

School of Surgery Visit to West Hertfordshire Hospital NHS Trust Visit Report Tuesday 12th July 2016	
Deanery representatives:	<p>Mr Neville Jamieson - Head of Postgraduate School of Surgery and Associate Dean</p> <p>Mr Raaj Praseedom – Training Programme Director, General Surgery Specialist Training Committee and Regional Surgical Advisor</p> <p>Mr Steve Pryke - Training Programme Committee Chair, Trauma and Orthopaedics Specialist Training Committee</p> <p>Mr Raymond Marlborough - Regional Coordinator, The Royal College of Surgeons of England</p>
Trust representatives :	<p>Ms Katie Fisher – Chief Executive</p> <p>Ms Anna Wood – Deputy Medical Director</p> <p>Mr Howard Borkett-Jones - Director of Medical Education</p> <p>Mr Ben Rudge – Surgical Tutor</p> <p>And senior representatives from the Medical Education department, General Surgery, Urology and T&O Departments</p>
Number of trainees & grades who were met:	<p>9 Trainees were met:</p> <p>1 Core –CT1 T&O</p> <p>8 Higher – ST7 General Surgery</p> <p style="padding-left: 40px;">ST4 T&O</p> <p style="padding-left: 40px;">ST7 T&O (2)</p> <p style="padding-left: 40px;">ST8 T&O (2)</p> <p style="padding-left: 40px;">ST4 Urology</p> <p style="padding-left: 40px;">ST5 Urology</p>

Purpose of visit :
<p>In accordance with the review of the delivery of surgical training in all Trusts in the EoE, a visit was undertaken at The West Hertfordshire Hospital NHS Trust on 12 July 2016.</p> <p>This visit planned by the School of Surgery provided the chance to review the delivery of both core training and higher surgical training in the various surgical specialities throughout the Trust.</p> <p>There was some discussion about the repatriation project with both the trust team and the trainees but this was not the purpose of this School QA visit and will not be addressed further in this report.</p>

Strengths:

- The trainees interviewed were happy and received adequate or more than adequate access to training opportunities
- Trainees are adequately supervised by supportive and available consultants.
- All trainees had meetings with their AES
- Trainees all reported supportive consultants who were interested in education and readily accessible.
- Particular praise was given for access to both elective and emergency operative experience and logbook development for the Urology and T&O trainees.
- Urology trainees reported good exposure the broad range of “core” urology training – Andrology, paediatrics and major cancer resectional robotic/ prostate and cystectomy procedures are not covered but this is not expected in this type of unit and is covered elsewhere in their rotations.

Areas for Development:

- All seems to be progressing well in general terms however the following areas were highlighted for improvement:
- The hospital IT system came in for universal criticism as being cumbersome and time consuming. Trainees reported difficulty with accessing some of the multiple systems in use and found the need to access multiple systems for a single patient time consuming and inefficient.
 - Staff vacancies and the attendant gaps have resulted at times in trainees having to be removed from training opportunities to fulfil service roles of limited educational value to them.
 - A difficulty has arisen at times which appears to be an admin issue with Outpatient clinics in T&O during consultant leave where new patient referrals were not being cancelled although there was only a trainee to see them – at times at locations remote from the main hospital with no consultant directly available. It is understood that this should not happen – which is correct!
 - The multisite nature of the trust has been raised as an issue creating potential difficulties previously but the practical working solutions to this seem to work well in general and indeed the presence of a separate elective site does seem to avoid a number of the issues seen elsewhere with list cancellation due to bed capacity. However one issue was raised relating to the lack of public transport links between sites and the removal of the “Shuttle” service which means special arrangements need to be made for timetabling of trainees who are not car driver/owners.
 - An issue was reported about access to newer editions of textbooks in the medical library – there had apparently been an electronic method of doing this which was reported to have been recently withdrawn.
 - The use of out dated terminology to describe on tier of doctors in training as ‘SHO’ when applied to Core trainees, FY2 doctors and trust grade doctors. This could lead to confusion about the expected level of competence of the doctor in training and concerns regarding supervision and patient and trainee safety, especially when sharing on-call commitments.

Significant concerns:

There were no areas of significant concern

Requirements:

1. A review of the rotas is undertaken to ensure that the number of gaps are minimised and 'on call' doesn't impinge of the delivery of training. The difficulty of filling rotas in the absence of suitably qualified medical practitioners is well recognised, the attempts that are being made to get over this by creating more attractive rotations for such doctors is noted. In the longer term more innovative solutions with Physicians associates and development of extended nursing roles will probably be needed.
2. The IT issues at the trust need to be addressed.
3. Please clarify arrangements for travel of non-drivers between sites.
4. Please put robust mechanisms in place so that trainees do not cover new patient clinics in the absence of a supervising consultant.
5. Please investigate the issue in the medical library.

Recommendations:

There were no further recommendations.

Action Plan to Health Education East of England by:

An action plan is required by October 2016

Revisit:

2018

Visit Lead: Mr Neville Jamieson

Date: 13/7/16