

**School of Postgraduate Paediatrics Visit
Cambridge University Hospitals NHS Foundation Trust
(Addenbrookes Hospital)**

17th January 2017

Visit Report

HEE EoE representatives:	<p>Dr Nisha Nathwani, Paediatrics Regional Advisor and Visit Lead Dr Jonathan Waller, Deputy Postgraduate Dean Ms Sue Agger, Senior Quality Improvement Manager Dr Richard Nicholl, RCPCH Representative (North West London Deputy Regional Lead) Dr Nandu Thalange, RCPCH College Tutor (NNUH) Dr Andrea Turner, Training Programme Director Level 2/3 Dr Roxana Mardare, Level 1 Trainee Representative Dr Nick Schindler, Level 2 Trainee Representative Miss Catherine Moulsher, Quality Improvement Administrator</p>
Trust representatives :	<p>Mr Richard Miller, Deputy Medical Director Dr Arun Gupta, Director of Postgraduate Medical Education Dr Pamela Todd, Deputy Director of Postgraduate Medical Education Dr Rob Heuschkel, Divisional Director Dr Wilf Kelsall, Consultant Paediatrician Dr Shazia Hoodbhoy, RCPCH College Tutor Dr Gautam Ambegaonkar, RCPCH College Tutor Mrs Mary Archibald, Medical Education Manager Ms Alison Risker, Associate Director of Workforce Dr David Rowitch, Head of Department Mrs Louise Sharp, Deputy Medical Education Manager Mrs Claire Carse, Specialty Administrator for Paediatrics Paediatrics educational and clinical supervisors</p>
Number of trainees & grades who were met:	<p>GPST(1) ST1 (1) ST2 (2) ST3 (2) ST4+ (13)</p>
Purpose of visit :	
<p>This was a planned follow up visit to review the progress made since the last school visit on 27th July 2016. The focus of the visit was to review the progress made by the trust on the action plan from the July visit.</p>	
Meeting with the Trust, Divisional Director and College Tutors	
<p>The visiting team were updated by Dr Heuschkel, Divisional Director; Dr Ambegaonkar and Dr Hoodbhoy as College Tutors. Since the last visit the Trust has recognised the need to implement the recommendations made within the action plan. There is now better consultant presence both at the 5pm handover and following handover with support for the on call team. The vast majority of Consultants are engaged in the process and the plan is that the 'Human Factors' training will be implemented over the next few months to ensure that all consultants understand the need for change. To support trainees with better Consultant presence on site after 5pm, the department have used locum shifts to cover the out of hours (covering the period between 5pm – 10pm). This is part of a formal business case</p>	

which would result in an increase in consultant numbers by 5.6wte.

The aim is also to recruit a band 4 Rota co-ordinator; an apprentice is due to start in post 23/1/17. The delay in the start time has been due to training issues and the need for training in EPIC. There also has been allocation of appropriate PA's into consultant job plans for trainee supervision and the tutors have also been allocated appropriate PA's for their roles. Trainees also have access to the departmental clinical psychologist.

The tutors are meeting the trainees at regular meetings allowing trainees to raise issues that the tutors are then able to manage in a timely manner. Trainees at these meeting have identified that they would like a mentor, whether there should be Mandatory teaching sessions, the trainee environment has improved with increased teaching opportunity to teaching and training. The attendance at the Monday teaching has improved with better consultant support and attendance. The Educational supervisors are more engaged in trainee feedback and ensuring that the eportfolio is completed and updated.

In August 2016 trainees where asked to complete a survey, this was primarily for paediatric trainees, 29 trainees completed the survey. The survey results identified that trainees felt better supported out of hours. There is a plan to repeat the survey in Feb 2017. The visiting team have asked for minutes of the trainee meeting and any free text feedback from the trainee survey.

Meeting with Education and Clinical Supervisors:

There was very good attendance from the consultant body with 13 Education or Clinical supervisors. Overall all the consultants felt that there were clear changes and improvements that had been made since the last visit. They all felt they had changed their practise and would alter timings to make themselves available for the 4.30-5pm handover. They all have been involved in the cover of the 5pm – 10pm OOHs slots and had supported trainees with the increased workload. Their general feedback was that there still is some silo working in some specialities and that there needs to be a formal structure to the 'acute' consultant team so that there was consistent cover for the OOH's period. Currently there are no clear plans for the acute admission pathway or paediatric assessment unit but that this would be a good outcome. They feel supported by the trust and the departmental leads. The gaps in the rota continue to be an issue and this they feel needs further review to address.

The supervisors on questioning identified that there continues to be problems with trainee support OOH's at the weekend. They also felt that they would value improved communication within the faculty about trainees in difficulty.

Meeting with Trainees:

Meeting with ST1-3 Trainees

7 trainees attended (1 X GPST; 1 X ST1; 2 X ST2; 2 X ST3; 1 other trainee). No foundation trainees were present.

Specific feedback

- Induction – All trainees received trust and departmental induction. This included use of EPIC the trust digital system. The NICU induction was said to be 'administrator' led as "others" couldn't make the timing.
- Supervisors – All the trainees were aware of their Educational supervisors and felt supported by them. The trainees in oncology felt that there had been some confusion around supervisors as who was supervising had not been made clear.
- Teaching/Clinic– All the trainees reported that there was a lot of teaching with support to attend this. There was also an awareness of creating some bleep free teaching. The trainees are able to get to clinics and have

found Consultants approachable and keen to teach in clinics.

- Handover/OOH's – The consultant of the week is always at the 4.30-5 handover. Only about 50% of the OOH's Consultants are present. The handover consists of handing over every patient either verbally, with a to do list or as a list on printed handover sheet. On some occasions there could be 3 handovers in a day – taking up a lot of time.
- Trainee reps – the trainees were not aware of their reps so didn't know who represents them at the faculty meeting with the tutors.

Concerns raised

- Within surgery the trainee shifts start after the ward round and they feel they are only there to clerk patients, write in notes as the surgical team refuse to do this, take bloods and insert cannulas. On occasion if the wards are quiet at the weekends the level 2 trainees will go home – 'saying ring me on my mobile if you need me'. There is no opportunity to train or learn.
- The trainees again feel that the main issues are around the rota. No one is leading on the rota and there is lack of communication. Shifts that are known to be vacant are only advertised or filled last minute. There has been occasions when trainees have come in at the normal time to complete a shift at 8am only to be sent home for 4hrs rest (the drive for some trainees can be 45mins to 1hr) to then have to return to cover the night. Trainees feel they are approached in public areas like the ward and that they are not in a position to say no. So on occasion trainees have had to work for near 24hrs. Some trainees who for clear reasons say no to cover a shift – they are made to feel that they are not 'team players' if they say no. The SAS doctor who supports the rota is supportive but gets very little support from the senior members of the team.
- Trainees felt that shifts in A&E provided a good training opportunity but they felt the process of referrals and who they needed to see needs review.

Recommendation

All trainees would recommend NNU placements but some trainees feel that although some aspects of Paediatrics have changed they would not recommend all the placements. They felt very supported in PICU, Oncology and Respiratory.

Meeting with ST4 + trainees

13 trainees attended. The visiting team also had received feedback from trainees who were unable to attend.

- All trainees felt that there had been changes since the last visit – this included the Consultant presence at Handover, support from consultants in A&E, regular teaching and the removal of the FY2 from the OOH's rota has made their job easier but also the service safer.
- Handover/Consultant support – the consultant of the week is always present at the consultant morning handover. At the 4.30-5pm handover most of the time a consultant is present but not always. This is very dependent on the on call and OOH's consultant. Trainees felt supported by the consultants and felt when needed, all bar one of the consultants would always support them. They felt they would always be able to ring and contact the consultant OOH's. The more senior trainees felt that they were happy to develop their independency and didn't need a consultant around all the time but this view was not echoed by the more junior ST4+ who valued the support and felt they needed this for their training.
- The trainees were happy with the NNU rota and liked the flexibility of this rota.
- Teaching/Clinics – Trainees are supported in attending the local teaching and on some specialities

consultants will also carry the bleep to allow trainees to attend. Attendance at regional teaching is good and they feel the sessions are very valuable. Trainees are able to get to some speciality clinics but this is very dependent on the trainee cover for the wards. If there is a trainee gap or the wards are busy the ST4+ are unable to get to clinic. When they can go some of the clinics are very educationally useful especially oncology and respiratory. One of the trainees in gastroenterology was worried that they may need to extend their training to achieve all their competencies, especially endoscopy. The Education Supervisors are very supportive and provide good pastoral care. The majority of consultants are happy to complete assessments but some would not do this.

- Trainee reps – NNU has 2 reps and they have had 2 meetings with the college tutor since Sep 2016. They have an agenda and minutes are taken. These are shared with all the consultants. In Paediatrics there is no formal process and no meetings have occurred.

Concerns raised

Trainees reported that as there is only a dedicated ED doctor for paediatrics until 8pm, after this the paediatric patients in A&E join all the other patients and have a long wait to be seen. The expectation is that they will be seen by the paediatric trainees who therefore can spend the first 4-5hrs of their shift in A&E just clearing paediatric patients. Not all of these need to be seen by paediatric trainees. Some trainees feel that supporting this acute pathway can compromise the cover of the wards. Having the OOHs consultant is really good and the majority of trainees valued this – some also felt that having a second trainee would be more useful.

Concerns were again raised about rota gaps and how these are managed. Trainees feel that as the trust provides no enhanced rate to fill the gaps they don't attract trainees onto their internal locum bank.

Strengths:

- The Trust has made some real changes and has plans in place that will help to address issues around support for trainees OOH's.
- The senior management team and majority of consultants have engaged in the process.
- Some consultants are working above and beyond to support the department and the trainees.
- Some of the consultants clearly demonstrate strong professionalism and are role models for trainees.

Areas for development:

- The Emergency pathway needs further development and this has not been resolved from the last action plan.
- All consultants involved in the on call/OOH's rota need to attend the handover at 4.30-5pm. They also all need to support trainees after the handover with advice but also attend to review patients or support trainees if requested by the trainee.
- The Trust needs to meet the needs for GRID and specialty trainees.

Significant Concerns:

No significant concerns were identified.

Progress on recommendations from School visit in July 2016

There has been progress made on the recommendations, however some remain unresolved.

The following recommendations have been met:

1.Meeting with another tertiary team with similar sized service

This has been met and the department continues to develop business cases to increase the consultant and trainee numbers further. The visiting team suggested that the department could develop International schemes and links to further support their trainee numbers.

The following recommendations have been partially met:

2. The trust needs to develop an acute admission pathway

The visiting team felt that this recommendation is only partially met and further work needs to be undertaken with A&E to review referral pathways and the consideration of some form of paediatric assessment unit model.

The following recommendations have not been met:

3. Faculty forum development and pathway for trainee feedback to the faculty

This has been resolved in NNU but in Paediatrics there has been no development of the trainee rep and engagement of the rep into the faculty for better communications between trainees and the consultant body.

4. Human factors training

The visiting team were informed this will occur in Feb/March. The visiting team with the next action plan would like awareness of the attendance from consultants and some feedback on the day.

Progress on requirements from School visit in July 2016

There had been progress made on the requirements, however some remain unresolved.

The following requirements have been met:

1. Immediate removal of the FY2 trainee from OOH's.

This was fully met and although the Trust would like to re-instate the trainee into OOH's rota the visiting team would be against this. The team did feel that the trainee could do shifts in A&E similar to the GPVTS trainees to improve their acute paediatric experience and exposure.

4. Review trainee staffing levels out of hours

This has been met with the support of the Consultants but trainees still feel that an extra ST4+ after 5pm would be useful for the acute pathways.

5. Support of College tutor

Met.

10. Trainee attendance at teaching

Met.

The following requirements have been partially met:

3. Some consultants are unsupportive and there needs to be a cultural change

This the team felt had markedly improved but it seems that there are still 1-2 consultants who need support to understand the trainee needs and how best to create a training environment (outlined below).

7. Change in culture to support trainees

Partly met – linked to 3 above.

9 Supervision and support of trainee OOH's and at weekends

Partially met, trust continues to develop this.

11. Trainee attendance at speciality clinics

This is still speciality and rota dependent ands to be resolved especially for GRID trainees.

The following requirements have not been met:

2.Attendance at 4.30pm handover

Please see below.

6.Displacement of A&E workload

Unresolved – please refer to 2 above in recommendations.

8. Rota gap and how best to proactively fill

Unresolved – see requirement outlined below.

Requirements

1. Rota gaps need better management. Trainees can't be made to feel intimidated to cover gaps. The visiting team would recommend that the Trust allocated one of the Consultants oversight of the rota, and support of the SAS doctor who manages the rota, and that an appropriately trained rota coordinator needs to be in post. The team didn't feel that an apprentice would be able to do this this role without supervision and support.
2. The visiting team would recommend that the management team have discussion with all consultants who undertake the on call/OOHs role to understand their commitment to the requirements of the role – that requirement would be attending the 4.30-5pm handover and supporting trainees after the handover. The visiting team had concerns that all trainees felt that they had raised concerns re the support OOH's of one consultant, but that this had not been addressed.
3. The Trust needs to look at a process to facilitate Specialty GRID trainees to be able to meet their curricular requirements and achieve sign off in a timely manner for their competency. This mostly includes attendance at clinics and developing procedural skills.

Decision of the visiting team

- The team acknowledge that progress has clearly been made following the last visit and that there was a clear change in considering the needs of the trainees.
- The visiting team do not feel that there is a need to escalate to the GMC at this time.
- The School of Paediatrics will closely monitor the action plan and await the result of the 2017 GMC survey.
- The School of Paediatrics will revisit within a 12 month period.

Action Plan to Health Education East of England by:

28th July 2017

Revisit:

The School of Paediatrics will revisit within a 12 month period

Visit Lead: Dr Nisha Nathwani

Date: 28th March 2017