoon was reserved for GP trainees. However, the TPD mentioned that GP trainees within acute medicine did not attend any teaching sessions for the rotational period. The reason given for this was that the nature of the rota did not allow for teaching attendance time. The trainees within acute medicine reiterated that due to their rota and workload, it had proven</p>	See action in GP 1.5	

	<p>difficult for them to attend any teaching during their rotations within acute medicine.</p> <p>The GP trainees within O&amp;G related that they were aware of a departmental teaching on Monday lunchtime but as they were not assigned any set teaching or clinical time, they could not attend these sessions.</p> <p>The ED demonstrated good practice by the proactive manner of encouraging trainees to attend their educational sessions. The visit team was informed that the ED employed locums to enable the trainees to attend their teaching sessions. The ED also displayed information relating to the teaching sessions on the departmental board to ensure that the ED team was aware of the teaching commitments.</p>		
GP 1.10	<p><b>Adequate time and resources to complete assessments required by the curriculum</b></p> <p>It was reported to the visit team that due to the lack of structure and adequate support for study pay within GP ITP rotations, some trainees had felt compelled to abstain from taking any study leave this year for fear of not being reimbursed.</p>	TPDs are encouraged to liaise with GP school in regards to accessing study leave funding.	Recommendation.
GP 1.11	<p><b>Access to simulation-based training opportunities</b></p> <p>The visit team was informed that the simulation centre at The Hillingdon Hospitals NHS Foundation Trust was only recently opened in November 2015 and that the Trust was working on training an appropriate amount of trainers to effectively deliver a broad range of simulation based training. The visit team heard that the GP department was engaged with the simulation services and was planning a 'joint falls project' in the near future. Currently the simulation was being used to deliver communication skills as well as mock consultation based workshops.</p> <p>The SMT did emphasise that the simulation-based training was still in its infancy stage and further work was required.</p>		
<b>GMC Theme 2) Educational governance and leadership</b>			
GP 2.1	<p><b>Effective, transparent and clearly understood educational governance systems and processes</b></p> <p>It was relayed to the visit team that there was an education agreement policy in place which was to help clarify the educational governance between trainers and trainees. However, the TPD mentioned that they were not sure how effectively this agreement was being used. The trainees informed the visit team that in most cases they were asked to sign the agreement as part of a formality process and there was no explanation nor management of the underlining agreement provided.</p> <p>The O&amp;G clinical supervisors informed the visit team that PNTU had a system in place with a clear escalation process. However, the trainees within PNTU informed the visit team this was not always readily accessible.</p>	The Trust is to emphasise to learners and trainers the importance of the educational agreement and to re-enforce the effective use of the agreement as a vital part of the educational delivery.	Mandatory Requirement.

GP 2.2	<p><b>Impact of service design on learners</b></p> <p>The visit team heard that the GP ITP within AMU had recently been restructured to be more clinic-based rather than ward-based. This was well received by the trainees who informed the visit team that the clinic had helped them better understand the service system as well as the pathways that could be used for further referral from a GP perspective. Although, it was relayed that a day within the 'hot clinic' was adequate, the half day option was somewhat described as less informative due to the time constraint.</p> <p>The GUM clinical supervisors voiced a need for GP ITP rotations within GUM to be longer than the current three sessions' structure as it would better the learning experience of GP trainees. However, the visit team was informed that despite the limiting time, a good structural design was in place within GUM to maximise the learning opportunities.</p>		
GP 2.3	<p><b>Appropriate system for raising concerns about education and training within the organisation.</b></p> <p>The SMT reported to the visit team that the Trust had recently started Local Faculty Groups (LFG) as a platform for trainees to raise any concerns. Nevertheless, this was still in its early stages and was a work in progress. The SMT explained that the facilitation of the LFGs had proven to be a challenge in the past due to the Trust being under-staffed but this issue was currently being addressed.</p> <p>The visit team heard that the TPDs met with the trainees every six months to discuss the effectiveness of their training posts and the TPDs met the SMT every two-to-three months to feedback on training needs and/or educational concerns.</p>		
GP 2.4	<p><b>Systems and processes to make sure learners have appropriate supervision</b></p> <p>The visit team was informed by the SMT that the Trust currently had two medical resident consultants working during the weekends on a full time basis. There was also the presence of a night medical resident to support core trainees as well as nursing staff.</p> <p>However, trainees reported that the steep hierarchical process among the consultants within O&amp;G and the lack of a supportive environment within PNTU made it difficult for them to receive appropriate supervision. It was also commented that the fact that the senior staff within O&amp;G had to manage different sections of the department simultaneously, it was difficult for trainees to receive appropriate supervision.</p>	See action GP 1.3	
GP 2.5	<p><b>Organisation to ensure access to a named clinical supervisor</b></p> <p>The SMT reported that the Trust had a clinical supervisor's agreement plan in place that was meant to be used by trainees and CS to build on their working relationship. However, the system was not seen to be as effective as it could be.</p>	See action GP 2.1	

GP 2.6	<p><b>Systems and processes to identify, support and manage learners when there are concerns</b></p> <p>The visit team was informed by the trainees that whenever there were concerns raised, they were escalated and dealt with in a very professional manner. The trainees were aware that they could liaise with their TPD if they had any concerns and it was not dealt with adequately at the consultant level. Overall the visit team heard that the concerned parties were approachable and all concerns were dealt with professionally.</p> <p>The SMT informed the visit team that they were currently working with the clinical governance team to support the serious incident process.</p>	See action GP 2.3	
<b>GMC Theme 3) Supporting learners</b>			
GP 3.1	<p><b>Access to study leave</b></p> <p>The TPDs informed the visit team that they were aware of the study leave issue within AMU and paediatrics and that it was a long standing issue related to rota but there was little that could be done to rectify the situation, especially within the acute units.</p>	See action GP 1.4 & GP 1.8	
GP 3.2	<p><b>Regular, constructive and meaningful feedback</b></p> <p>The visit team heard the Trust had recently introduced a couple of improvement programmes such as the 'lesson learnt' and the 'listening event' to encourage foundation and core trainees to share information and receive constructive feedback. The SMT informed the visit team that these improvement programmes were well advertised however, they had yet to establish an engagement strategy with the trainees.</p> <p>Nonetheless, trainees could also discuss key information at the handover meeting on Mondays and the visit team was also informed that they could present at the governance meeting. Although, none of these were audited, the SMT assured the visit team that the discussions were always on the committee meetings' agenda.</p> <p>It was stated that the SMT had an 'open-door' policy to being approached in regards to help with supervision and was proactively encouraging effective supervision.</p>		
<b>GMC Theme 5) Developing and implementing curricula and assessments</b>			
GP 5.1	<p><b>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</b></p> <p>The visit team was informed that the ED had extended the GP trainees' learning experience to the minor injury unit at Mount Vernon Hospital to provide a broader experience to the trainees</p>	See action GP 1.4	



	<p>concerned. This was a result of the positive feedback received during the 'GP scheme' visit.</p> <p>The visit team was assured that GP trainees were assigned to at least four acute medicine posts out of the 12 during their hospital rotations. This was deemed adequate acute medicine exposure as required by the curriculum.</p> <p>The visit team also heard that GP ITP trainees would prefer greater flexibility as well as variety to their assigned half day clinic as at times they did not feel what was being assigned to them was suitable for their education and training needs.</p>		
GP 5.2	<p><b>Opportunities for interprofessional multidisciplinary working</b></p> <p>The GP trainees informed the visit team that they were very well supported by the wider staff. GP trainees in ITP clinic stated that they were very well supported by the nursing staff. The visit team heard that the nurse practitioner in ED minor injury unit contributed enormously to the learning environment of the trainees.</p>		
GP 5.3	<p><b>Appropriate balance between providing services and accessing educational and training opportunities</b></p> <p>The visit team was informed that O&amp;G teaching experience had greatly improved. However, it was reported that the ITP rotations and the AMU rotations required revision in regards to the teaching sessions they provided as there had not been positive feedback for these GP rotations.</p> <p>The visit team heard that the paediatric rota had always been an issue as the clinical supervisors felt that even if it was facilitated for the GP trainees to attend all their teaching sessions, they would only attain 50 per cent of the attendance. Therefore, there was no guarantee during paediatric rotations for GP trainees to attend their teaching sessions however they were highly encouraged to attend on their own accord.</p> <p>The care of the elderly trainers also informed the visit team that despite the busy nature of the department, they ensured that GP trainees attended regular teaching sessions. However this was not the case when trainees were on the acute medical block and this had been highlighted to the supervisors there. The care of the elderly department had weekly departmental teaching where care of the elderly topics were covered with a mixture of junior presentations and consultant led multidisciplinary teaching. In addition the department of medicine had weekly morning reports where acute cases were discussed.</p> <p>The department of medicine clinical governance meetings took place every six weeks which trainees were invited to attend. These included any lessons learned from consultant-led mortality reviews.</p> <p>The ED on the other hand allowed four hours every week for trainees to attend teaching sessions and as motivation, the department made allowance for an extra eight hours every month to encourage trainees to attend their teaching sessions.</p>	See action GP 1.5 & GP 2.1	

Good Practice	Contact	Brief for Sharing	Date
<b>Other Actions (including actions to be taken by Health Education England)</b>			
<b>Requirement</b>		<b>Responsibility</b>	
<b>Signed</b>			
<b>By the Lead Visitor on behalf of the Visiting Team:</b>	Dr Andrew Tate, Specialty Training Lead, Health Education England North West London.		
<b>Date:</b>	6 April 2016.		