

**School of Postgraduate Surgery Visit to  
Southend University Hospital NHS Foundation Trust  
Visit Report  
21<sup>st</sup> February 2017**

<b>HEEoE representatives:</b>	Mr Neville Jamieson - Head of EoE Postgraduate School of Surgery and Associate Dean Mr Raymond Marlborough - Regional Coordinator, The Royal College of Surgeons of England Ms Susan Agger - Senior Quality Improvement Manager HEE EoE Mr Raaj Praseedom - Training Programme Director, General Surgery Training Committee Mr Andreas Hilger - Training Programme Director, Ear, Nose and Throat Training Committee Mr Mark Bowditch - Training Programme Director, Trauma & Orthopaedic Training Committee
<b>Trust representatives :</b>	Ms Yvonne Blucher, Managing Director Mr Neil Rothnie, Medical Director Dr Henna Jaleel, Director of Medical Education Miss Emma Gray, Clinical Director Surgery Mr Sampi Mehta, Clinical Director Surgery Mr James Wright, College Tutor for Surgery Mrs Katie Palmer, Medical Education Manager Mr Martyn Barnes, Educational Lead for ENT Mr Chellapan Sivaji, Joint Educational Lead for Orthopaedics Mr Tony Greer, Joint Educational Lead for Orthopaedics Mrs Pam Barton, Posts and Placements Manager
<b>Number of trainees &amp; grades who were met:</b>	10 Trainees were met: 3 Core –CT2 (2) Vascular Surgery; Colorectal; CT1 (1) T&O 7 Higher – ST3 (1) Gen Surg; ST4 (1) T&O; ST5 (3) T&O, Gen Surg, ENT; ST7 (1) T&O; ST8 (1) General Surgery

**Purpose of visit and Background :**

In accordance with the review of the delivery of surgical training in all Trusts in the EoE, a visit was undertaken at the Southend University Hospital NHS Foundation Trust on 21st February 2017

This visit planned by the School of Surgery provided the opportunity to review the delivery of training in core and higher surgical training in the various surgical specialities throughout the Trust.

This visit was arranged as part of the normal School visiting programme but with a specific interest in some issues in T&O regarding operative trauma and elective access raised by all four HST (3 London programme / 1 EoE). The usual total of three trainees had increased to four when the EoE trainee who had been intended to replace one of the

London trainees actually became an additional trainee. The 2016 GMC Survey results analysed in a new format compared to the national figures also suggested issues in T&O with all areas analysed, apart from Clinical supervision out of hours and a supportive environment, being below the national average.

#### Strengths:

- The trainees interviewed in Core Surgery and General Surgery received valuable access to training opportunities
- Trainees are adequately supervised
- The core surgery and general surgery trainees reported helpful consultants who were keen to teach and support trainees

#### Areas for Development:

- Lack of an inclusive induction, especially in IT, for the ENT trainees working across several Trusts which had resulted in them having to attend multiple induction days as well as multiple IT induction events.
- Difficulties with travel experienced by the ENT trainees in order to attend weekly teaching and gain MDT experience
- Elective surgery access in T&O is limited for all the HST trainees– this has been attributed to the recent winter pressures and black alert status but was also noted on the 2016 GMC survey. This had been compounded by the presence of an additional trainee (from 3 to 4) which has resulted in the East of England T&O trainee being reallocated to another trust from the 1/2/17 on the suggestion of the local AES.
- Loss of opportunities to meet training needs because of the pattern of allocation of a trainee to one consultant with at times the lists and clinics being randomly distributed.
- Reconsideration of the use of SAS doctors so as to focus training opportunities on the trainees – particularly regards indicative cases in both trauma and arthroplasty
- Clinics particularly trauma clinics were often unsupervised or distance supervised with trainees encouraged to send an email question, discuss at a later stage, or discuss with a consultant but not necessarily their own consultant undertaking an unrelated elective clinic – all of which can result in delays with implications for patient care and unnecessary follow-ups and missed training opportunities- and stress for the trainees.
- Trauma meetings are perceived as a “business” meetings with few consultants present, little discussion and

teaching and therefore a missed educational opportunity

- Shortage of AES engagement in T&O the needs of trainees and the delivery of the curriculum

#### Significant concerns:

Overall General Surgery and Core are doing well. There are significant issues requiring attention in T&O.

#### Requirements:

1. The Department is required to ensure that if London sends additional general surgery trainees to the Trust there is not a negative impact on the training opportunities of the EoE trainees
2. The delivery of an inclusive induction, especially in IT, for the ENT trainees working across several Trusts to be explored
3. A review of the delivery of ENT local teaching to be undertaken
4. Access to Elective surgery in T&O to be improved to meet training needs.
5. Better planning of the allocation of trainees to consultants in T&O with consideration being given to pairing of consultants to delivery training modules required (eg arthroplasty firm and upper limb firm)
6. The distribution of trauma cases, to ensure sufficient trainee opportunities, to be reviewed
7. The supervision by consultants of elective and trauma cases- particularly clinics to be revised
8. Trauma meetings to be delivered with an educational relevance.
9. AES's to ensure the trainees are able to meet the needs of the curriculum
10. Following an external review of the repatriation process (for T&O only) it had been suggested that the process pause for 1 year and on that basis it is unlikely any East of England trainees will be sent to Southend next year.

**Recommendations:**

T&O to seek external support/guidance from TPD and another similar unit in EoE: how to best establish a more training rather than service orientated practice. (suggest Colchester/Harlow/Ipswich)

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

**Action Plan required 26 May 2017**

**Revisit:**

**The need for and timing of the next visit will be determined by the perceived level of risk to the quality of training in surgery placements in the Trust**

**Visit Lead: Mr Neville Jamieson**

**Date: 08 March 2017**