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### Areas of Notable Practice

**O&G:**
- Level 3 in CNST for Safe Maternity Services
- Trainees report and excellent learning experience with plenty of practical experience
- Consultants and Registrars are all seen as being supportive
- Best Consultant staffing levels nationally for Labour Suite - 132 hours cover per week.
- Staffing levels reviewed and recruitment increased to support growing workload towards 6000 deliveries.
- Good weekly teaching programme – Consultant delivered. Trainees report one to one teaching as outstanding
- Successful RTD delivered.
- Ultra-sound trainer has been purchased and is used for regular teaching sessions
- Good rota developed to support “live” learning in Ultrasound.
- School panels are well supported and good STC attendance by College Tutor.
Excellent QESP uptake
Curriculum mapped and all handbooks up to date.
New Neonatal unit opened December 2013 offering excellent training facilities

CMT:
Excellent engagement from Consultant staff to support Trainees
Good weekly teaching programme including Grand Round, teaching for PACES, medical journal club
Hospital hosts PACES - good one to one teaching for PACES from Consultant examiners
Regional Centre for Cardiology and Stroke medicine offering excellent training opportunities.
New Cardiology Consultant has instigated new teaching programme and MDT - available to CMT as well as Higher Trainees.
Cardiology trainers now engaged in QESP, other sub specialties well engaged
Curriculum fully mapped locally
Good nursing engagement in LFGs
Good opportunities for learning within all specialties on rotation

Higher Geriatrics:
5 QESP trained Geriatric Consultants in the department
The department provides acute medical services as well a needs-related rehabilitation service - 40 medical beds and 37 rehabilitation beds.
There are twice weekly Consultant led ward rounds on all wards, daily board rounds and weekly multidisciplinary meetings.
Higher trainees are expected to work within a multidisciplinary setting, and rotate through acute complex care, the ward, and the rehabilitation unit.
Frimley launched the Acute Complex Elderly team (ACET) in July 2013. The purpose of this multidisciplinary team is to review patients in ED and MAU to promote early discharge and prevent admissions.
There is also a rapid access geriatric assessment clinic for GPs in order to prevent ED attendances.
The SpR provides medical cover for Farnham Community hospital which has a Day Hospital and inpatient rehabilitation beds and gain experience in Falls assessment, Parkinson's disease management and Arrhythmia clinic.
The Elderly Care department has excellent links with Palliative Care and is piloting the Amber Care Bundle.
The SPR will be able to work alongside the Old age Liaison Psychiatry service as well as have the opportunity to see the development of a dedicated dementia unit in 2014.
Dedicated Elderly Care meeting every week with case presentations as well as Grand Round, Journal Club and X-ray meetings
Frimley has hosted a RTD in January with good feedback and also the British Geriatric Society Study Day. Hosting the Higher GIM RTD in March.
Consultant teaching on the wards is available
There are opportunities to attend clinics in tilt-testing, and sub-specialist clinics in Parkinson’s, stroke, TIA, and syncope
There is ample opportunity for trainees to gain the experience and training outlined in the Geriatric Medicine curriculum.
There will be the opportunity to work with the Early Supported Discharge Team for stroke. The elderly care department has also recently launched the Frimley Outreach Team modelled on Stroke ESD for elderly patients requiring on-going therapy on hospital discharge.
## Areas of Concern

### O&G:

1. There can be issues around Gyne patients being outliers.
2. The information around changes to RTDs has been slow to filter through and clinics have not been reinstated where there have been changes to dates

### CMT:

1. Frimley is a very popular busy hospital the workload is recognized as heavy
2. It is recognized that a lack of phlebotomists contributes to difficulties with workload on the wards even for higher trainees
3. IT issues also exist in medicine there have been issues around single sign on
4. Red flag for handover at last GMC survey
5. Difficult to attend teaching due to ward pressures

### Higher Geriatrics:

1. Only one higher trainee does not give a return from GMC survey therefore difficult to assess satisfaction.
2. There are 2 posts in higher geriatrics but the second post has been vacant for almost 2 years due to maternity leave or non-recruitment at HEKSS level.

## Actions Planned / Taken

### O&G:

1. The Trust is trying to address this issue with increased bed capacity.
2. PGEC has liaised with HEKSS School to ensure most up to date information on RTDs is available.

### CMT:

1. Staffing constantly reviewed throughout medicine to try to balance workload across the department; extra Consultant hours on the wards to support workload and more juniors have been employed.
2. Clearer indications form the phlebotomy department around wards covered and shifts worked would help all of medicine manage the workload better.
3. IT has appointed new project managers to help bring new effective systems to wards. COWs are being considered; similarly iPads to support ward rounds.
4. Last LFG trainee representative reported no issues at handover
5. With the creation of extra posts it is hoped there is better opportunity to attend teaching.

### Higher Geriatrics:

1. Recent bid submitted to increase the trainee numbers - January 2014
2. It is hoped that the School will be able to fill vacancies more efficiently particularly in view of the bid for extra posts.
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### Areas of Notable Practice

| The Geriatric department here is lead by Dr Wilson and her colleagues who have a big interest in teaching. Dr Wilson was formerly the DME here and set up the Senior Residents leadership program. Dr Khoshnaw was until recently the clinical tutor for core medical training. Both are enthusiastic and supportive trainers. There are regular teaching sessions and all trainees are discussed at LFG meetings |
| Surrey University Campus is adjacent to the hospital and provides excellent opportunities for collaboration in research. A new clinical academic group in Geriatric Medicine is being developed with close links with primary care with real opportunities for applied research. |
| The department has recently expanded to eight consultants. The consultants and their teams oversee 60 dedicated acute geriatric medicine beds on Wisley and Eashing wards, about 24 orthogeriatric beds, and |
about 24 stroke beds on Hindhead stroke unit as part of the all-age stroke service. The specialty based ward system allows excellent multidisciplinary team working and a case-mix generally comprising frail elderly patients.

In addition, the department is responsible for 2 specialist geriatric rehabilitation wards at Milford Hospital, located about 9 miles south of Guildford, 10 rehabilitation beds at Farnham Hospital and 16 beds at Haslemere Hospital.

The interface geriatricians also oversee a virtual elderly frailty unit within the emergency assessment unit with a dedicated unit under discussion.

There is a Consultant led Day assessment centre at Milford (Milford Assessment and Rehabilitation Centre - MARC) staffed by high quality associate specialists offering daily rapid response reviews and multidisciplinary follow-up. Other services include a comprehensive falls service with a Specialist Falls Nurse, a Movement Disorder/Parkinson's Disease (PD) clinic, daily TIA clinics with a syncope clinic in development.

**Stroke Medicine**

We have a 24 bedded Acute Stroke ward which is shared with inpatient neurology. We operate a 24/7 thrombolysis service. Out of hours this is delivered via the Surrey Telestroke Network. All-age stroke patients are transferred acutely to the stroke unit and then managed by the stroke team. There are consultant led daily ward rounds of all patients with new stroke. We operate a daily TIA service and the acute service is supported by experienced specialist stroke nurses. We have been successful in having the Stroke SpR training post recognised for higher specialty training in stroke.

We are involved with the local research network for stroke and are a recognised site for multicentre research trials (SOS, TARDIS, IRIS, DNA Lacunar, CLOTS3, INTERACT 2, BMET and CADISS). There is a full time research nurse to support this work.

**Orthogeriatric Services**

This model of Ortho-geriatrics started at the RSCH in March 2009 with the appointment of two part-time Consultant Geriatricians to the orthopaedic department to improve the quality of care of all patients with fractured neck of femur. There is a Consultant led daily ward-round reviewing all new patients ensuring timely operation and overseeing their care jointly with the orthopaedic teams through the post-operative period and into rehabilitation as necessary.

The two Consultants are supported by two FY1s, an FY2 and a Specialty Doctor in orthogeriatrics whose sole responsibilities are patients with hip fracture and review of patients with other fragility fractures following referral. The orthogeriatric team work closely with a dedicated hip fracture nurse who is responsible for co-ordinating timing of surgery, liaising with the wider Multi-Disciplinary Team and capturing data for the National Hip Fracture database for all patients. We are consistently achieving Best Practice Tariff in more than 75% of patients.

This is a high profile service, part of the Trusts Patients first programme and very much part of the national political agenda to deliver high quality, efficient patient care.

**Old Age Psychiatry**

We have a relatively new liaison Old Age Psychiatry service based at the Royal Surrey with two full-time specialist nurses and daily consultant in-put. There are close links with the in-patient service at Farnham Road Hospital. This includes access to a dedicated old age psychiatry nurse (based at RSCH) and weekly ward rounds by a consultant psychogeriatrician. One of our SpRs usually attends this weekly ward-round to
gain liaison experience. There is a lot of work underway to implement the Dementia strategy with strong representation from Geriatric medicine (including one SpR). To support this work two specialist nurses are currently being recruited and decisions regarding a joint care ward are being discussed.

The Frail Elderly Pathway Project

We have been engaged in redesigning the pathway of care for frail older adults. This has been a joint project between our local Clinical Care Group, The Royal Surrey County Hospital, Surrey Community Health, Surrey County Council and Surrey and Borders Partnership. The aim is to provide a truly integrated pathway for frail elderly patients, incorporating community care, acute hospital care, social care and old age psychiatry. Our objectives are to deliver a high quality integrated, end to end pathway that enhances the health of frail older people, reduces emergency admissions and bed days and reduces the need for long term institutional care. The pathway has three main work-streams comprising anticipatory care, frailty crisis management and admission avoidance and discharging to assess. This has resulted in the appointment over the last year of two interface geriatricians who work closely with an integrated discharge team, liaison psychiatry and out into the community. Further work is underway looking at Care Home Medicine.

The End of Life Project

This is another national initiative that is developing within the Trust. We are fortunate to be a pilot site for Routes to Success which incorporates several streams of end of life planning. We are leading the implementation of the Amber Care Bundle in the Trust for patients in whom recovery is uncertain, where escalation decisions are made, documented and discussed with patients and their families. We are also working with the CCG in the implementation of PACE (Proactive Anticipatory Care in the Elderly) documentation which aims to support the management of patients in the end of their life in the community where appropriate.

Areas / Issues of Concern

The lack of SpRs - only two geriatric medicine trainees and one in stroke. We would benefit from more middle grade cover. We have excellent training opportunities but our SpRs are overworked.

opportunities:
lots of opportunity for research linked with surrey university but no consultant time to do it

threats:
merger of stroke services with ASPH risks current set up.
poor morale on acute geriatric medicine wards with inadequate numbers of experienced nurses

Actions Planned / Taken

We have recently put in a bid for a further specialist trainee in Geriatrics and we await the outcome of that bid. We are also looking to increase our number of F2 doctors in ortho-geriatrics which will help with workload somewhat although we are still to get Trust agreement to financial outlay
Pre-Visit Template

Name of Trust:

Specialties being visited: Geriatric Medicine

Name of Visitor: Juliet Wright

Date of visit: February 5th 2014

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Areas of Notable Practice

Areas / issues of concern
<table>
<thead>
<tr>
<th>Issues requiring clarification / further investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do trainees feel that this placement allows them to meet the training requirements of their curriculum</td>
</tr>
<tr>
<td>Do educational supervisors feel supported in supervising their trainees</td>
</tr>
<tr>
<td>What are the strength and weaknesses for sub speciality training in this placement</td>
</tr>
<tr>
<td>Do trainees feel able to pursue leadership, research and teaching ambitions whilst at this placement</td>
</tr>
<tr>
<td>Does the LFG work for this LEP</td>
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### Areas of Notable Practice

| Ashford & St Peters – SPR forum has been set up |

### Areas / Issues of concern

| Ashford & St Peters – Poor attendance LFG  
  Undermining by A&E mentioned in LFG reports |

| Frimley Park Hospital  
  - GMC survey red flags – night activity/poor staffing - compromised safety |
Royal Surrey County Hospital
- Poor geriatric attendance at LFG
- GPST LFG concerns re geriatrics
- GMC red flags – workload, study leave, educational supervision

Issues requiring clarification / further investigation

Ashford & St Peters:
- concerns about A&E behaviour around referrals and undermining towards SHOs (CMT) mentioned in LFG March & September 2013, is this ongoing, what action is being taken to address this and have registrars also experienced these issues
- mention of SpR Forum – are there any issues raised that are relevant to geriatric trainees/need addressing?
- Computer access, has this improved?

Frimley park Hospital
- Lfg minutes mention times when unclear who is working at weekend and who is responsible for managing the team – is this still occurring
- Short notice sickness
- MET calls, identified as issue at LFG , what issues ongoing, impact on trainees
- Handover

Royal Surrey County Hospital
- Registrar workload
- Handover

For all trusts: are trainees able to get to training days; access to subspecialty training; time for CPD etc
Health Education Kent, Surrey and Sussex
QUALITY MANAGEMENT OF SPECIALTY TRAINING

Pre-Visit Template

**Name of Trust:** Frimley Park Hospital NHS Foundation Trust

**Specialties being visited:** Geriatric Medicine Surrey Rotation Review; Obstetrics and Gynaecology; Core Medicine

**Name of Visitor:** Jane Reynolds

**Date of visit:** 5 February 2014

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### Areas of Notable Practice

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</tr>
</thead>
<tbody>
<tr>
<td>Royal Surrey: Innovative Simulation programme ‘How to be a good Registrar’; CMT simulation ‘continues evolving’.</td>
</tr>
</tbody>
</table>

This shouldn’t be Notable Practice, it should be expected and achieved always, but it isn’t! so in this section I recognise that the Royal Surrey LAB shows the Medical Director’s attendance at every meeting.

**O & G:**

Very positive comments from trainees in 6/11/13 LFG Minutes: ‘teaching is very good, one to one teaching is outstanding’; ‘the team is very supportive and you are able to get hands-on experience, you get to see patients all the time with really good Registrar support’. 
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</table>
| **LFG Medicine (where??)**  
Minutes 12/3/13 show the need to have at least 3 meetings a year has been grasped: but has the matter of really full engagement with the meetings been understood? Attendance seems low. DME doesn’t seem to attend….No Minutes from the 13/12/13 meeting provided in the bundle…  
Note: Minutes provided with no top line identifying the Hospital does not make for easy understanding when preparing for the visit! (Although the Contents list provides information, it would be so helpful if bundle pages were numbered, and the contents list showed the page numbers accordingly, and each set of Minutes clearly named its Hospital of origin…)  
LFG Medicine Frimley Park…DME doesn’t seem to attend…  
15/5/13 ‘handover is better but still chaotic sometimes’ ‘no written handover weekdays, online handover not always updated’ ‘nights on call still very pressed’ ‘concerns re: Stroke [ward] round’…  
Top 20 teaching often poorly attended, on one occasion only 2 people turned up  
15/10/13 ‘Unfortunately the workload is such that expected Trainees were unable to attend the meeting’…-various Patient Safety issues noted…  
Royal Surrey LFG CMT 10/4/13 …concern about trainee support and supervision in Cardiology…‘teaching attendance remains difficult in particular specialties’…  
DME did not attend every meeting..  

Again, no ‘top line’ to identify the Hospital as Ashford and St Peter’s, in some material in the bundle…Medical Director did not attend 19/3/13. 3/7/13 or 19/11/13…  

Frimley Park LAB: No Medical Director attendance 11/3/13, 18/6/13 and 21/11/13.  

**O & G**  
LFG 5/6/13: VERY low attendance; no DME?…trainee reported difficulty in getting enough time for hands on within labour wards/clinic/theatre…very strange comment about the risk of the simulator being at risk of going missing…trainee reported there was no time to observe procedures, ‘unable to gain enough practical experience’…  

LFG 6/11/13: Again, no DME present?…trainee reported problems, exacerbated by the bleep.