

Epsom and St Helier University Hospitals NHS Trust Foundation Risk-based Review



Quality Review report

Date: 07 June 2016

Final Report

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Quality Review details

Background to review	<p>The visit was planned as part of a tri-annual review of foundation training at Epsom and St Helier University Hospitals NHS Trust.</p> <p>The visit team wished to review the training experience in particular of foundation trainees within the acute medical unit and the training and supervision provided to trainees on the dementia unit.</p> <p>In the GMC National Training Survey 2015 there were four red outliers within foundation. These were 'clinical supervision' for F2 emergency medicine, 'workload' for F2 medicine, 'supportive environment' for F2 paediatrics and child health and 'overall satisfaction' for F1 surgery.</p>
Specialties / grades reviewed	<p>Foundation year one Foundation year two</p>
Number of trainees and trainers from each specialty	<p>The visit team first met with the foundation year one and two training programme director, foundation psychiatry training programme director, medical education manager and foundation coordinator.</p> <p>The visit team met with 28 foundation year one (F1) trainees within community, medicine and surgery and 12 foundation year two (F2) trainees across the Trust.</p> <p>The visit team met with 11 educational supervisors at Epsom Hospital. The visit team met with 15 educational supervisors at St Helier Hospital.</p>
Review summary and outcomes	<p>The visit team would like to thank the Trust for organising the visit.</p> <p>The visit team heard a serious concern at the visit however an Immediate Mandatory Requirement was not issued:</p> <ul style="list-style-type: none"> • The visit team heard that the gastroenterology medical outlier ward workload was excessive, trainees reported that clinical supervision was sub-optimal and there was not suitable handover which resulted in patients being lost and not being reviewed in a timely basis. <p>The visit team heard of the following areas that were working well</p> <ul style="list-style-type: none"> • All the foundation doctors at the Trust would recommend the Trust. • The visit team heard that the majority of the consultant body was supportive and approachable. • The F2 TPD undertook a deep-dive into F2 community placements and provided a useful insight for the visit team. • The visit team heard that the respiratory, urology and geriatrics departmental teaching at Epsom Hospital and respiratory, renal, geriatrics, urology, palliative care and all psychiatry posts at St Helier Hospital was very good. • The visit team heard the spreadsheet sent out regarding each trainee's educational programme worked well. • The visit team was pleased to hear that no F1s at the Trust had been asked to site mark or prescribe cytotoxics. • The development of the foundation trainees through education liaison posts and clinical governance forums was very positive and should be supported further. • The trainees were universal in their praise for fantastic support for microbiology department.

	<ul style="list-style-type: none"> The trainees reported that the clinical supervision and formal educational programme within the emergency department was excellent. <p>The visit team heard of the following areas for improvement:</p> <ul style="list-style-type: none"> The visit team was disappointed with the lack of turnout of F2s at Epsom Hospital and the trainees should have been released to meet the visit team and this should have been communicated to all trainees and departments with sufficient notice prior to the visit. The Trust was to review all educational supervisors' portfolios to ensure that these are completed in time for 31 July 2016 to register for the GMC registration. The Trust was to carry out further work relating to the phlebotomy service at Epsom Hospital and notification to wards and trainees if the phlebotomy service will not be available that day. The visit team heard of occasions when trainees were not informed until 3pm on a Friday which was too short notice. There was no cross-site video link/conferencing for foundation specific teaching to ensure trainees do not have to travel cross-site for foundation specific teaching. The visit team heard that there was a limited amount of nursing staff within the AMU at Epsom Hospital and foundation doctors had to undertake some educationally inappropriate activities. The visit team was concerned about the medical on-call rota for foundation trainees at Epsom Hospital as the trainees were working very long on-call day stretches and were missing out on educational activities such as teaching. The visit team heard that there was no formal teaching programme within general surgery and the clinical supervision offered within the department was variable and at times of an unacceptable standard. The medicine morning handover at St Helier Hospital did not seem to take place within a formal mechanism.
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Educational overview – summary of meeting with Foundation Training Programme Directors

The foundation year two training programme director (F2 TPD) gave a presentation on the community placements which the trainees undertook whilst at the Trust.

The visit team heard that the psychiatry rotation worked best when there was a combination of community and liaison as this resulted in trainees seeing general medical issues within liaison or inpatient wards. The F2 TPD reported that the trainees worried that they would not be able to maintain their acute skills whilst in a psychiatry rotation.

The visit team was informed that the Trust was going to work on improvements within rotations such as local teaching, shared learning between acute and mental health Trusts and the breadth of experience within the rotation as some rotations were rated excellent and others rated poorly by the trainees.

The F2 TPD had recently undertaken a deep-dive within the general practice (GP) rotations during the F2s second rotation. The F2 TPD commented that the expectations from the F2 trainee and the GP practice need to be clearer to all. The visit team was informed that the F2 trainees felt they were filling service gaps, receptionists changed length of slots before the trainee was ready, the working day was too long and there were concerns regarding the supervision of trainees.

The visit team heard that trainees had been asked on GP rotations to review unsuitable patients, carry out the same paperwork as qualified GPs and that some trainees had been undertaking solo visits to review patients and ward rounds in a dementia home next to the GP practice. The F2 TPD had raised this with the GP associate directors and one GP practice was removed from the F2 GP rotations due to concerns. The F2 TPD reported that the Trust will work closely with GP practices to address expectations, appropriateness of workloads,

improved links to the Trust and improvements regarding trainee supervision and the supervisory role.

The foundation year one training programme director (F1 TPD) gave a presentation on effective strategies and areas which required further improvement.

The visit team heard that the F1 TPD sent the F1 trainees an ARCP progress excel spreadsheet which tracked whether the trainees had met with their educational supervisors and set requirements the trainees needed to meet. This was utilised to pick up on issues or areas which require further development for each F1. The Trust won the most accessed Dr Toolbox website page in 2015. The F1 TPD regularly received feedback from the F1 trainees at the end of their rotation and placements; this would then be anonymised and shared with clinical leads to further develop rotations. The visit team heard that following F1 feedback the Trust was carrying out work on ensuring F1 trainees attended a minimum of one clinic per month to increase their clinic exposure.

The F1 TPD reported the following areas for improvement. The engagement of the surgery department within education was improving but required further work. The F1 trainees did not receive the results or improvements required for the prescribing assessment for some time. The F1 TPD commented that they had produced a prescribing assessment guide with the pharmacy team to improve this by having a lead pharmacist to deliver the marking and feedback.

The F2 TPD reported that F2 trainees should not be carrying out home visits whilst on GP rotation unless they were accompanied.

The F1 TPD reported that the ARCP progress spreadsheet was sent out two weeks before and after the end of the placement.

The visiting team heard that the GP trainees did not have similar issues to the F2 trainees. The issue relating to supervision was due to the GP trainees supervising the F2 trainee which was not suitable as they were not fully assessed and may not be able to suitably support the F2 trainees.

The visit team was informed that all F2 trainees were released to attend their foundation teaching every Wednesday morning. The F2 TPD would contact the F2 trainees if they did not attend.

The medical education manager stated that the Trust had started the exercise of reviewing the educational supervisors' job plans. The visit team heard that not all educational supervisors had completed their educational portfolio and the postgraduate medical education team were following up on this to ensure compliance as they were aware of the requirement to be fully compliant by 31 July 2016 for GMC registration.

The F1 TPD and F2 TPD reported that the local faculty groups (LFG) were separate and covered both sites. The trainee representatives were all invited to attend and collated feedback prior to the meeting. The trainee representatives would circulate the outcomes of the LFGs to the F1 and F2 trainees.

Quality Review Team

Lead Visitor	Dr Mark Cottee, Associate Director of South Thames Foundation School	External Representative	Dr Gillian Park, Foundation Training Programme Director, London North West Healthcare NHS Trust
Lay Member	Kate Rivett, Lay Representative	Trainee Representative	Dr Sameer Zaman, Trainee Representative
Scribe	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
F1.1	<p>Patient safety</p> <p>The foundation trainees reported that at St Helier Hospital patients would be moved at inappropriate times to a new ward and this ward would not be aware the patient was there until much later. The visit team heard that it was a regular occurrence that patients were moved at 4am, these patients could be unwell and may then be missed at the new ward until there was a ward round or review of patients. The visit team was informed this was common within medicine however, rarely happened within surgery. The foundation year one (F1) trainees reported that the movement of patients was not always completed within the patient tracking system (clinical manager) which resulted in patients being lost.</p> <p>The visit team was informed that when an F1 trainee was on-call they were called to a care of the elderly Alexandra ward twice within two hours due to patient falls as there was not enough nursing staff to support the patients.</p> <p>The visit team was informed that the gastroenterology medical outlier's ward at St Helier Hospital hosted all medical outlier patients. The foundation trainees reported that there was no cap on the amount of patients within the ward and the trainees had little support to care for all the patients. Due to this, there was limited clinical supervision for the trainees and no formalised handover which had resulted in patients being lost and then not being reviewed in a timely fashion.</p>	Yes, see F1.1 below
F1.2	<p>Serious incidents and professional duty of candour</p> <p>The F1 trainees at Epsom Hospital reported that they were informed at induction how to complete a Datix report.</p> <p>The foundation year two (F2) trainees at St Helier Hospital commented that serious incident reporting was covered at induction. The visit team heard that the trainees would be informed if an incident had taken place on the ward.</p> <p>The visit team heard that a foundation trainee sat on the incident panel which was an open forum and the trainee was asked their opinion on outcomes from incidents.</p>	
F1.3	<p>Appropriate level of clinical supervision</p> <p>The visit team was informed that the higher trainee on the acute medical unit (AMU) at Epsom Hospital provided excellent support to the trainees and was always available to answer questions.</p> <p>The visit team heard that the F2 trainees with the emergency department never felt out of their depth and support and supervision was always available.</p>	

	<p>The visit team was informed that the supervision on the shop floor within the emergency department (ED) depended on the consultants on the rota as some were more visible than others. The F2 trainees reported that most consultants were happy to review patients and support the trainees. The F2 trainees stated that they were never alone in resus unless they wanted to be and even when this happened they would not be alone as there was always distant supervision.</p> <p>The F1 trainees in respiratory at St Helier Hospital reported that they had carried out two ward rounds alone over their four month rotation. The F1 trainees reported that the consultant would come if they were required.</p> <p>The visit team heard that the AMU at St Helier Hospital also covered ambulatory care and that a foundation trainee would often be left alone to review patients referred by a GP. The visit team heard that the higher trainee did not work within ambulatory care and that the consultant would not be visible or easily contactable for advice. The visit team was informed that at Epsom Hospital the ambulatory care unit was led by a medical consultant. The visit team was informed that a nurse would also be present within ambulatory care to take bloods. The trainees reported that they would not discharge a patient they were unsure about without the consultant reviewing them.</p> <p>The educational supervisors commented that the trainees within community rotations were in regular contact with their clinical supervisor and the clinical supervisor and educational supervisors would keep in contact regarding the trainee's development.</p>	<p>Yes, see F1.3 below</p>
<p>F1.4</p>	<p>Responsibilities for patient care appropriate for stage of education and training</p> <p>The F1 trainees reported that for the past two days on the AMU there had only been two core trainees available which made the workload unmanageable. The F1 trainees stated that as they were struggling with the workload and this would be so much harder for the first rotation and would not be suitable. The visit team was informed that the ward rounds on the AMU could sometimes be rushed to ensure they were finished in time for the multi-disciplinary team (MDT) meeting. The F1 trainees commented that at the board rounds they could be asked to undertake tasks that they were not comfortable with such as having reviewed a patient once and not knowing the full medical history being asked to discharge the patient and the F1 trainees feeling they were not in a position to make this decision.</p> <p>The visit team heard that trainees within the AMU at Epsom Hospital often had to carry out their tasks and that of the nurses. The F1 trainees reported that the skill mix of the nursing staff was variable and there was a lack of nursing support. The visit team heard from the educational supervisors that they did not feel they had to undertake nursing tasks such as electrocardiograms (ECG) and taking of bloods.</p> <p>The F1 trainees reported that within the AMU at Epsom Hospital they could be left alone to carry out a ward round with a core trainee. The F1 trainees commented that there was usually one or two consultants covering up to 44 patients and they would only review the very sick patients or post-take ward round. The visit team heard that when the higher trainee was not in the department the F1 trainees would not be clear on whom they could escalate concerns too.</p> <p>The F1 trainees at Epsom Hospital stated that they had issues with the phlebotomy service due to them not being informed until late in the day on Fridays that they would not be coming to the ward. The F1 trainees reported that this was becoming more common. The visit team was informed that blood results would also be delayed and would not come back till around 7pm which impacted on patient safety and trainees have raised a Datix report regarding this. The educational supervisors commented that they were aware of the delayed phlebotomy results and this had been raised with the pathology lead. The visit team was informed that the phlebotomy service was funded throughout winter however they had now lost this funding and had issues recruiting into the service to provide enough cover. The educational supervisors stated that there was no formal system to alert the wards that the phlebotomist would not be attending.</p>	<p>Yes, see F1.4a below</p> <p>Yes, see F1.4b below</p> <p>Yes, see F1.4c below</p>

F1.6	<p>Handover</p> <p>The F1 trainees at Epsom Hospital reported that the 8am and 8pm surgical handover worked well and all relevant staff were present for the handover.</p> <p>The F1 trainees at Epsom Hospital commented that the morning medical handover was variably attended by the on-call team and the trainees could be waiting for people to arrive.</p> <p>The visit team heard that St Helier Hospital had an improved culture of medical handover in the evening whereas at Epsom Hospital it felt more ad-hoc. The F1 trainees indicated that they were not informed if a medical patient went off overnight at St Helier Hospital as there was no morning medical handover</p> <p>The visit team was informed that the Epsom Hospital grand round worked well and the F1 trainees found it beneficial.</p> <p>The F1 trainees within surgery at St Helier Hospital informed the visit team that the morning handover was informal although the evening handover worked well and all staff attended.</p> <p>The F1 trainees within medicine at St Helier Hospital informed the visit team that the morning handover did not regularly take place and was very informal.</p> <p>The F2 trainees within general surgery at St Helier Hospital reported that the morning handover worked well however the evening handover was informal.</p> <p>The F2 trainees within medicine at St Helier Hospital reported that the evening handover worked well however there was no phone within the handover room so trainees could not answer urgent bleep calls.</p> <p>The visit team heard that the AMU handover did not work well and there would often be no handover. The visit team was informed that sometimes the consultant would review the patients clerked overnight.</p> <p>The F2 trainees within renal commented that the morning handover took place at 8am in a booked room and then the ward round is carried out with all staff. The evening handover was less formal but all staff was present.</p> <p>The F2 trainees within medicine at Epsom Hospital reported that a representative from each sub-specialty would attend the medical morning handover.</p>	Yes, see F1.6 below
F1.7	<p>Protected time for learning and organised educational sessions</p> <p>The F1 trainees reported that the support from the educational and clinical supervisors varied but most were fairly good and assisted trainees with the required curriculum sign offs.</p>	
F1.8	<p>Access to simulation-based training opportunities</p> <p>The F1 trainees reported that the simulation day at Epsom Hospital worked well.</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.

F2.1	<p>Impact of service design on learners</p> <p>The foundation trainees across the Trust reported that the consultant body was predominantly approachable.</p> <p>The trainees were universal in their praise for fantastic support for microbiology department.</p> <p>The visit team heard that the psychiatry rotations worked well and the trainees enjoyed the rotations and mix of the community and acute work.</p> <p>The F1 trainees at Epsom Hospital commented that they would all recommend the Trust however not the AMU rotation.</p> <p>The visit team heard that the respiratory team at Epsom Hospital and geriatrics team at St Helier Hospital were good and the consultants would actively involve the trainees and encourage them to get a broad experience.</p>	
F2.2	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The visit team heard that the F1 TPD was accessible to all F1 trainees, was proactive in looking into issues and facilitating discussions. The visit team heard that the F1 TPD would regularly attend their weekly foundation teaching to ask if the F1 trainees had any concerns to raise.</p> <p>The foundation trainees commented that they would provide feedback to the foundation representatives via email, WhatsApp group or in person.</p> <p>The visit team heard that the foundation trainees across the Trust did not all receive the minutes of the LFG meetings although the foundation representatives would feedback on the meeting.</p> <p>The visit team was informed there was little opportunity for the F1 and F2 trainees to interact unless they worked together.</p> <p>The educational supervisors commented that the LFG dates were communicated to the foundation trainees via the trainee representatives.</p> <p>The F1 trainees reported that if they needed to raise concerns they would contact their educational supervisor.</p>	Yes, F2.1

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.

F3.1	<p>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</p> <p>The F1 trainees at Epsom Hospital commented that they had the option to have a taster week which would be taken out of their F2 year. The Trust also provided teaching on specialty applications and careers workshops.</p> <p>The visit team heard that there had been limited careers guidance for the F2 trainees at the Trust.</p> <p>The educational supervisors commented that they provided good pastoral support to foundation trainees to manage expectations of their foundation training and to ensure they felt supported and listened too. The visit team heard that all departments ensured senior support was available to the foundation trainees.</p> <p>The F2 trainees at St Helier hospital reported that they had not been provided with opportunities for taster days or weeks.</p>	Yes, see F3.2 below
F3.2	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The F1 and F2 trainees across the Trust reported that the majority of trainees had not experience bullying or undermining behaviours however the visit team heard there was some undermining behaviour within general surgery. The foundation trainees reported that this was ingrained into the department due to the hierarchical way of working.</p>	
F3.4	<p>Access to study leave</p> <p>The visit team was informed that if trainees had problems with accessing study leave they would contact the postgraduate medical education team who would contact the rota coordinators. The trainees would prefer clearer lines of communications between themselves and the rota coordinators for organising study leave and annual leave.</p>	

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.

F4.1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>The educational supervisors commented that the structure of reminding them to completed educational activity for their portfolio was not as robust and required educational supervisors to self-direct themselves to complete the educational activity.</p> <p>The educational supervisors felt it would be beneficial to include the educational portfolio within the yearly appraisal.</p>	
F4.2	<p>Sufficient time in educators' job plans to meet educational responsibilities</p> <p>The educational supervisors stated that they all had two supporting professional</p>	

	activity's (SPA) within their contract which was to be used for educational responsibilities. The visit team was informed that no-one checked if all the educational supervisors were fulfilling their educational responsibilities.	
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.		
F5.1	<p>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</p> <p>The visit team was informed that the F1 weekly teaching took place on a Tuesday afternoon and the standard of the teaching was of variable quality. The F2 weekly teaching took place on a Wednesday morning. The visit team heard that the weekly teaching was not bleep-free. The foundation trainees at Epsom Hospital commented that there was no video conferencing available for the foundation weekly teaching which took place at St Helier Hospital.</p> <p>The visit team heard that the quality of the F1 weekly teaching could be improved so that it focused more on the curriculum rather than prolonged inductions, commissioning for quality and innovation (CQUIN) and acute kidney injury (AKI). The F1 trainees commented that the foundation teaching was delivered by consultants from different specialties. The F1 trainees had nominated an educational liaison to feedback on teaching to the F1 TPD and postgraduate medical education (PGME) through feedback forms and within LFGs.</p> <p>The F1 trainees reported that since their annual review of competence progression (ARCP) they had not had any foundation weekly teaching and they would appreciate continuation of this teaching.</p> <p>The educational supervisors commented that the F1 trainees were concerned that teaching had stopped since ARCP and that last year post-ARCPs no trainees attended teaching so the F1 TPD did not make any plans. The F1 TPD would now contact the F1 trainees regarding what they would like to cover and had arranged chest drain teaching.</p> <p>The visit team heard that at St Helier Hospital the renal departmental teaching was informative and beneficial to training.</p> <p>The visit team heard that at Epsom Hospital there was a good culture of teaching with medicine. Respiratory and care of the elderly had departmental teaching once a week and journal club. The trauma and orthopaedic surgery (T&O) department at St Helier Hospital morning trauma meeting was beneficial to trainees.</p> <p>The educational supervisor within AMU reported that the F1 trainees had Monday lunchtime local teaching, journal club meeting and Wednesday lunchtime meeting with radiology when cases were presented and discussed.</p> <p>The F1 trainees within geriatrics, diabetes and endocrinology and trauma and orthopaedic surgery at St Helier Hospital reported that they had access to local teaching, ward rounds and ortho-geriatrics teaching. The F1 trainees were encouraged to take part in audits and presentations.</p> <p>The F1 trainees reported that the palliative care rotation worked well the trainees had regular teaching each week and journal clubs.</p> <p>The F1 trainees reported that the weekly teaching could be hard to attend due to the rota, trainees who were on call would struggle to attend teaching the visit team heard this was mainly an issue for the trainees within the medicine rotation.</p>	Yes, see F5.1 below

	<p>The visit team heard that at St Helier Hospital the renal departmental teaching was informative and beneficial to training.</p> <p>The F1 trainees commented that the teaching within general surgery was variable, if the department was busy then there would be limited teaching available as the focus was on service provision. The visit team heard there was a meeting with the consultants and radiologist the F1 trainees could attend however this was not targeted so did not provide educational opportunities.</p> <p>The F2 trainees within ED reported that the foundation teaching was excellent and the ED ensured trainees could attend all teaching. The visit team heard that the ED departmental teaching was useful and took place prior to weekly foundation teaching.</p> <p>The F1 trainees within general surgery, gastroenterology and AMU at St Helier Hospital stated that there was limited departmental teaching.</p> <p>The F2 trainees within the community commented that they had protected teaching time and were expected to attend weekly foundation teaching and two GP practices' had linked up to provide GP teaching for the trainees.</p> <p>The visit team heard from the F2 trainees who had been in the community on a GP placement that it was improving but there was still some way to go with some GP practices. The F2 trainees reported that they felt service provision focused, they were not given feedback, patients were not reviewed at the end of clinic and they were expected to do solo home visits. The F2 trainees reported that when they felt out of their depth they did raise this; the trainees commented they raised concerns regularly. The visit team was informed that the underlying concerns came from the lack of the GP practices to recruit and instead of addressing the issue they relied on F2 trainees to fill service gaps.</p>	<p>Yes, see F5.1b below</p> <p>Yes, see F5.1c below</p>
<p>F5.2</p>	<p>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</p> <p>The visit team heard that the F1 trainees within surgery were able to attend theatre and this was scheduled. This was easier at Epsom Hospital as the operations were all electives and trainees were encouraged to attend by consultants who would provide valuable teaching.</p> <p>The visit team heard that the community psychiatry rotation at Springfield Hospital with general surgery on-call worked well and the F1 trainees were positive about this rotation. The F1 trainees felt this rotation did not de-skill them as they undertook ward rounds.</p> <p>The F1 trainees reported that they would like access to more practical skills such as chest drains, hands on training and non-invasive ventilation (NIV). The visit team heard that there was no WiFi at the Trust which limited the activity the trainees could take part in.</p> <p>The F2 trainees within ED reported that the paediatric consultant would review paediatric patients with trainees. The visit team heard that the F2 trainees did not get many opportunities work in the urgent care centre. The F2 trainees would appreciate having this added onto the rota.</p>	

Good Practice and Requirements

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
F1.1	The Trust is to review the workload on the gastroenterology outlier's ward to ensure it is suitable for foundation trainees and that appropriate supervision is always available. In addition, a review is required of the movement of patients across the outlying wards to ensure no patients are left without clinical review.	<p>The Trust is required to review and audit the workload of the gastroenterology outlier's ward and the availability of staff to cover this ward and that no patients are left without clinical review.</p> <p>Following the review the trainees should meet with the TPD to ensure the workload is appropriate and report back to HEE.</p> <p>This should also be monitored via the foundation and gastroenterology LFG as a standing agenda item and minutes of these meetings should be submitted.</p>	R1.7, R1.8
F1.3	The Trust must ensure that the cover arrangements for the ambulatory care service are understood by all staff working in the department and clear communications relating to this should be sent regularly to wards and all trainees. This should also be included within the local induction.	<p>The Trust is required to ensure that all staff within ambulatory care are aware who is on the rota and how to contact them if required.</p> <p>A copy of the local induction is to be provided and should be reviewed by the TPD. This item should be discussed at the LFG and minutes of these meetings should be submitted.</p>	R1.7, R1.12
F1.4a	The Trust is to review the activities of foundation trainees within the AMU to ensure they are appropriate to their education and training.	The Trust is required to review the activities of foundation trainees within the AMU. Once the AMU has identified educationally unsuitable activities an action plan and timeline of how these will be managed should be submitted.	R1.9, R1.10
F1.4b	The Trust is to review the pathways for escalation and how foundation trainees can seek advice and support within the AMU.	<p>The Trust is required to review the escalation pathways within AMU. The Trust should ensure the pathways are robust and amend the pathways as necessary.</p> <p>Please provide a copy of the escalation pathways within AMU.</p>	R1.6
F1.4c	The Trust is to review the phlebotomy service notifications when they will be not attending the ward and ensuring this is communicated to the ward and all staff including trainees.	The Trust is required to work with the phlebotomy e-service to agree a new process and way of working to ensure suitable notification is provided to the wards. Once this has been implemented please monitor this via LFGs and provide evidence of these minutes.	R1.7
F1.5a	The Trust is to review the foundation year one medicine on-call rota at Epsom Hospital to ensure it is not detrimental to education and training.	<p>The Trust is required to review the foundation year one medical on-call rota alongside the trainees to agree an action plan.</p> <p>This should also be monitored via the foundation LFG as a standing agenda item and minutes of these meetings</p>	R1.12

		should be submitted.	
F1.5b	The Trust is to ensure that all foundation trainees are released from the rota to attend foundation teaching each week.	<p>The Trust is required to introduce a register of attendance where low attendance rates by department are discussed at LFGs.</p> <p>Departments with poor attendance must be informed of their responsibilities to trainees. Results to be reported back to HEE.</p>	R1.12, R1.16, R1.19
F1.6	The Trust is to review the medicine and surgery handovers at Epsom Hospital and St Helier Hospital to ensure that handovers are taking place at a specified time and place, morning and evening and all relevant staff attend.	<p>The Trust is required to introduce effective handovers, which happen at the same time each day, is protected, with consultant presence.</p> <p>Please notify HEE of the planned handover arrangements to be forwarded to HEE.</p> <p>This should also be monitored via the foundation LFG as a standing agenda item and minutes of these meetings should be submitted.</p>	R1.14
F5.1b	The Trust is to develop and implement a departmental teaching programme within general surgery across both sites.	<p>The Trust is required to develop a weekly teaching programme appropriate for all levels of trainees within general surgery. All trainees should be able to attend weekly teaching when they are in the department.</p> <p>The programme should be forwarded to HEE.</p> <p>This should also be monitored via the foundation LFG as a standing agenda item and minutes of these meetings should be submitted.</p>	R5.9
F5.1c	The Trust is to ensure that foundation trainees are receiving appropriate and regular departmental teaching within gastroenterology and AMU at St Helier Hospital.	<p>The Trust is required to develop a weekly teaching programme appropriate for all levels of trainees within gastroenterology and AMU. All trainees should be able to attend weekly teaching when they are in the department.</p> <p>The programme should be forwarded to HEE.</p> <p>This should also be monitored via the foundation LFG as a standing agenda item and minutes of these meetings should be submitted.</p>	R5.9

Recommendations			
Req. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
F2.2	The Trust is to circulate the LFG minutes to all foundation trainees.	The Trust should circulate LFG minutes to all foundation trainees and evidence this through LFGs.	R2.7
F3.2	The Trust is to develop taster days and career sessions for foundation year two trainees.	The Trust should develop career planning and taster days and introduce to the regular foundation training. To be reviewed by the trainees' survey and through the foundation LFG and minutes of these meetings should be submitted.	R3.5
F5.1a	The Trust is to consider video conferencing for foundation teaching.	The Trust is to investigate using video conferencing to address many of the instances of trainees not being able to attend regular training. This should also be monitored via the foundation LFG and minutes of these meetings should be submitted.	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:	Dr Mark Cottee, Associate Director of South Thames Foundation School
Date:	27 July 2016