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North Central and East London
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SPECIALTY FOCUSED VISIT REPORT

Visit Details	
LEP	Epsom and St Helier University Hospitals NHS Trust
Specialty	General and Trauma and Orthopaedic (T&O) Higher Surgery
Date of visit	19th December 2013
Background to visit	The School of Surgery completed three visits to Epsom and St Helier between January 2010 and March 2011 to core and trauma and orthopaedic surgery. The current visit was planned as a three year rolling visit to surgery, which coincided with a Trust wide review.
Visit summary and outcomes	The visit team met with the management team which included the Epsom site Medical Director (MD), Director of Medical Education (DME), Medical Education manager (MEM), the Clinical Director for Surgery, Surgical College Tutor, Clinical Lead for T&O and the STC representatives from both hospital sites. To explore the T&O surgery training environment, the visit team met with nine T&O trainees (ST3-ST8), followed by three non-training grades in T&O, including a post CCT Shoulder Fellow. The visit team then met with six T&O supervisors. The visit team finally discussed general surgery training with five general surgery trainees (ST5-ST6), followed by a meeting with seven general surgery supervisors. Epsom and St Helier is a split site Trust, and since 2006 emergency surgical work has been undertaken at St Helier Hospital and elective work at Epsom, where the South West London Elective Orthopaedic Centre (EOC) is based. An accident and emergency department remains at both sites. The management team felt this provided much better surgical training with the utilisation of resources and increased consultant presence. The trainees reported that working across site did sometimes cause problems, particularly for the general surgery trainees. The School of Surgery recommend that trainees do not have to work across multiple sites during the same day. The visit team would like to see dedicated surgical wards at the St Helier site; this was an issue identified within the Trust wide review. The trainees discussed that the transfer of patients from Epsom and St Helier could be slow and the visit team would like to see the audit being completed currently to explore the delays. The visit team were generally very happy with their findings with both the general and T&O trainees reporting they were well supervised and supported in their training. They would all recommend the training posts to their colleagues. The T&O trainees would recommend the post for a two year placement, whilst the general surgery trainees felt that one year was sufficient. Specifically for T&O surgery, the trainees were able to attend the required clinics and operating lists without difficulty and there appeared to be a good

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	teaching programme in place. The visit team would recommend a weekly metal work meeting is organised, to further enhance teaching opportunities. The general surgery trainees indicated that they were not allocated the required four, half day operating lists and were often asked to cover extra clinics at short notice. The visit team would like to see the trainee's timetables to evidence that trainees are assigned the required sessions to meet curriculum requirements. The general surgery trainees and supervisors indicated that there is a lengthy process to request radiology reports and ITU referrals, in ITU there were particular issues with the relationship between ITU and anaesthetics, which both the trainees and supervisors were aware of.

Visit team

Lead Visitor	Prof Nigel Standfield	**Lead Provider (T&O)**	Mr Dominic Nielsen
Specialty Representative (T&O)	Mr Venu Kavarthapu	**Trainee Representative (T&O)**	Dr Atif Malik
SAC Rep (T&O)	Prof Angus Wallace	**External Consultant (General Surgery)**	Prof Dudley Sinnett
Trust Liaison Dean	Dr Anand Mehta	**Visit Officer**	Emma Jones

Findings

GMC Domain	Ref	Findings	Action required *(if yes see action plan)*	Action and Evidence Required. Full details on Action Plan	Immediate Mandatory / Mandatory / Recommendation
Generic Findings					
1	1.1	**Surgical Wards** The visit team heard from the management team, trainees and supervisors that there is a surgical assessment unit (SAU) at St Helier, but no dedicated surgical wards. Subsequently surgical patients are cared for on a number of wards across the hospital. The general surgery trainees indicated that 'safari' ward rounds are common at St Helier over a number of wards. The supervisors agreed and stated they were often completing	Yes	As per the Trust wide review requirements, consideration should be given to providing specific surgical wards to optimise patient care, nursing skills and the trainee experience. This will be monitored through the TWR	Mandatory

		ward rounds across 11-13 wards. The management team highlighted that this issue is known to the Trust and a meeting had occurred that week to plan the consolidation of patients onto dedicated wards. The general surgery supervisors understood that a surgical ward may have been identified at St Helier.		action plan but the school of surgery would like to be kept up to date with progress in this area.	
1	1.2	**Nursing** The management team highlighted that nursing ratios on wards are 1:8 on early shifts; within Royal College of Nursing guidelines. From 01.01.2014 the ward manager will be supernumerary to this ratio. The general surgery trainees felt that nurses at St Helier were not very engaged and appeared demoralised. They stated that it was a 'constant battle' against the nursing staff to provide optimal care. However they commented that the surgical matron was aware of incidents and was alert to these issues. The supervisors agreed that nursing quality at St Helier could be improved.	No		
1	1.3	**Transfer of patients** The management team explained that patients can be stabilised and offered critical care at the Epsom site and transfer to St Helier would only be completed if emergency surgery or long term ventilation was required. Transfers are escorted with an anaesthetic consultant or higher trainee. The T&O trainees highlighted that there can be up to six hour waits for transfers from A&E at Epsom to St Helier, which included paediatric patients. They indicated that a prospective audit was being completed to investigate these waiting times and currently it appeared to be bed capacity at St Helier causing delays. The general surgery trainees stated that if patients are very sick they are blue lighted from Epsom to St Helier, which is very quick. However if patients are not recognised in A&E as being sick, transfers could be delayed. The general surgery trainees highlighted that transfers go straight to a ward on arrival at St Helier, however the trainee may not be notified for up to six hours that the patient has arrived.	Yes	Please provide a copy of the audit being completed exploring the reasons for delayed transfer times. We would like to see an action plan of how delays will be reduced.	Mandatory

		The T&O and general surgery supervisors were not aware of such waiting times.			
1	1.4	**Clinical Supervision** All trainees reported that they were well supervised by consultants. They had no issues completing WPBAs. There was no evidence of undermining found.	No		
1	1.5	**Handover** The T&O trainees felt that handover worked well, with handover notes accessible on all computers, completed by the foundation trainee at St Helier. The general surgery trainees confirmed that handover worked well within their teams, with the core surgery trainee providing continuity. The supervisors confirmed consultants are present at morning handover and most consultants will also do a ward round in the evening to see patients within 12 hours where possible The trainees commented that for laparoscopic cholecystectomy different teams will operate on the patient and then follow up post-op; they felt handover worked well for this.	No		
2	2.1	**Education Faculty** The College Tutor explained there is a local faculty group (LFG) for surgery. The general surgery trainees confirmed this and commented that there was an open environment to discuss issues. The College Tutor stated he sits on the medical education committee to feed up any surgical training issues. The MD explained that in conjunction with the St Helier MD, she represents education and governance at the Trust board. The lead provider for T&O, on the visit panel, highlighted that they should receive a copy of the LFG minutes and that he would confirm with the Trust who these should be sent to. The visit team discussed the new format of the pan London specialty advisory groups for each surgical specialty and confirmed that the Trust should ensure representation at these meetings.	No		
6	6.1	**Induction** All trainees had received a suitable Trust and departmental induction. The general	No		

		surgery trainees commented that the receiving of ID badges was particularly efficient.			
6	6.2	**Cross site working** The T&O trainees reported difficulties working across two sites, as they may only be timetabled to be at St Helier two days a week and relied on the foundation and core trainees at St Helier to check their inpatients daily. The general surgery trainees highlighted that they worked across Epsom Hospital, St Helier Hospital, Sutton and Chertsey. Some trainees reported completing a clinic at Epsom in the morning and a clinic at St Helier on the same day or completing a theatre list in Chertsey in the morning and a clinic at St Helier in the afternoon. They felt this resulted in a loss of work continuity due to travelling between sites. They reported that parking is very difficult and the shuttle bus journey was lengthy, which the supervisors agreed with. The general surgery supervisors acknowledged the difficulties with trainees working across multiple sites and agreed that completing clinics on two sites on the same day was not good for training and this would be resolved. However, they felt that trainees should be able to complete work across sites on the same day for some commitments.	Yes	The school of surgery recommends that trainees do not travel between sites during the day. Please provide trainees timetables, evidencing that this is minimal.	Mandatory
Trauma and Orthopaedic Findings					
5	5.1	**Operating experience** All trainees confirmed they were able to attend a minimum of four, half day theatre lists per week and that they well supervised by consultants in theatre. The trainees indicated that they felt the posts at Epsom and St Helier may not contribute sufficiently to achieving the required arthroplasty numbers (40 hip and 40 knee replacements) required by the curriculum, although they felt this may improve towards the end of the post. The supervisors felt that these procedures were available to trainees and any concerns about achieving numbers should be discussed between the trainer and trainee. A post CCT shoulder fellow explained that the majority of time he is supervised in theatre and clinics, and that he was not working independently as a junior consultant. Within theatre he would complete the larger end of the operation, with the higher trainees	Yes	The Shoulder Fellow and the Hip Fellow must not diminish the experience of the trainees. Ideally they should be in the operating theatre with more junior ST trainees to share the training levels of the cases. Please report how this is ensured.	Recommendation

		completing more basic procedures. The supervisors did not feel there was competition between the trainees and fellow as the procedures could not be completed with only one trainee assisting and the trainees would swap as first surgeon. The visit team learnt that a hip fellow post was not filled currently. The non-training grades explained that their posts included purely elective work. They only completed a trauma list every two weeks, to allow NTN trainees to gain trauma experience. The visit team heard from the surgical management team and trainees that there are full day trauma lists Monday-Saturday, with a half day list on Sundays, for which there is sufficient amount of trauma available.			
5	5.2	**Clinics** Trainees indicated that clinics had good consultant supervision and they were able to see new patients. If a consultant was on leave, another consultant would provide cover or the consultants follow up list would be reduced. Trainees reported that they may see new patients when a consultant is away, and these would be discussed on their return. The supervisors discussed that they were considering how to reduce the cover at fracture clinics on both sites (currently led by a consultant with two trainees), as the demand on new patients was ever increasing.	No		
6	6.1	**Trauma and metal work meetings** The management team explained that there is a trauma meeting on the St Helier site every morning, at which there is consultant presence, including the ortho-geriatrician. The trainees confirmed that the one hour meeting would normally have up to five consultants and the junior trainees present. The trainees stated that they attended the meeting if based or on-call at St Helier; if they were on the Epsom site they would not participate in the meeting. The visit team discussed with the supervisors the possibility of a video link for the trauma meeting. The supervisors explained this had been tried but did not work effectively. There is no trauma meeting at Epsom Hospital, as there is no trauma take. However, the visit team heard that a meeting is held at Epsom Hospital on Thursdays with Mr Cobb,	Yes	A weekly metal work meeting should be organised to provide trainees with this valuable learning experience.	Recommendation

		reviewing x-rays with trainees from his firm, which is a training meeting. The trainees and supervisors confirmed there is no formal metal work meeting for all trainees to attend.			
6	6.2	**Teaching and research** The trainees were able to attend teaching sessions and found them to be very good. The visit team heard from the trainees and supervisors that the year's teaching days had been set, with identified cover, although cover could be difficult if a non-training grade was on leave. The trainees and non-training grades also discussed that a journal club is available and teaching has been set up on Fridays for exam preparation. Some trainees had time identified in their timetables to complete research and audits, but others used their half day off or completed this in ward rounds that they were not required for. Not all trainees had completed two research papers which is now a curriculum requirement for CCT.	Yes	Audit and research projects should be discussed as part of the initial educational meeting with the AES. Please provide evidence that this message has been distributed to all educational supervisors.	Recommendation
6	6.3	**Consultant body** The visit team heard from the trainees and non-training grades that they have apprenticeship style training, with the majority working for one consultant. The supervisors discussed that there are several business plans being developed to expand the consultant body, but that capacity was an issue for these plans. They were focusing on one sub-specialty at a time and currently were considering hand and spine services. Currently the consultant body do not run a consultant of the week system as the consultants feel that the current model works well and they are able to regularly complete trauma work. They highlighted that a consultant is still available on site at St Helier all day.	Yes	The consultant body should consider a consultant of the week system. Please provide an update regarding this.	Recommendation
General Surgery Findings					
1	1.1	**Incident reporting** The trainees were aware how to submit incident reports, however were unclear what	Yes	As per the Trust wide review	Mandatory

		action was taken once they were submitted and did not receive feedback. A trainee had recently completed an incident report as two patients were unable to have operations due to having no notes. The DME highlighted that the Trust will have an electronic incident reporting system in 2014, which should improve the current situation. The postgraduate team have an internal system to alert them if a trainee has been involved in a serious incident and all serious incidents are investigated. Although the trainees were aware that incidents were discussed within mortality and morbidity (M&M) meetings, which occurred every two months, this had not happened successfully since they had started in post. The supervisors felt the M&M discussions, which are held as part of the audit meeting, could be improved and they would look at this internally, as management were not involved with arranging these meetings. They also highlighted that an emergency radiology meeting is held on Monday lunch times where incidents are also discussed.	Yes	requirements serious incident reporting should be encouraged and facilitated with online Datix reporting and feedback on investigation of incidents. This will be monitored through the TWR action plan The M&M meeting should be a useful forum to discuss incidents and actions/solutions. Please provide a format for future M&M meetings.	Recommendation
1	1.2	**Radiology requests** The trainees highlighted that at St Helier, out of hours radiology requests must be completed consultant to consultant, which the trainees found frustrating as the process took a long time. However, they had never been refused a CT scan. They stated that reports changed in the morning and accurate reports could depend on the radiologist on-call. They often found the specialist radiologist in the morning to confirm the report. The supervisors indicated that if a head injury is admitted at night, a consultant to consultant request for a head scan is not required. However abdominal requests do require consultant involvement. They agreed that the process is lengthy and at weekends they can discuss up to ten patients who need ultrasounds. However, they highlighted that patients are not refused CT scans and the process prevents trainee's ordering scans when not required. They commented that they have a good relationship with the radiology department.	Yes	This process should be reviewed and audited. Please provide results.	Recommendation
1	1.3	**ITU** The trainees and supervisors explained that referrals to ITU were consultant to consultant. The trainees felt this led to a long and unnecessary process of discussions	Yes	As per the Trust wide review requirements the Trust must explore	Mandatory

		between trainees and consultants before the patient was moved; however they did not feel this impacted on the patient's care. The supervisors highlighted that it was rare that patients required transfer to St Helier for intensive care as the HDU at Epsom was good. The trainees commented that some ITU and anaesthetics staff did not talk to each other, which they had not experienced in other Trusts. The supervisors agreed that relationships between ITU and anaesthetics were a problem at St Helier. The DME highlighted that the medical director was aware of this issue and working on it.		the referral process within ITU and anaesthetics. This will be monitored through the TWR action plan.	
5	5.1	**Clinics** The trainees indicated that they had 1.5-2.5 clinics per week allocated on their timetables, but were completing occasional extra clinics. The trainees perceived that non-clinical staff were service orientated and prioritised service over their training. The trainees explained that they were often required to provide cover for clinics at short notice. The trainees highlighted on one occasion they had been unable to attend their regional teaching due to a consultant being on leave, without the required six weeks' notice, resulting in the trainee having to provide cover to the clinic. They felt that the clinics were not well organised to provide cover. They highlighted that when they speak to their consultants about not covering a clinic they are supported with this decision, which the supervisors confirmed. The supervisors felt there may also sometimes be issues with trainees swapping their on call and not making sufficient arrangements for clinics to be covered, requiring last minute arrangements. The supervisors explained it would be difficult to run the clinic service without trainee involvement, as the department was currently short of three consultants.	Yes Yes	The school of surgery policy is that trainees complete a maximum of two clinics per week. Please send trainee's timetables as evidence of this. Clinics must be appropriately cancelled if cover is not available, please provide the policy for this. Consultant appointments should be expedited as the service cannot rely on trainees when appointments are appropriate.	Mandatory Mandatory
5	5.2	**Operating experience** The trainees reported that they were timetabled for between two, half day lists to three half day lists. None of the trainees were achieving the required four, half day lists as per the School of Surgery requirements. There is one non-training grade within the department, so competition for theatre experience should not be present.	Yes	The School of Surgery's policy is that all trainees should have access to a minimum of four half-day operating lists. Please provide trainees	Mandatory

		The colorectal and HPB trainees were attending endoscopy lists in addition to their theatre lists. This was completed with a JAG accredited consultants or endoscopists and the trainee was working towards JAG accreditation. The trainees confirmed there is an all-day CEPOD list shared with gynaecology and urology and that orthopaedics have their own CEPOD list. The trainees and supervisors confirmed that MDT meetings occur weekly, but the trainees felt that these were mainly service orientated.		timetables as evidence of this.	
6	6.1	**Rota** The trainees explained that there are three teams, A, B and C and that consultants and trainees are aligned to each team, providing on-call on a four and three day basis. Trainees were non-resident at night, although rooms were provided if required. They received a half day off every other week to comply with EWTD arrangements. The trainees were very happy with the on-call arrangements and as there was very little operating conducted overnight they did not feel they were losing these opportunities. The trainees were unclear how and by whom the allocation of their next post was being organised. The College Tutor explained that he asks the trainees for their interests and gives them a choice in posts; he did not feel there were any major issues with this. The College Tutor highlighted that this was the first time the department had received the full complement of eight NTN trainees. Normally they received six or seven trainees and supplemented the remaining posts with associate specialists. He commented that it was a problem when they could not retain the good associate specialists due to the fluctuating numbers of trainees each year.	No		

Good Practice	Contact	Brief for Sharing	Date

Other Actions (including actions to be taken by the Shared Services)

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Requirement	Responsibility

Information and reports provided to the team prior to the visit							
DME Annual Report	*No*	Regulator Reports/Data	*Yes*	LFG Reports	*No*	MEM minutes	*Yes*
GMC Survey - trainees	*Yes*	GMC Survey - trainers	*No*	Previous visit reports & action plans	*Yes*		
PVQs - trainees	*No*	PVQs - trainers	*No*	Result of school survey	*No*		

Signed	
By the Lead Visitor on behalf of the Visiting Team:	*Prof Nigel Standfield*
Date:	*20th February 2014*