

# London North West Healthcare NHS Trust Surgery Risk-based Review (on-site visit)



## Quality Review report

Date: 6 and 7 July 2016

Final Report

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## Quality Review details

<b>Background to review</b>	<p>The London Specialty School of Surgery were keen to visit London North West Healthcare NHS Trust as they had recently acquired Ealing Hospital and the plans for service reconfiguration and how the Trust as a whole would work together moving forward for education and training were not clear.</p> <p>The visit team was keen to explore the training opportunities within Ealing Hospital and the access to trauma theatre lists and support out of hours.</p> <p>The visit team wished to find out how the move for many elective theatre lists to Central Middlesex Hospital was impacting on trainees and if they were having to regularly travel cross-site.</p> <p>The visit team was interested in how the emergency surgery posts were working and if they were offering a good case mix for general surgery trainees.</p> <p>Oral maxillofacial surgery (OMFS) training at the Trust was renowned and trainees were keen to come to the Trust however there had been an increase in volume of patients and the visit team wished to ensure this was not impacting on education and training.</p>
<b>Specialties / grades reviewed</b>	<p><b>Ealing Hospital</b></p> <p>Higher surgical training within trauma and orthopaedic (T&amp;O) surgery Higher surgical training within general surgery</p> <p><b>Northwick Park Hospital</b></p> <p>Higher surgical training within T&amp;O surgery Higher surgical training within OMFS Higher surgical training within general surgery and emergency surgery Higher surgical training within vascular surgery</p>
<b>Number of trainees and trainers from each specialty</b>	<p><b>Ealing Hospital</b></p> <p>The visit team met with the clinical lead and surgical director for T&amp;O surgery, one higher trainee and four foundation trainees.</p> <p>The visit team met with the clinical lead for surgery, general surgery college tutor and educational lead. The visit team met with two higher trainees and seven educational and clinical supervisors.</p> <p><b>Northwick Park Hospital</b></p> <p>The visit team met with the clinical and education lead for T&amp;O surgery, six higher trainees, two non-training grades and five educational and clinical supervisors.</p> <p>The visit team met with the clinical lead and clinical director for OMFS, three higher trainees, five core dental trainees, two clinical fellows, one non-training grades and four educational and clinical supervisors.</p> <p>The visit team met with the lead for vascular surgery, vascular educational supervisor and lead for general surgery and emergency surgery. The visit team met with two higher emergency surgery trainees, one core surgical trainee, two higher vascular surgery trainees, one non-training grade and one educational supervisor.</p>
<b>Review summary and outcomes</b>	<p>The visit team would like to thank the Trust for the well-attended sessions and organising the visit.</p>

### Ealing Hospital

There were two serious concerns raised at Ealing Hospital however immediate mandatory requirements were not issued.

- The visit team heard that the T&O higher surgical trainees were often performing unsupervised clinics. This was a standing arrangement for periods of leave but had come to a head recently because of long-term sickness. It is clear that the Trust needs to maintain a high volume throughput in its outpatient service but it is not acceptable to use unsupervised trainees for this purpose for reasons of patient and trainee safety.
- The panel was most concerned to learn that the two general surgery higher surgical trainees were working a 1 in 7 full shift pattern. As a result their daytime training was considerably reduced. There was a suggestion that at least one trainee's progression had been negatively affected as a result. Pressure from management on clinics compounded this. We will require the Trust to rearrange the working pattern of the HSTs to remove them from full intensity resident night time work.

The visit team heard the following areas were working well.

- The visit team met two dedicated and diligent trainers in T&O, who were prepared to work flexibly around the various obstacles to good quality training in the local environment. Whose efforts were greatly appreciated by both trainees and training programme.
- The morning trauma meeting are of good educational quality.
- We found evidence of excellent supervision and operative training. There is also a well-developed JAG accredited endoscopy training programme. The unit should be congratulated on maintaining this through the recent reconfiguration

There were the following areas for improvement.

- There is a current lack of provision of dedicated theatre time for trauma cases. Such lists are commonly referred to as trauma lists but trauma cases at Ealing have to compete for space with CEPOD cases. This results in a low rate of compliance with the 36 hour national best practice tariff target for fractured neck of femur. It also reduces trainee exposure to trauma cases and sometimes results in trainees performing surgery out of hours in less than ideal circumstance with suboptimal supervision. The need to develop dedicated trauma lists was we believe recently flagged by peer review.
- The T&O middle grade rota of eight has three vacancies and is shortly to have four vacancies. As a result, one of the higher surgical trainees had become obliged to spend considerable amounts of time on medical workforce management; "fighting for locums". This had a knock-on effect on the supervision of inpatient management, pressure on the fracture clinic and through these patient safety concerns had been raised. The Trust should explore alternative workforce such as advanced nurse practitioners (ANPs).
- The T&O local faculty group (LFG) works well for the F2s but needs to be extended to include the higher surgical trainees.
- The T&O local induction has been compromised by sickness and we suggest formalising this in a handbook.
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	<ul style="list-style-type: none"> <li>• The T&amp;O F2 trainees reported that they were being asked overnight to report x-rays in the urgent care centre (UCC).</li> <li>• The visiting team would support the department in their plans to make strong new substantive consultant appointments in the near future to enhance the training environment.</li> </ul> <p><b>Northwick Park Hospital</b></p> <p>There was one serious concern raised at Northwick Park Hospital however an immediate mandatory requirement was not issued.</p> <ul style="list-style-type: none"> <li>• The visit team heard that the T&amp;O higher surgical trainees were often performing unsupervised trauma lists on the weekend. This needs to be corrected, a consultant should at least be present on-site.</li> </ul> <p>The visit team heard the following areas were working well.</p> <ul style="list-style-type: none"> <li>• The visit team heard that the OMFS trainees had good access to educational opportunity, which was well-supervised and good operative exposure.</li> <li>• The T&amp;O, OMFS General Surgery and Vascular Surgery trainees reported working in friendly environment and had not been bullied or undermined.</li> <li>• The T&amp;O, OMFS, General Surgery and Vascular Surgery trainees would all recommend the Trust.</li> <li>• The visit team heard that T&amp;O trainees had good access to trauma, which enabled them to meet their training competencies.</li> <li>• The emergency surgery trainees were receiving more than their indicative numbers, which was great exposure. There appeared to be capacity to get the trainees to be further involved in theatre lists.</li> </ul> <p>There were the following areas for improvement.</p> <ul style="list-style-type: none"> <li>• The T&amp;O department is to develop and enable trainee access to a trauma meeting every morning and metalwork meetings, which would ensure there was local teaching available to trainees.</li> <li>• The T&amp;O trainees reported that they were unaware of the LFG.</li> <li>• There is a tendency that the Trust places too many patient cases on the theatre lists, this creates a perceived lack of recognition of training and the longer time required for trainees to operate. By adding extra cases onto the list this limits training opportunities.</li> <li>• The visit team felt that eTrauma was a useful IT tool and this should be integrated within the Trust IT systems.</li> <li>• The consultants are not receiving educational recognition for their education supervision role; the consultants should receive 0.25 supporting professional activities per trainee under their supervision.</li> <li>• The general surgery trainees had limited access to endoscopy training and this could result in the trainees being unable to meet their indicative numbers.</li> </ul>
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**Educational overview and progress since last visit – summary of Trust presentation**

The merger of the Ealing, Northwick Park and Central Middlesex Hospitals' services brought significant ongoing change to the provision of services offered by the Trust; obstetrics moved to Northwick Park Hospital, and in June this year, Ealing Hospital ceased to provide paediatric inpatient services (it will continue to run all other paediatric outpatient services). However, its emergency department will remain open. The trauma & orthopaedic surgery elective provision moved to Central Middlesex Hospital (CMH), and discussions with The Hillingdon Hospitals NHS Trust about the future of the haematology service level agreement were ongoing.

The visit team heard that the Trust intended to monitor training closely, particularly in light of the potential to offer a full range of surgical services 24/7. The visit team heard that the Trust acknowledged the difficulties it had faced in the recruitment of staff to full complement across its sites. However, the Trust reported that it had strengthened the consultant team in general surgery and at Ealing Hospital.

With regard to educational governance, the Trust described that after the formation of LNWHT, it realised the need to keep postgraduate and undergraduate local faculty groups (LFGs) on each of the three Trust sites. The visit team heard that the Trust also held overall core faculty group meetings that were attended by senior staff, including the DME and clinical tutors, where members met to discuss various issues that were then reported to the Trust board through the DME.

The visit team then enquired about the general approach to training across the Trust. Dame Jackie Docherty, CEO, explained that their view was to take areas of good practice and apply them across the organisation, and that, where necessary, they wanted to consider new practices of community working; it was acknowledged that this would have a wider impact on health and social care in the region, and it was proposed that this would be explored further.

The CEO acknowledged the financial and operational constraints that the Trust was under, particularly following multiple service reconfigurations. The visit team learned of the Trust's vision of developing an elective site at Central Middlesex Hospital (CMH). However, it was stated that this would take a long time to develop, with 2025 being floated as a potential completion date, dependent on the acceptance of a business case, construction and site development, etc. Plans included moving rehabilitation services and developing new simulation training facilities. It was also proposed to commence talks with Guy's and St Thomas' NHS Foundation Trust about the potential cross-Trust grouping of certain services.

The Trust said that it accepted the sentiment among some trainees that they felt disenfranchised working at Ealing Hospital and preferred working at Northwick Park. Furthermore, the Trust acknowledged that, throughout the merger, it had - to a degree - looked inwards, and expressed a desire look outwards, make changes to clinical pathways and look to the community; Trust colleagues expressed the need to view specialties across the Trust, as opposed to being site-specific. It wanted to reach out to trainees and accommodate their careers, and had brought in external consultants to develop a positive and respectful culture. The director for workforce acknowledged that the current situation impacts on staff turnover, and that the Trust had implemented an outgoing survey workstream to try to understand the trainee experience of working there. The visit team was advised that this work was managed by an external consultant.

#### Quality Review Team - 6 July 2016

<b>Lead Visitor</b>	John Brecknell, Deputy Head of London Specialty School of Surgery	<b>Lead Provider Representative – T&amp;O</b>	Mr Chinmay Gupte, T&O Training Programme Director , Imperial College Healthcare NHS Trust
<b>External Representative – General Surgery</b>	Prof. Tim Allen-Mersh, Professor of Gastrointestinal Surgery, Chelsea and Westminster Hospital NHS Trust	<b>Local Office Representative (am)</b>	Lucy Wylde-Wise, Quality and Performance Manager, Health Education England North West London
<b>Local Office Representative (pm)</b>	Silvio Giannotta, Head of Commissioning, Health Education England North West London	<b>Lay Member</b>	Jayam Dalal, Lay Representative
<b>Scribe</b>	Vicky Farrimond, Learning Environment Quality Coordinator		



Quality Review Team – 7 July 2016			
<b>Lead Visitor</b>	Prof. Nigel Standfield, Head of London Specialty School of Surgery	<b>External Representative – T&amp;O</b>	Mr Vipul Patel, Consultant Orthopaedic Surgeon, Epsom and St Helier University Hospitals NHS Trust
<b>External Representative – OMFS</b>	Mr Kaveh Shakib, Consultant Oral and Maxillofacial Surgeon, The Royal Free London NHS Foundation Trust	<b>External Representative - General Surgery</b>	Prof. Tim Allen-Mersh, Professor of Gastrointestinal Surgery, Chelsea and Westminster Hospital NHS Trust
<b>External Representative – Vascular Surgery</b>	Mr Keith Jones, Training Programme Director, Frimley Health NHS Foundation Trust	<b>SAC Representative</b>	Mr Mark McCarthy, Consultant Vascular and Endovascular Surgeon, University Hospitals of Leicester NHS Trust
<b>Trainee Representative – OMFS</b>	Dr Navin Vig, Trainee Representative	<b>Lay Member</b>	Jayam Dalal, Lay Representative
<b>Scribe</b>	Vicky Farrimond, Learning Environment Quality Coordinator		

## 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
S1.1	<p><b>Patient safety</b></p> <p><b>Ealing Hospital</b></p> <p>The visit team heard that there had been instances within trauma and orthopaedic surgery (T&amp;O) when trainees had not been able to contact a consultant and their trainee regarding their patient. This resulted in trainees having to call round other staff members to receive support. This was raised to the department leads and since the trainees had been told if they could not contact the consultant to call the on-call team for advice and support.</p> <p>The T&amp;O trainees reported that there had been patient safety concerns relating to the lack of Trust middle grades. When the higher trainees were not on shift the core trainees would often have to lead and act up, which they felt was not suitable as they were inexperienced.</p>	

	<p>The visit team heard that the T&amp;O higher surgical trainees were often performing unsupervised clinics. This was a standing arrangement for periods of leave but had come to a head recently due to long-term sickness. The educational supervisors reported that the clinics were too heavy and there could be up to 50 patients to be seen in one clinic.</p> <p><b>Northwick Park Hospital</b></p> <p>The trauma theatre lists had a consultant dedicated to them and they were available should the trainee require support however there would be some days when the consultant would not be available so the trainee would try and discuss the case prior to operating. Nonetheless the trainees would then operate unsupervised as when a consultant was on leave there was no cover provided.</p> <p>The visit team recommended that the consultants were present in the morning of a trauma list on the weekend so they could discuss cases with the trainees and if required move complex cases to the beginning of the theatre list so the consultant could support the trainee.</p>	<p>Yes, see S1.1a below</p> <p>Yes, see S1.1b below</p>
S1.2	<p><b>Serious incidents and professional duty of candour</b></p> <p><b>Ealing Hospital</b></p> <p>The T&amp;O and general surgery trainees all stated that they were encouraged to report serious incidents. Within T&amp;O incidents were discussed in the morning trauma meeting.</p> <p><b>Northwick Park Hospital</b></p> <p>The T&amp;O trainees commented that they knew how to report serious incidents and that these would be discussed within the morbidity and mortality (M&amp;M) meeting.</p>	
S1.3	<p><b>Appropriate level of clinical supervision</b></p> <p><b>Ealing Hospital</b></p> <p>The T&amp;O trainees reported that they were well supported by their senior colleagues and that the multidisciplinary team meeting allowed good interaction with the wider team. The visit team heard that the trainees were well supported but also had suitable autonomy to work in the outpatient setting undertaking general business and managing patients.</p> <p>The visit team was informed that the T&amp;O trainees scheduled to be working with a consultant who was on leave were left alone for the first eight weeks although support was available via the phone. Please refer to section S1.1. The trainees then had their supervisor changed to a different consultant and with this had regular operating and outpatient clinics under direct supervision. When consultants were on leave the higher trainee clinic would still go ahead with support from other consultants via telephone.</p> <p>The visit team heard that the T&amp;O consultants were very approachable within the department and would attend the trauma meetings and undertake ward rounds.</p> <p>The educational supervisors commented that they had instituted a system of who to contact to escalate concerns when a trainee's consultant or the higher trainee was on call.</p> <p>The general surgery trainees reported that the clinical supervision within the department was good.</p> <p><b>Northwick Park Hospital</b></p> <p>The general surgery trainees reported that they had good clinical supervision at the Trust and out of hours there would be a consultant available if they required.</p>	





<p>shifts and worked back to back nights to days in a full shift system.</p> <p>The visit team heard that the clinical leads in the department had been in touch with staff at Northwick Park Hospital regarding completing a diary card monitoring exercise.</p> <p>The visit team was informed that the general surgery trainees were resident at night due to the foundation year two (F2) doctors having limited previous exposure to surgery and to carry the trauma bleep.</p> <p>The general surgery trainees stated that the on-call rota impacted on their access to training. The trainees reported that on the current rota the zero days resulted in them missing theatre lists and they would appreciate discussion surrounding alternative night cover on-call.</p> <p>The educational supervisors reported that the way in which the rota worked the higher trainees worked as higher trainee of the week from Friday to Thursday alongside their consultant and elective theatre lists were cancelled. The visit team heard this had been escalated to management however the meetings regarding this had yet to take place.</p> <p>The visit team heard that the move to the higher trainees being non-resident on-call was hard as the general surgery higher trainee was the trauma team leader out of hours and the only other trainees within the department out of hours was foundation trainees.</p> <p>The visit team was informed that the general surgery department were currently in the process of appointing three substantive consultants one with lower gastrointestinal interest and two with an emergency surgery component and upper or lower gastrointestinal interest.</p> <p><b>Northwick Park Hospital</b></p> <p>The T&amp;O trainees commented that the rota worked well for them as it had a set working pattern and fixed job plan.</p> <p>The visit team heard that the department was short of foundation trainees and that they struggled to fill rota gaps and sickness impacted on this further. The T&amp;O trainees stated that the department had struggled to fill the non-training posts. The visit team was informed that the core trainees and Trust grade equivalents worked on a 1 in 8 rota and from August 2016 the rota would have three gaps.</p> <p>The visit team heard that the T&amp;O Trust grade equivalents did not cover on-call. The visit team heard that the evening trauma sessions were covered by the Trust grade equivalents however the T&amp;O trainees frequently had to cover this and hold the on-call bleep or the core trainee would have to carry their bleep alongside the higher trainee bleep and the trauma theatre list would be cancelled.</p> <p>The T&amp;O trainees were concerned that from August 2016 they would be having to hold two bleeps when on-call and cross-cover due to gaps in the core trainee rota. The visit team heard that the onus was on the T&amp;O trainees to source locums to cover the core trainee rota gaps.</p> <p>The T&amp;O non-training grades reported that they would be open to covering the daytime on-call rota to enable the T&amp;O trainees to attend regional teaching.</p> <p>The OMFS trainees reported that they worked at the Trust and at the spoke sites also. The trainees would travel to Watford or The Royal Marsden Hospital for oncology and skin theatre lists. The elective trauma theatre lists took place at the Trust and some trainee travelled to Mount Vernon Hospital for skin and surgical dermatology. The trainees commented that they had access to plenty of cases and CEPOD, the trainees were never left unsupervised.</p> <p>The emergency surgery trainees worked a 1 in 4 rota with two higher trainees and two Trust grade equivalents. The trainees would divide up elective theatre lists, emergency theatre lists, ward cover and clinics. When on-call the trainees worked a 1 in 12 rota with the other higher trainees and Trust grade equivalents within surgery.</p> <p>The visit team heard that the emergency surgery rota changed each week however the trainees had advance notice of their rota so it did not impact on them negatively.</p>	<p>Yes, see S1.5b below</p> <p>Yes, see S1.5a below</p>
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	<p>The core surgical trainee reported that they access to plenty of theatre and clinic opportunities.</p> <p>The vascular surgery trainees reported that they worked mainly with the consultants with regular theatre lists. The trainees had good access to theatre lists and clinics.</p>	
S1.6	<p><b>Induction</b></p> <p><b>Ealing Hospital</b></p> <p>The T&amp;O trainees stated that they had a Trust induction however they did not have a formal departmental induction. The trainees met with the previous trainees in the department although there was no formal introduction or guidance provided.</p> <p>The visit team heard that the trainee did have informal sessions on orthopaedic emergencies prior to starting on call.</p> <p>The educational supervisors recognised the need to further develop the induction into the department and through this place the presentations and department structure on the intranet.</p> <p><b>Northwick Park Hospital</b></p> <p>The T&amp;O trainees stated that they had a good departmental induction.</p> <p>The general surgery trainees reported that they did have a departmental induction however they could have used more information on the department and processes.</p>	<p>Yes, see S1.6a below</p> <p>Yes, see S1.6b below</p>
S1.7	<p><b>Handover</b></p> <p><b>Ealing Hospital</b></p> <p>The T&amp;O trainees had raised issues in the month prior to the visit regarding the frequent changing of core trainees did not provide suitable patient continuity and there was now a better handover between trainees in place.</p> <p>The visit team heard that the majority of consultants were good at reviewing patients however there had been incidents when some consultants would be reluctant to review patients and required just a verbal update.</p> <p>The general surgery trainees reported that handover was at 8am and 8pm which meant that if the trainees worked a 12 hour shift they would not have adequate time for handover and always worked over. The 8pm handover clashed with the T&amp;O handover.</p> <p>The educational supervisors reported that there was a twice a day consultant led ward round at 8.30am following handover and the consultant on-call would lead the second ward round between 7pm and 9pm to review evening admissions.</p> <p><b>Northwick Park Hospital</b></p> <p>The emergency surgery trainees commented that the chronic ward rounds were not always consultant led although the acute ward rounds were consultant led.</p> <p>The vascular surgery trainees stated that they had a team meeting every morning Monday to Friday at 8am when the vascular and radiology teams came together to handover patients, discuss the theatre lists, review scans and learning points. The consultant of the week would then lead a ward round.</p>	<p>Yes, see S1.7 below</p>
S1.8	<p><b>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</b></p> <p><b>Ealing Hospital</b></p> <p>The T&amp;O trainees commented that the morning trauma meeting worked well and there was always consultant presence and a musculoskeletal radiologist attended on Thursdays. The trainees felt they had received good learning opportunities at the Trust and had increased their knowledge of T&amp;O.</p>	

S1.9	<p><b>Adequate time and resources to complete assessments required by the curriculum</b></p> <p><b>Northwick Park Hospital</b></p> <p>The OMFS trainees commented that they met with their educational supervisors at the beginning of the rotation to discuss which areas the trainees would like to be exposed too and would then have regular meetings in which their workplace-based assessments (WPBAs) were discussed.</p> <p>The emergency surgery trainees commented they were able to get their WPBAs completed however they could struggle with some of the consultants to take them through their curricula and sign off on WPBAs.</p>	
S1.10	<p><b>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</b></p> <p><b>Northwick Park Hospital</b></p> <p>The T&amp;O trainees commented that there was no specific consultant in charge of the higher trainees and through this there was no solid point of contact to raise concerns.</p> <p>The OMFS trainees reported that they had access to good educational supervision.</p>	

## 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.**

S2.1	<p><b>Impact of service design on learners</b></p> <p><b>Ealing Hospital</b></p> <p>The T&amp;O trainees reported that the elective operating at Central Middlesex Hospital worked well and when they were based there they would be there for a full day.</p> <p>The T&amp;O trainees commented that the new ortho-geri scheme worked well and looked after the joint care of patients and those with Femoral Neck fractures.</p> <p><b>Northwick Park Hospital</b></p> <p>The visit team heard that despite the Trust merging none of the departments had merged and worked cross-site, each department worked independently.</p> <p>The T&amp;O trainees reported that when they were at Central Middlesex Hospital they rarely had to travel between sites.</p> <p>The visit team heard that the T&amp;O department used eTrauma which was a trauma software package which managed trauma cases. The department had faced issues with the Trust in being given permission to link the eTrauma system into the Trust IT system.</p> <p>The visit team heard that the safari ward rounds were impacting on the surgical wards. The visit team was informed that the Trust would not agree to ring-fence beds/wards for surgical patients only with no medical outliers. The visit team heard that the Trust was considering taking out half of the vascular surgery ward to install a recovery area as a high dependency unit for surgical patients.</p>	Yes, see S2.1 below
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S2.2	<p><b>Appropriate system for raising concerns about education and training within the organisation</b></p> <p><b>Ealing Hospital</b></p> <p>The T&amp;O trainees reported that there was a local faculty group (LFG) to discuss education and how the trainees were getting on. This was between a consultant and the higher trainees. The consultant who leads on the LFG was currently on sick leave.</p> <p>The T&amp;O trainees stated that they had regular contact with management and senior staff within the department and would be able to raise concerns on an ad-hoc basis.</p> <p>The educational supervisors commented that they would ensure suitable consultant cover to enable the LFGs to run.</p> <p>The general surgery educational supervisors reported that they had an LFG at the end of their morbidity and mortality meeting in which trainees could raise concerns.</p> <p><b>Northwick Park Hospital</b></p> <p>The T&amp;O trainees were not aware of a LFG within the department. The educational supervisors commented that they did have an LFG in the department and they would ensure the higher trainees were invited.</p>	Yes, see S2.2 below
<b>GMC Theme 3) Supporting learners</b>		
<p><b>Standards</b></p> <p><b>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.</b></p>		
S3.1	<p><b>Behaviour that undermines professional confidence, performance or self-esteem</b></p> <p><b>Ealing Hospital</b></p> <p>None of the trainees which the visit team met reported any concerns with bullying and undermining behaviour.</p> <p><b>Northwick Park Hospital</b></p> <p>The T&amp;O, OMFS, general surgery and vascular surgery trainees had no concerns relating to bullying and undermining behaviour.</p>	
<b>GMC Theme 4) Supporting educators</b>		
<p><b>Standards</b></p> <p><b>S4.1 Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.</b></p> <p><b>S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.</b></p>		
S4.1	<p><b>Sufficient time in educators' job plans to meet educational responsibilities</b></p> <p><b>Ealing Hospital</b></p> <p>The visit team heard that the T&amp;O and general surgery educational supervisors received 2.5 supporting professional activities within their job plan and it was left to each educational supervisor how they used this time.</p> <p><b>Northwick Park Hospital</b></p> <p>The T&amp;O educational supervisors reported that they were having their job plans reviewed soon and these job plans needed educational activity into them. The visit</p>	Yes, see S4.1 below

	team heard that the department was going to review the way in which they educationally supervise trainees to ensure trainees had appropriate support and educational supervisors had sufficient time to meet their educational responsibilities.	
<b>GMC Theme 5) Developing and implementing curricula and assessments</b>		
<b>Standards</b>		
<b>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.</b>		
<b>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.</b>		
S5.1	<p><b>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</b></p> <p><b>Ealing Hospital</b></p> <p>The trainees reported that regional teaching was not included in the timetable and they could be on-call when it was teaching however they would be able to attend regional teaching otherwise.</p> <p><b>Northwick Park Hospital</b></p> <p>The visit team was informed that there was not a suitable trauma meeting at the Trust with consultant attendance instead the meeting was used for the on-call tram and ward team to handover in. The trainees reported that there would often be only one or two consultants present at the trauma meeting which meant they were limited educationally. The Trust has video link facilities so consultants and trainees at Central Middlesex Hospital could potentially dial into the meeting each morning.</p> <p>There was not a metalwork meeting in which the trainees could discuss post-operative x-rays with consultants to ensure any concerns were raised in a suitable time frame. The trainees reported that they would appreciate being able to review the metalwork with consultants to aid their education and training.</p> <p>The T&amp;O trainees reported that there was an M&amp;M meeting once a month in which cases that require discussion due to complexity or error would be discussed. The visit team suggested that at this meeting each team took it in turn to review all trauma x-rays over the previous six week period and grade them and then this would be feedback at the trauma meeting. When the M&amp;M meeting took place there would be no clinics or theatre lists.</p> <p>The visit team was informed that there was limited local teaching in the Trust and the trainees would appreciate more formal teaching when the exams were approaching.</p> <p>The educational supervisors commented that the trauma meeting was becoming more business like due to the volume of cases that required discussing and consultants being at Central Middlesex Hospital for elective theatre lists. The educational supervisors reported that there would be changes soon as they were going to lead on a virtual fracture clinic following the trauma meeting in which all cases through the fracture clinic in the past 24 hours would be discussed.</p> <p>The OMFS trainees stated that they had access to good educational teaching through departmental teaching on Fridays and monthly teaching which the ST7 trainee led on. The trainees were encouraged to attend national conferences and society meetings and the department ensure trainees had access to study leave for these. The visit team heard that the trainees attended the multi-disciplinary team meeting with histopathology and radiology.</p> <p>The OMFS trainees commented that they were not currently actively involved in research however there was a consultant lead that was keen and proactive who supported trainees with research.</p>	<p>Yes, see S5.1a below</p> <p>Yes, see S5.1b below</p>



S5.2	<p><b>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</b></p> <p><b>Ealing Hospital</b></p> <p>The T&amp;O trainees reported that they would be able to reach their indicative numbers at the Trust. The trainees commented that they had been able to complete more arthroscopies independently which was beneficial.</p> <p>The T&amp;O trainees reported that they had limited access to trauma as the theatre list would be shared with general surgery. The visit team heard that the T&amp;O trainees would rota themselves onto as many sessions with trauma as possible. The visit team heard that due to sharing the theatre list with general surgery the trainees would struggle to meet their indicative numbers for trauma.</p> <p>The trainees commented that when they were in the theatre they would have access to good operative training.</p> <p>The visit team heard that the T&amp;O trainees and consultants had had discussions regarding the trauma theatre lists and there was potential within the Trust for a further trauma theatre list due to the phasing out of obstetrics and gynaecology at Ealing Hospital. The trainees stated that there was sufficient trauma throughput for a half day theatre list every day. The trauma peer network supported the consultants move to increasing the trauma list availability.</p> <p>The T&amp;O trainees stated they would all recommend the Trust.</p> <p>The general surgery trainees reported that they had good access to elective and endoscopy lists. The general surgery trainees commented that they were told when they started at the Trust that they received priority over Trust grade equivalents.</p> <p>The general surgery trainees stated that their last theatre list was three weeks prior to the visit this was due to over a seven week period four of these weeks would be spent doing on-call. The visit team was informed that over a six month period the trainees undertook 11 all day theatre lists which was short of the recommended four half day theatre lists a week.</p> <p>The visit team heard that the trainees attended the colorectal cancer multi-disciplinary team meeting each week were possible.</p> <p>The general surgery trainees reported that the endoscopy theatre list was every Wednesday afternoon and the cases were reduced so that it was a suitable training list. The Trust had two JAQ accredited consultants who could deliver endoscopy training.</p> <p>The general surgery trainees commented that they tended to attend more clinics than theatre lists as they were more likely to be pulled to cover a clinic than into a theatre list. The clinics were busy and the trainee was often unsupervised however there would be a consultant in the clinic they could discuss cases with.</p> <p>The educational supervisors commented that when the general surgery trainees were on-call there would be an emergency surgery theatre list with general surgery included that they could attend.</p> <p>The visit team recommended that the general surgery department removed the two higher general surgery trainees from the full shift system to ensure they had sufficient access to theatre lists and educational requirements to meet their curricula needs.</p> <p>The educational supervisors stated that they had a letter from management which requested each consultant carry out seven to eight cases per theatre list which would mean the theatre lists would not be suitable for training.</p> <p><b>Northwick Park Hospital</b></p> <p>The T&amp;O trainees reported that there were three session trauma lists every single day of the week at the Trust. The trainees had good access to trauma and were able to meet their competencies.</p> <p>The elective lists were very beneficial to training as the theatre lists would be cut so they were suitable for training and the trainees would usually complete at least half of</p>	<p>Yes, see S5.2a below</p> <p>Yes, see S5.2b below</p>
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<b>Mandatory Requirements</b>			
<b>Req. Ref No.</b>	<b>Requirement</b>	<b>Required Actions / Evidence</b>	<b>GMC Req. No.</b>
S1.1a	The Trust is to ensure that T&O higher surgical trainees do not perform clinics unsupervised. All clinics require a named consultant lead.	The Trust is to ensure that trainees have a consultant on-site that they can contact should they have any concerns. Please provide evidence of the consultant supervision provided to clinics and that trainees all know how to contact consultants.  Please provide copies of the LFG minutes in which this is discussed.	R1.8
S1.1b	The Trust is to ensure that trainees do not perform trauma theatre lists at the weekend unsupervised. All theatre lists should have a named consultant lead and patients should be discussed with the trainee prior to operating.	The Trust is to ensure that trainees have a consultant on-site to discuss all trauma theatre list patients before starting operating so that they can raise any concerns. Please provide evidence of the consultant supervision provided at the weekend for trauma theatre lists and that trainees all know how to contact consultants.  Please provide copies of the LFG minutes in which this is discussed.	R1.9
S1.4a	The Trust is to ensure that consultant support and advice is readily available to T&O trainees ideally in person or if this is not possible through the phone. This should be through an escalation policy, which all department staff are aware of.	The Trust is to ensure that there is an escalation policy in place that all staff are aware of should they need to raise concerns and they are unable to contact their consultant.  Please provide copies of the LFG minutes in which this is discussed.	R1.8
S1.4b	The Trust is to ensure that the UCC do not ask foundation trainees to report on x-rays.	The Trust is to inform the UCC that foundation trainees are not asked to report on x-rays. This should cease immediately.  Please provide copies of the LFG minutes in which this is discussed.	R1.9
S1.5a	The Trust is to review the T&O trainees' rota at both sites to ensure there is adequate staff cover and that trainees should not be expected to source locums to fill known rota gaps.	The Trust is review the T&O trainees' rota at both sites to ensure that there is adequate staffing on each shift.  The Trust is to ensure that known rota gaps are recruited to in advance and that trainees are not expected to source locums to fill known rota gaps.  Please provide copies of the rota and plans made to cover rota gaps. Please provide copies of the LFG minutes in which this is discussed.	R1.12
S1.5b	The Trust is to review the general surgery trainees' on-call rota at Ealing Hospital. The	The Trust is to review the general surgery trainees' rota at Ealing Hospital to ensure	R1.12

	rota must comply with the European working time directive and should not impact on the trainees' access to education and training.	that the trainees are not providing service provision on-call cover.  The Trust is to provide copies of the rota and plans made to remove or alter the general surgery trainees' on-call rota requirements.  Please provide copies of the LFG minutes in which this is discussed.	
S1.6a	The Trust is to review the departmental induction within T&O at Ealing Hospital.	The Trust is to ensure that all trainees have a departmental induction, this should be evidenced through an agenda/programme of induction, attendance list and induction guide/handbook. The Trust is to survey trainees following induction to ensure they are involved in the planning and development of the induction process.	R1.13
S1.6b	The Trust is to review the departmental induction within general surgery at Northwick Park Hospital.	The Trust is to ensure that all trainees have a departmental induction, this should be evidenced through an agenda/programme of induction, attendance list and induction guide/handbook. The Trust is to survey trainees following induction to ensure they are involved in the planning and development of the induction process.	R1.13
S1.7	The Trust is to review the timing of handover within T&O and general surgery at Ealing Hospital to ensure that the on-call trainees can attend both handovers.	The Trust is to review the time of handover and provide confirmation of the handover time.  Please provide copies of the LFG minutes in which this is discussed.	R1.14
S2.2	The Trust is to ensure that all trainees or trainee representatives are invited to attend LFGs within their department and receive the minutes of the meeting.	The Trust is to invite all trainee representatives to LFG meetings and circulate the minutes of the meetings to all trainees. Please confirm who the trainee representatives are, that they are invited to meetings and that they attend the meetings through copies of the LFG minutes.	R2.1
S4.1	The Trust is to support the review of the T&O consultant's job plans at Northwick Park Hospital. Through this the department should arrange the main educational supervisors for the trainees and the Trust should ensure that they are provided with time for educational activity within their job plan.	The Trust is to support the rearrangement of educational supervisors within the department and to ensure that the educational supervisors have educational activity included within their job plan.  Please provide copies of the LFG minutes in which this is discussed.	R4.2
S5.1a	The Trust is to ensure that the trauma meeting at Northwick Park Hospital is well attended by consultants and provides trainees with access to good educational teaching.	The Trust is to provide attendance lists of the trauma meeting every morning to ensure that consultants are attending.  Please provide copies of the LFG minutes in which this is discussed.	R5.9
S5.2a	The Trust is to ensure that T&O trainees have access to suitable training theatre lists to meet their curricula requirements.	The Trust is to carry out a curricula mapping exercise to ensure that trainees' curricula needs are met through their timetable and rota.	R5.9

		Please provide copies of the LFG minutes in which this is discussed.	
S5.2b	The Trust is to ensure that all theatre lists in which general surgery trainees are involved are suitable for training and that managerial pressures do not impact on education and training	The Trust is to ensure that training theatre lists are cut so that training can take place and that trainees can develop their skills to meet their curricula requirements. Please confirm that training theatre lists have a suitable amount of cases for training.  Please provide copies of the LFG minutes in which this is discussed.	R5.9
S5.2c	The Trust is to ensure that general surgery trainees have suitable access to endoscopy training lists to meet their curricula requirements. It is a mandatory requirement that each emergency general surgery trainee has access to one endoscopy session/list per week.	The Trust is to carry out a curricula mapping exercise to ensure that general surgery trainees' endoscopy curricula needs are met through their timetable and rota.  Please provide copies of the LFG minutes in which this is discussed.	R5.9

### Recommendations

Req. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
S2.1	The Trust is to explore the linking/integration of eTrauma within the Trusts IT system.	The Trust is to provide evidence that it has explored the linking of the Trust IT systems with eTrauma.	R1.19
S5.1b	The Trust is to develop a metalwork meeting for T&O in which x-rays can be reviewed and provides good educational learning.	The Trust is to review the trainees' rota to incorporate a metalwork meeting to provide further education and training. The Trust should seek trainees' input on how the meeting should run.	R5.9

### Signed

<b>By the Lead Visitor on behalf of the Visiting Team:</b>	John Brecknell
<b>Date:</b>	23 August 2016