QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

London North West Healthcare NHS Trust

Obstetrics & Gynaecology

Risk-based Review (on-site visit)

Quality Review report

Date: 7 July 2016
Version: Final

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Quality Review details

Background to review	Following the reconfiguration of services within North West London due to Shaping a Healthier Future, especially the closure of maternity services at Ealing Hospital, it was felt that the training environment needed to be assessed across the Trust. There had also been a number of serious incidents reported at Northwick Park Hospital which had not been concluded or involved substantial support for trainees. The GMC National Training Survey 2015 had generated three red outliers (in clinical supervision, clinical supervision out of hours and access to educational resources) as well as two pink outliers in induction and feedback. Concerns had been raised by the London School of General Practice regarding the quality of training for general practice trainees at the Trust. The results of the Royal College of Obstetrics and Gynaecology Trainee Evaluation Form (RCOG TEF) had also highlighted some serious concerns regarding the quality of education and training at the Trust. The visit briefing pack included minutes from recent local faculty group meetings in the obstetrics and gynaecology department. It was evident that there were long-standing issues which had been frequently discussed during these meetings but which had not yet been successfully resolved. The London Specialty School of Obstetrics & Gynaecology requested to review obstetrics & gynaecology training at the Trust and the visit took place on 7 July 2016 at the Northwick Park Hospital site.
Specialties / grades reviewed	Obstetrics and gynaecology – at foundation, core and higher level.
Number of trainees and trainers from each specialty	The visit team met with two general practice trainees (at specialty training year one level – ST1), one foundation year two (F2) trainee, one ST1 trainee, two ST5 trainees, two ST4 trainees and one ST3 trainees. Five educational and clinical supervisors were also interviewed. The visit team had the opportunity to meet with the college tutor and the clinical director.
Review summary and outcomes	The visit team had the opportunity to meet with a number of trainees and trainers during the visit but was disappointed by the overall attendance levels at the visit. The visit team heard that the merger had possibly had a negative impact on the quality of training although it had opened up a larger case mix and improved the overall potential training opportunities. The visit team felt that what was needed, however, was for these opportunities to be harnessed appropriately and for training and education to be planned better; it appeared that larger teams with more consultants had led to a somewhat chaotic environment where the balance between service and training was skewed in favour of service. Consultants' job planning had still not been completed, which impacted negatively on rotas. Trainees raised a number of patient safety issues as a result of the heavy workload and unfilled rotas. Clinics were reportedly regularly overbooked and at times with no consultant in attendance and trainees complained that they were not receiving appropriate supervision. Formal teaching had been difficult to organise due to the nature of cross-site working. The visit team was concerned about low morale within the department. Staff at all levels stated that there was a lack of leadership at the senior management team level. The visit team also had the impression that consultant engagement in training and education could be improved. The visit team was disappointed that only five consultants attended the educational supervisor session and felt that this was testament to the poor engagement within the department. The visit team uncovered a number of serious concerns during the visit as follows

(three immediate mandatory requirements were issued to the Trust as a result):

- The visit team required the Trust to urgently review the 9am to 5pm emergency daytime gynaecology cover at Ealing Hospital. Trainees were unaware of procedures for the safe transfer of patients. Several incidents were described that this was not happening with clear transfer protocols or admission procedures.
- The visit team was concerned that there was an apparent delay in the definitive treatment of patients arriving with emergency gynaecological conditions at Ealing Hospital – several incidents were described that this was not happening in a timely fashion.
- The visit team had concerns about appropriate clinical supervision of trainees at the right level, for example, a consultant was scheduled for two parallel clinical sessions at different sites. Cross-cover was difficult to arrange and at times involved using trainees rather than consultant colleagues.

The visit team also noted the following areas which required improvement:

- GP and foundation trainees based at Ealing Hospital had concerns about the availability and quality of clinical supervision at every level. Trainees did not feel empowered to contact consultants at home when they required assistance. The visit team heard that certain consultants had hung up when they had been contacted at home.
- Consultant-led and higher trainee-led ward rounds reportedly took place infrequently.
- Although formal teaching was timetabled on a Friday for higher trainees, this did not take place in practice.
- The visit team was concerned that clinics were not appropriately reduced in the event of consultant absence, and trainees of inappropriate experience were expected to manage the patient load.
- GP trainees reported that their local induction was wholly inadequate and not tailored to their needs.
- The visit team had significant concerns about the job planning and appraisal process in the department.
- Some serious concerns of bullying and undermining were raised. The visit team requested a report from the Trust regarding how the Trust was addressing these issues.

Overall, the visit team had the overwhelming impression that the O&G department lacked robust clinical leadership and good communication. Many of the trainees interviewed reported that they would not recommend their department to others as a place to train or be treated. The trainees commented that the quality of their training and education varied on a day to day basis and was largely dependent on who was on duty. They reported that they only had confidence in approximately 50% of their consultants.

Furthermore, it was not apparent to the visit team that educational leads were supported by the management structure to address training needs.

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

The visit team met with the college tutor (CT) who explained that she had been CT at Northwick Park Hospital (NWP) since October 2015 having previously worked as CT at Ealing Hospital. She felt that she had been successful in her previous role at Ealing Hospital having eliminated red flags in the General Medical Council National Training Survey during her tenure. She also stated that the recent RCOG TEF results indicated that the O&G department at NWP was doing relatively well (scoring 69.4, just shy of the ‘green’ level which was 70).

The CT stated that she had been given approval to appoint a deputy CT to assist her in her role, which involved looking after 45 trainees and non-training grade doctors. However, to date, nobody had expressed an interest in this role. The CT was also keen for appropriate time to be allocated to each role in the form of programmed activity. She also suggested that her colleagues should show more enthusiasm for taking on other responsibilities which would help training and education, e.g. the department needed a named scanning coordinator.

The visit team heard that a new clinic template had been set up which would involve consultants doubling up on clinics. It was hoped that this would improve clinical supervision.

The CT reported that two Trust doctors had been appointed the previous week, although ideally the department had hoped to recruit four. The CD reported that the department needed additional Trust grade doctors but was also considering alternative workforce e.g. nurse practitioners.

The clinical director (CD) felt that he was making strides to improve the educational experience at the Trust. Full day lists had replaced half-day lists which had previously not been particularly productive. Operating lists had been moved from Central Middlesex Hospital to Ealing Hospital, where most gynaecological operating now took place. He stated that most emergency gynaecological operating occurred at NWP after 5pm.

Gynaecology and antenatal clinics also took place at Central Middlesex Hospital. The department tried to ensure that trainees did not have to travel much in the course of one day.

The CD reported that there had previously been issues with consultants either arriving late for clinics or leaving early. He had tried to address this problem and hoped to conduct an audit of clinics in due course.

Quality Review Team			
Lead Visitor	Mr Greg Ward, Head of London Specialty School of Obstetrics & Gynaecology	**Deputy Lead Visitor**	Ms Sonji Clarke, Deputy Head of London Specialty School of Obstetrics & Gynaecology
Trust Liaison Dean	Dr Orla Lacey, Trust Liaison Dean, Health Education England North West London	**Lead Provider Representative**	Ms Karen Joash, Training Programme Director, Imperial College Healthcare NHS Trust
Lay Member	Robert Hawker, Lay Representative	**Trainee Representative**	Dr Adalina Saco, Trainee Representative
Scribe	Jane MacPherson, Deputy Quality & Visits Manager		

Findings

GMC Theme 1) Learning environment and culture

Standards

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

Ref	Findings	Action required? Requirement Reference Number

1.1	**Patient safety** Staff at all levels described potential patient safety issues at Ealing Hospital, e.g. the visit team heard that there were times when the on-call higher trainee was expected to prepare for and attend the multidisciplinary teaching session (MDT) and therefore was unable to support the general practice (GP) or foundation year two (F2) on call at the same time. When on call, the higher trainee and the core/foundation trainee were expected to cover all the inpatients on the ward as well as see patients in the emergency department (ED). Trainees reported that consultant-led ward rounds rarely occurred at Ealing Hospital, but stated that this was largely consultant-dependent. Therefore, at times patients may not be seen by a consultant for a whole week. The visit team heard that higher trainees rarely conducted ward rounds either and therefore often the onus was on the core/foundation trainees to carry out a ward round. The visit team heard that patients arriving with emergency gynaecological conditions at Ealing Hospital were transferred to Northwick Park Hospital (NWP) out of hours i.e. after 5pm. In practice, such patients were often transferred from 3pm. The visit team heard that very junior trainees were arranging transfers of emergency patients even though this was in effect working beyond their competence level. Trainees seemed to be unaware of any procedures for the safe transfer of patients. The visit team was also concerned that there was an apparent delay in the definitive treatment of patients arriving with emergency gynaecological conditions at Ealing Hospital. The visit team heard that a consultant worked in the early pregnancy unit (EPU) four mornings a week, accompanied by an experienced sonographer. However, in the afternoon, only a trainee sonographer was on duty in addition to a GP or F2 (with no consultant supervision). The on-call higher trainee who was supposed to be covering the EPU was usually unavailable since the trainee was usually busy on the ward and in the ED. The trainees suggested that a solution to this problem would be for the experienced sonographer to be on duty in the afternoon with the junior trainees. The higher trainees were concerned about the risk to patient safety given that the gynaecology on-call consultant had to cover both NWP and Ealing Hospital out of hours. The visit team heard of an incident occurring when there was a ruptured ectopic pregnancy at NWP but the on-call consultant at Ealing Hospital took over three hours to travel from one site to another. Trainees reported that there was no other named consultant to call, and this was a particular issue on Friday afternoons when none of the consultants were at the hospital. The trainees also stated that at times certain consultants had hung up on trainees who had called them to request help. Trainees at all levels expressed concerns about the commitment of some consultants (up to 50%) and the competence of some of the Trust-grade doctors based at Ealing Hospital. The junior trainees were in complete agreement that three-fifths of the Trust-grades were not clinically competent and not accessible on call. One gave an example of a ruptured ectopic in the ED who was managed by the GP trainee on his own until he went to the coffee room to find the Trust-grade. The more senior trainees at NWP also agreed with this opinion and were concerned about the competence of some of the Trust-grade doctors. The trainees felt that the consultants were aware of the problems with regards to some of the Trust-grade doctors at Ealing Hospital but suggested that there was no impetus to try and improve this. The visit team heard that midwifery staffing levels were also an issue, and that midwives were concerned about this.	Yes, See OG1.1a below Yes. See OG1.1b below Yes. See OG1.1c below Yes. See OG1.1d below Yes. See OG1.1e below Yes. See OG1.1f below

1.2	**Serious incidents and professional duty of candour** Most trainees reported that they felt encouraged to report incidents, but commented that they sometimes had to chase feedback on what they had reported. Some trainees felt that completing Datix forms seemed pointless as nothing had been addressed when they had reported incidents in the past. Indeed, some serious incidents of bullying and undermining were reported by one trainee who had reported two incidents when a consultant had refused to come into the hospital.	Yes. See OG1.2 below
1.3	**Appropriate level of clinical supervision** The visit team had concerns about appropriate clinical supervision of trainees at the right level, for example, a consultant was scheduled for two parallel clinical sessions at different sites (operating at Ealing Hospital and an antenatal clinic at NWP). Despite this having been escalated to the department's senior management team, this issue had not been resolved. Cross-cover was reportedly difficult to arrange and at times involved using trainees rather than consultant colleagues. The trainees commented that consultants were reluctant to take responsibility for each other's patients. The visit team heard that consultant supervision at clinics was often poor. A GP trainee had been expected to cover an urogynaecology clinic on two separate occasions with no higher trainee or consultant present. As a result, most of the patients needed to be cancelled at the last minute. In general, trainees reported that antenatal clinics were massively overbooked and poorly supervised. The junior trainees commented that they often felt unsupported in the ED because their higher trainee was needed elsewhere or their consultants were at another site. The ST2 trainee commented that this lack of clinical supervision was more difficult for the foundation and GP trainees who had limited experience. The junior trainees bemoaned the loss of mentorship, apprenticeship and teamwork in the department, and suggested that a more team-based structure would work better. The visit team heard that trainees needed to be very proactive about seeking out a supervisor to teach them; trainees commented that ultimately a lot of learning was self-directed.	Yes. See OG1.3 below.
1.4	**Rotas** The visit team heard that most gynaecological operating lists had been moved to Ealing Hospital. There was one consultant on duty at each site during the day and then after 5pm one consultant covered both sites. The visit team heard that the labour ward had 132 hours of cover, and operated a hot week system from 8am to 8pm. This was a one in nine rota. Two consultants paired up and covered alternate days. During the hot week, a consultant's clinics were supposed to be reduced or cancelled but in practice this did not happen. The visit team heard that there were a number of rota gaps which impacted on the trainees' workload and morale. The CD hoped that these rota gaps would be addressed once job planning was completed. The trainees, however, felt that many of these gaps were well-known in advance and that a contingency place could have and should have been put in place. The junior trainees felt that at times the onus was put on them to devise a plan to cover the 'shop floor' in the event of rota gaps. The trainees did not think that this should be their responsibility. In general, the trainees suggested that the managers were unaware of what was really happening on the 'shop floor' at any given time. The GP trainees at Ealing Hospital stated that their on-call duties were 'unmanageable'. The on-call trainee was expected to cover the ED, the gynaecology direct referral (GDR) unit plus the ward (up to 20 patients). The trainees reported that they were regularly called by managers asking them to see patients in the ED when they were already very busy on the ward. The trainees suggested that a solution to this problem would be to allocate a second core trainee to the ward (which used to be the case). Staff at all levels felt that cross-site working was less than ideal particularly as there	Yes. See OG1.4a below Yes. See OG1.4b below

	was no inter-site transport. They also felt that there was a lack of continuity in patient care, particularly for those having an operation at Ealing Hospital, who subsequently would not see the same doctor again. Trainees were unable to follow up post-operatively on patients they had operated on at Ealing Hospital. They felt that this limited their learning opportunities and also was not good for overall job satisfaction. The educational supervisors reported that a service manager should not be wholly responsible for the consultants' rota as this required some clinical input. They suggested that clear lines of management needed to be established so that roles and responsibilities were clear.	Yes. See OG1.4c below
1.5	**Induction** The GP trainees reported that they had received a very poor departmental induction which was not tailored to their needs, but instead was more suited to midwives. The visit team heard that the F2 trainee was trying to set up a buddying system with one of the Trust doctors at Ealing Hospital which she hoped would help to improve team-building.	Yes. See OG1.5 below
1.6	**Handover** The visit team heard that the gynaecology handover in the morning was not protected time and therefore was unsafe. It was often interrupted by other duties and consultants rarely attended.	Yes. See OG1.6 below
1.7	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The trainees reported that there were many training opportunities at the Trust thanks to the wide case mix. They felt however that most of their training time was either under indirect supervision or without any supervision.	
1.8	**Protected time for learning and organised educational sessions** The CD reported that the department hoped to introduce Friday afternoon protected time for teaching. He stated that the nature of cross-site working meant that setting up a formal teaching programme had been difficult, but he commented that he hoped to introduce a journal club and that perinatal and clinical governance meetings were already in place. The core/GP/foundation trainees reported that formal teaching sessions had been introduced at Ealing Hospital and that these were held at lunchtime three times a week. The higher trainees reported however that they did not have access to any dedicated formal teaching nor did they think that there was any appetite from the consultants to set this up. They commented that Friday afternoon teaching was scheduled on their rota but as most consultants were not present at the hospital on Friday afternoons, this had never taken place.	Yes. See OG1.8 below
1.9	**Access to simulation-based training opportunities** The CT reported that simulation opportunities were limited as a result of lack of space. Good simulation equipment had been purchased but it was still in boxes.	Yes. See OG1.9 below

GMC Theme 2) Educational governance and leadership		
Standards **S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.** **S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.** **S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.**		
2.1	**Appropriate system for raising concerns about education and training within the organisation** The visit team was pleased to see that there was a strong local faculty group in place but disappointed to hear that many training issues that had been raised via this group had not been addressed.	Yes. See OG2.1 below
GMC Theme 3) Supporting learners		
Standards **S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.**		
3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** One trainee reported that the department had been supportive during a period of sick leave. The trainees reported that their junior doctors' office had been removed without any consultation. The trainees felt that this was another example of the poor communication that existed between the senior management team and the staff working in the department. Although there was some awareness amongst the trainees that the clinic template was about to change, the trainees complained that there had been a lack of communication from management and that nobody was aware of what the new changes would be.	
3.2	**Behaviour that undermines professional confidence, performance or self-esteem** No issues were reported in this area by any of the trainees, apart from one higher trainee (see section 1.2). The trainees commented however that there was a deflated atmosphere within the department and a general resignation that nothing could be done to fix the long-standing issues. The educational supervisors reported that following the results of the RCOG TEF, workshops had been organised to try and address bullying and undermining issues, and that there were plans to hold external mediation sessions. The trainees highlighted a huge discrepancy with the quality of the consultant body. Some consultants were reported to be supportive and keen to teach whereas others were not. The trainees felt that there was a lack of team work and that the consultants did not support each other. The consultants on the other hand did not share this view – they felt that they got on well as a consultant body – instead, they highlighted the lack of cohesion from senior management as the main obstacle to an improved training environment.	

GMC Theme 4) Supporting educators

Standards

S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.

S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.

4.1	**Access to appropriately funded professional development, training and an appraisal for educators** The visit team heard that not all assigned educational supervisors were compliant with their mandatory training.	Yes. See OG4.1
4.2	**Sufficient time in educators' job plans to meet educational responsibilities** The educational supervisors did not think that the job planning exercise was working well. They reported that their job plan dictated the rota but that some of the consultants had not been signed off even a year following the merger. The visit team heard that the CD hoped to include 0.125 PA per trainee in the consultants' job plans. Each consultant would look after up to two trainees.	Yes. See OG4.2
4.3	**Access to appropriately funded resources to meet the requirements of the training programme or curriculum** The clinical and educational supervisors complained about the lack of communication from the departmental senior management team. Consultants cited an example of a consultant urogynaecology post being advertised without any discussion with the consultants in the divisional meeting.	

GMC Theme 5) Developing and implementing curricula and assessments

Standards

S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.

S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.

5.1	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum** In general, the trainees felt that they had exposure to good training opportunities due to the wide case mix and pathology available at the Trust, but stated that in general they experienced self-directed learning as a result of poor clinical supervision. The GP trainees informed the visit team that there were insufficient opportunities available at Ealing Hospital to sustain them for a long period of time. The GP trainees suggested that five months at Ealing Hospital and only one month at NWP was not ideal for their training. Obstetrics training was reported to be good in general. The higher trainees stated that they had access to a good number of gynaecology theatre lists. The trainees appreciated the ultrasound experience they received, although commented that this was not always available. The consultants corroborated this view – they reported that they used to have regular sessions but that their new job plans meant that they did not receive enough PAs to continue with these sessions. They felt that this impacted negatively on the trainees' educational experience.	Yes. See OG5.1

5.2	**Regular, useful meetings with clinical and educational supervisors** The GP trainees confirmed that they had a clinical supervisor although suggested that some of them were not very proactive and did not even bother to learn their trainees' names. The foundation trainees confirmed that they had an educational and clinical supervisor. The core and higher trainees also confirmed that they had an educational supervisor with whom they were able to meet.	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date

Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
OG1.1b	The visit team advises that there should be an immediate review of the acute gynaecology service at Ealing Hospital because of patient safety issues that have been relayed to the visit team by staff at all levels. Any trainee and Trust grade doctor working at Ealing Hospital should be appraised of all policies and procedures regarding management and transfer of patients in line with the mandatory GMC guidelines relating to clinical and educational supervision.	Response due in 5 days' time.	R1.1
OG1.1c	The visit team requires the Trust to establish an operational guideline with an appropriate timeframe for managing these patients. This should include a clear transfer policy and an audit of patients arriving at Ealing to diagnosis through to definitive treatment.	Response due in 5 days' time.	R1.1
OG1.3	With immediate effect consultants should only be allocated to attend one clinical activity at any one time. The Trust should also review consultant job plans to ensure that there is appropriate clinical supervision during direct clinical care sessions where trainee supervision is required.	Response due in 5 days' time.	R1.7

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
OG1.1a	The Trust is required to ensure that daily consultant-led ward rounds take place at all sites.	Conduct an audit of ward rounds to see if they are taking place on a daily basis and to ascertain the scope for training opportunities. This should be included as a standing agenda item on the LFG agenda, and actions taken forward if not compliant.	R1.8
OG1.1e	The Trust is required to ensure that there is a named consultant at all times for trainees to call and access clinical supervision and support.	This should be included as a standing agenda item on the LFG agenda, and actions taken forward if not compliant.	R1.8
OG1.1f	There should be a review of the competence of Trust-grade doctors based at Ealing Hospital.	Please provide outcome of review and any planned remedial action.	R1.7
OG1.2	The Trust is required to ensure that any incidents of bullying and undermining are dealt with appropriately.	Please provide information regarding how the Trust is dealing with these reports of bullying and undermining including details of any support provided to the trainee in question.	R3.3
OG1.4a	The Trust should make appropriate plans to fill any foreseeable rota gaps and the onus should not be on the trainees to arrange cover when required.	Provide HR policy for filling rota gaps. Clinical director to provide plan of action for recruiting to current gaps.	R1.12
OG1.5	The Trust is required to ensure that the GP local induction is fit for purpose and tailored to the trainees' needs.	Work with the School of GP to devise a GP-specific induction. Provide details of revised induction.	R1.13
OG1.6	The Trust is required to ensure that handover is formal and consultant-led.	Please provide evidence that handover occurs on both the gynaecology wards and the labour ward and that this is consultant-led.	R1.14
OG1.8	The Trust should establish a formal consultant-led teaching programme for the higher trainees.	Please provide teaching programme, register of attendance for trainees and trainers. Please also provide confirmation via the LFG minutes that the planned teaching programme is in place and relevant to training needs.	R1.16
OG1.9	The Trust is required to ensure that there is appropriate space for simulation activity to occur.	Please outline the Trust's programme for simulation in O&G specifying both the sessions conducted and the timing and the venue.	R1.17
OG2.1	The Trust is required to ensure that local faculty group meetings have a formal post-meeting action plan in place.	Provide details of LFG action plan which should clearly indicate roles and responsibilities, and demonstrate that issues raised are being addressed.	R2.7
OG4.1	Senior management team to ensure that all educational supervisors complete their mandatory training.	Provide record of training completed by all ES and CS including details of all modules that they have completed.	R4.1
OG4.2	Educational supervisors should receive 0.25 PA for each supervisee (up to a maximum of four supervisees).	Provide evidence of completed job planning.	R4.1

Recommendations

Req. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
OG1.1d	Consider amending the rota for the EPU so that the experienced sonographer is on duty in the afternoon with the junior trainees.	Please provide a robust response to this recommendation explaining how the Trust intends to address this issue.	R1.12
OG1.4b	Consider allocating a second core trainee to the ward (which used to be the case).	Please provide a robust response to this recommendation explaining how the Trust intends to address this issue.	R1.12
OG1.4c	The consultant rota needs clinical input. Clear lines of management need to be established so that roles and responsibilities are clear.	Please provide a robust response to this recommendation, including details of the Trust's plans to establish clear roles and responsibilities.	R1.12
OG5.1	Job planning should ensure that scanning is still included.	Please provide a robust response to this recommendation including details of the Trust's plans to ensure that scanning is included.	R5.9

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

Requirement	Responsibility

Signed

By the Lead Visitor on behalf of the Visiting Team:	Mr Greg Ward
Date:	23 August 2016