

# **Health Education East of England**

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HEE EoE School of Postgraduate Surgery Visit to East and North Hertfordshire NHS Trust		
	Last and No	Lister Hospital
		Visit Report
10 <sup>th</sup> April 2015		
HEEOE representatives:	Mr Alex Baxter	Deputy Postgraduate Dean and Postgraduate Dental Dean
	Mr Neville Jamieson	Head of Postgraduate School of Surgery and Associate Dean
	Dr Rebecca Viney	Deputy Head of Education & Quality in Primary & Community Care
	Prof. John Saetta	Foundation School Director
	Ms Emma Gray	Programme Director, Core Surgical Regional Training Committee
	Mr Raymond Marlboroug	h Regional Coordinator, The Royal College of Surgeons of England
	Ms Susan Agger	Senior Quality Improvement Manager
	Prof. Alastair McGowan	GMC Enhanced Monitoring Associate
	Mr Joe Griffiths	GMC Education Quality Analyst
	Ms Manjula Das	GMC Education Quality Assurance Programme Manager
	Mrs Liz Houghton	Lay Representative
	Mr Yezen Sheena	Trainee Representative
	Ms Sophie Skinner	Quality Administrator
Trust representatives :	Mr Nick Carver	Chief Executive
	Miss Jane McCue	Medical Director
	Dr Shahid Khan	Director of Medical Education
	Mr Matthew Metcalfe	Royal College Tutor
	Dr Melanie Hodgson	GP Training Programme Director
	Dr Emma Salik	GP Training Programme Director
	Mrs Christine Crick	Medical Education Manager
Number of trainees	12 Trainees were met:	
& grades who were met:	3 Core –CT1 x1 Plastic Surgery; CT2 x2 1 Plastic Surgery, 1 ENT	
	1 Foundation	
	2 GP Specialty Trainees	
	6 Higher – 2x ENT; 4x Plastics	

## Purpose of visit:

In accordance with the review of the delivery of surgical training in all Trusts in the East of England, a visit was undertaken to East and North Hertfordshire NHS Trust on 10<sup>th</sup> April 2015.

This was a joint re-visit to review the delivery of both core and higher surgical training in the ENT and Plastic Surgery, surgical specialities within the Trust along including a review of foundation and GP training in light of the previous



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visit undertaken 5 December 2014 which had highlighted serious concerns in the delivery of ENT and Plastic Surgery training. The deficiencies identified were: lack of an airway management escalation protocol, lack of airway management at induction, unsupervised core trainees operating in Plastic Surgery, Plastic Surgery trainees detained in overbooked clinics when they were expected at emergency handover, unsafe ENT/Plastic Surgery cross cover, an ENT/Plastics rota with 7 consecutive nights on-call.

#### Strengths and overall findings:

- The visiting team were extremely pleased with the quick and decisive actions of the Trust following the previous visit.
- An airways management escalation protocol has been developed and is readily available
- The trainees were generally happy and overall had adequate access to training opportunities.
- The practice of cross cover between the Plastic surgery and ENT trainees has ceased entirely with the separation of the two rotas.
- The arrangement of 7 nights on call for the ENT/Plastic surgery rotas has been addressed. On the new separate rotas the arrangement is 3 or 4 nights on call. The trainees reported that this provides good continuity.
- The Core, GP, and Foundation trainees in Plastic surgery felt that the changes in the rota have been very beneficial and trainees were consulted in the development of the new rota. The ENT Core, GP, and Foundation trainees also felt that the changes to the rota certainly seem very promising. The higher trainees in plastics and ENT agreed with this.
- There was one reported case where a GPST was on call at the weekend following only a basic induction. Whilst this was unfortunate the trainee described the support from their middle grade as excellent. In the case of a GPST being on call overnight on their first night (and before their second more detailed induction) it was felt that it was unfortunate but unavoidable, and under the circumstances was handled as best as was possible. The trainee described the support they received from the registrar as excellent.
- The appointment of additional staff in the ENT and Plastic Surgery Departments has significantly improved the training opportunities available including access to relevant specialist clinics for the GP trainees and achievement of SMART criteria compliance for core trainees.
- Handover had improved and there was always registrar presence and a consultant attended the morning handover.
- There were no issues of patient safety or instances of bullying and undermining reported.

#### **Areas for Development:**

The current situation is deemed much improved and now satisfactory. However the following areas were highlighted:

- Induction processes are very good, but could be improved by sending out airway management protocols
  more promptly and ensuring that everyone receives them. In addition to this it was noted that some of the
  protocols were dated 2011, and it was felt that it would be best practice to ensure that these are kept up to
  date.
- Not all consultants meet the trainees when they start the posts. It was reported that there was one consultant who a trainee did not meet at all during the 4 month of their rotation.
- The GP trainees felt that running acute clinics was fairly challenging, and meant that they have limited time



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getting clinic and outpatient experience which would be more relevant for their learning needs. There needs to be more differentiation between GPSTs and Surgery trainees.

### Significant concerns:

There were no significant concerns. The Trust will, however, remain under GMC enhanced monitoring.

#### **Recommendations:**

- 1. Access to higher level specialty lists should be protected for Higher Trainees where full benefit of the potential learning experience can be attained.
- 2. The Induction process would benefit from the development of a handbook available either before or when the trainee starts in post. The opportunity for trainees to meet with all consultants at or near the start of the trainee rotation should also be explored.
- 3. The ENT Department would benefit from the creation of a list of curriculum requirements for GP trainees to clarify their learning needs and maximise their training opportunities in surgical posts.
- 4. It would be useful if GPST's had more time in relevant specialist clinics and their attendance at these was monitored.
- 5. Consideration is given to identifying appropriate training lists for the level of trainee seniority, with protected lists for the senior trainees.
- 6. Close scrutiny of the rotas to avoid trainees without experience starting their post with a weekend on-call.
- 7. Consideration should be given to the sustainability of the Trust's current solutions; elsewhere in the region and nationally Specialist Nurses and Allied Health Professionals have been used to ease staffing vacancies without creating additional medical posts.

### **Action Plan to Health Education East of England by:**

An action plan is required by 31 July 2015.

Revisit: Summer 2016

Visit Lead: Mr Alex Baxter Date: 13<sup>th</sup> April 2015