School of Postgraduate Paediatrics GMC Enhanced Monitoring Visit
to
Norfolk & Norwich University Hospitals NHS Foundation Trust
20th December 2016

Visit Report

HEE EoE representatives:	Dr Wilf Kelsall, Head of School of Postgraduate Paediatrics and Visit Lead Dr Alys Burns, Deputy Postgraduate Dean Ms Sue Agger, Senior Quality Improvement Manager Dr Nisha Nathwani, Paediatrics Regional Advisor Dr Shazia Hoodbhoy, RCPCH College Tutor (CUHFT) Dr April Brown, Senior Clinical Lead (NHS Improvement) Dr Ali Ahmed, Trainee Representative Dr Oluseun Tayo, Trainee Representative Mrs Wendy Kingston, Patient and Public Voice Partner (Lay representative) Miss Catherine Moulsher, Quality Improvement Administrator
GMC representatives:	Dr Richard Tubman, GMC Enhanced Monitoring Associate Mr Kevin Connor, Education Quality Assurance Programme Manager
Trust representatives :	Mr Mark Davies, Chief Executive Mr Peter Chapman, Medical Director Mr Richard Smith, Director of Medical Education Dr Nandu Thalange, College Tutor (Paediatrics) Dr Florence Walston, College Tutor (Neonates) Dr David Booth, Chief of Women's and Children's Services Dr Mary-Anne Morris, Chief of Paediatrics Services Mrs Wendy Wood, Medical Education Manager Paediatrics Educational & Clinical Supervisors Paediatrics consultant representatives
Number of trainees & grades who were met:	GP trainees (**2**) Level 1 paediatric/neonatal trainees (**4**) Level 2/level 3 higher paediatric trainees (**6**)

Purpose of visit :

To review progress made in the department since the last School of Paediatrics visit on 18th July 2016. In particular, the visiting team wanted to review progress made on the Trust action plans from the 28th September and 6th December 2016.

Meeting with the Trust, Clinical Director and Paediatrics Tutors:

Dr Thalange and Dr Walston, the Paediatric and Neonatal tutors, updated the visiting team on the progress made over the last 5 months. They were confident that training had improved at all levels in neonatal and paediatric departments as a result of:

1. HEE allocation of two additional level 2/3 training posts- 1 in general paediatrics and 1 in neonatology
2. The Trust had agreed to fund the banding of all general practice trainees allowing an equitable tier 1 rota ensuring that trainees have equal access to all training opportunities including paediatric surgery
3. The Trust has funded a Clinical Fellow in the Children's Assessment Unit (CAU) allowing level 2/3 trainees to attend

outpatient clinics to develop their special (SPIN) interests.
4. Teaching opportunities are being developed across the department to maximise trainee and consultant participation - timetables were shared with the visiting team.

Further positive departmental feedback from all trainees has been undertaken using a survey monkey questionnaire specific to the paediatric and neonatal units - results were shared with the visiting team

The department is working with the Trust to develop links between ED and paediatric CAU and fully integrate the CAU with the paediatric department. A business plan to support this development is to be submitted to the Trust Board early in the New Year with a view to having new consultants in post by September 2017.

The Department has made contact with the Luton paediatrics department to understand how they deliver their busy paediatrics services with many similar challenges.

Meeting with Education and Clinical Supervisors:

Most of the consultants in the Department are both educational and clinical supervisors. We met a small group of these consultants. The department has differentiated trainees with one consultant taking the lead with foundation trainees and one taking the lead with GP trainees. Departmental job plans take into account these roles with 0.25PA allocated for every trainee in terms of educational supervision. The consultants in the department do not receive any additional funding for the clinical supervision of GP trainees, nor the educational supervision of foundation trainees. There is no supervision allocation for Clinical Fellows. The trainers and supervisors confirmed that they attend the mandatory training offered in the Trust.

The challenges of accommodating general practice trainees on 3 month placements and the necessary increase in induction programmes were discussed. It was recognised that whilst these short placements provide a flavour of paediatrics they are of little benefit to the Department.

Consultants highlighted the challenges faced by the department in the face of increasing activity.

Meeting with Trainees:

We met a representative group of trainees which included 2 GP trainees, 4 level 1 paediatric/neonatal trainees and 6 level 2/3 level more senior paediatric trainees. All the trainees felt that there had been an improvement in the department over the last 5 months. All trainees confirmed that they had undergone appropriate induction. All confirmed that they had appropriate educational supervision. All confirmed that they were made aware of the processes regarding how they should seek support if they felt bullied or undermined. All received appropriate tours of the Paediatric CAU and NICU departments.

Despite significant challenges with rotas all the trainees were very positive about the neonatal unit where they confirmed consistent consultant engagement and leadership in all aspects of education and clinical service, confirming robust consultant leadership and presence from 9am to 9pm, seven days per week. Work is on-going to develop the teaching programme to optimise attendance. There is a lead trainee who was present at the visit. Trainees meet monthly with the tutor and colleagues, minutes are always sent out. Trainees feel valued members of the team. The trainee / nursing “buddy” system is on-going.

Feedback from general paediatrics was generally positive, but it is clear that there remains variation in consultant practice in terms of clinical service and education. Importantly, all the trainees confirmed that the culture in the

paediatric department had improved. None reported any behavioural issues, the conduct of handovers had improved and none reported any issues with bullying and intimidation. They felt that there was better consultant leadership in educational activities and confirmed that the educational programmes in paediatrics and the neonatal service had been revamped. Trainees particularly valued the post-handover informal 5 minute teaching by some consultants.

Changes to the rota with extra personnel has allowed trainees at all levels to more regularly attend teaching sessions and importantly the level 2/3 trainees confirmed that they had better access to outpatient clinics. Trainees meet monthly with a senior trainee and Dr Thalange to discuss training issues "squash" meeting which they find useful. Experiences on CAU have improved with better consultant support with trainees valuing this experience despite the high activity.

The level 1 trainees would all recommend their training in Norwich. The level 2 trainees had mixed responses, most would recommend training in Norwich with the caveat that the activity levels and consultant support in the CAU was addressed.

Strengths:

- Handovers have improved
- No major rota issues - gaps are covered quite well mainly by internal locums
- Consultants accessible and can always find who you need.
- Increased numbers of tier 2 trainees has improved the workload and clinic attendance
- Teaching more organised with better attendance.

Areas for development:

- Baby checks performed by midwives, trainees and ANNPs. Work on this in November showed trainees spent 25% of their time performing baby checks compared to 12% of ANNPs time. Whilst it was acknowledged that whilst trainees perform a higher proportion of baby checks it was agreed that any change in the current arrangements would reduce intensive care training opportunities which is not desired. The Neonatal service needs to review the proportion of baby checks performed by midwives to reduce the workload on trainees.
- The duration of the general practice trainee placements should be reviewed. The LETB and Schools of Paediatrics and General Practice will discuss this, it was agreed that 4 months placements were preferable for everyone.

Significant Concerns:

- There were no patient safety concerns identified.

Progress on requirements and recommendations from School visit in July 2016

The following requirements have been met and need to be sustained:

- **Inequalities in the level 1 and level 2/3 rotas.**

-The inequalities in the level 1 and level 2/3 rotas have been addressed.

Funding to ensure that all GP trainees participate in the Out of Hours rota has recently been agreed and new rotas have been developed and recently introduced. The appointment of a Clinical Fellow in the CAU has helped level 2/3 trainees. These arrangements must be sustained.

- **Trainees must be facilitated to attend weekly teaching**.

-The appointment of additional staff and rota changes highlighted above have improved the trainees experience in both paediatrics and neonatology. The tutors continue to review teaching opportunities to try to maximise attendance.
This needs ongoing monitoring to ensure that the progress made is sustained.

- **Management of rota gaps.**

-In all paediatrics departments across the UK rota gaps are a problem. In NNUH It is clear that the rota pressures and gaps on the neonatal service in particular have been well handled. In paediatrics trainees felt that the rota gaps were being better managed with more attempts to fill them proactively. The increase in staffing numbers and the changes in the level 1 rota have stabilised the rotas and resulted in fewer problems.
- It was particularly pleasing to hear that despite significant rota absences in the neonatal unit, trainees were very positive about their experience and it is clear that there has been good sustained progress in the NICU department despite these challenges.

- **Departmental Surveys.**

-In summer 2016 Mr Smith, Director of Medical Education conducted a survey external to the Department highlighting challenges in paediatrics. Mr Smith is confident that these have/or are being addressed. The Edgecumbe consulting facilitated workshops planned for early 2017 will help this further.
-It is important that all consultants participate in these workshops.
-It is positive that internal departmental surveys are ongoing, the closed questions may not identify challenges.
- It is important that tutors continue to meet with the trainee representatives facilitating two way communication.

- **Trainees must be facilitated to attend their special interest (SPIN) clinics.**

- The appointment of an additional CAU fellow and the arrival of other trainees in Norwich has helped all trainees to attend their special interest clinics.
- The department must continue to support GRID and SPIN trainees.
- It is pleasing the community GRID trainees CAU workload has been addressed, they are better able to access the required community training.
- It was disappointing though to hear that the department needed clarification about SPIN training. This has been discussed on many previous visits and indeed, SPIN training in Norwich has been championed for many years by the previous level 3 training programme directors. Progress on SPIN training needs to be sustained.

The following requirements have been partially met:

- **Address the culture within the paediatric department including support for trainees in raising concerns without fear of recrimination.**

- In terms of changing the culture in the department there is a much greater awareness amongst the consultant body around these issues. It is planned that all consultants will be required to attend sessions conducted by Edgecumbe

consulting in January 2017. These sessions will include training in human factors. There is still consultant variability which hopefully will be addressed in these forthcoming training sessions.
- Mentoring training session is being organised by Dr Brightwell for the early Spring. This session will be open to Norwich consultants and trainees and is being conducted with the support of the School of Paediatrics and RCPCH. Colleagues from the wider East of England will also be able to attend.
- It is important that newer consultant appointees have mentors as there are significant challenges in moving from a trainee to a consultant in a busy department with significant clinical pressures.
- A zero tolerance of bullying and intimidation now exists in the department. All trainees are informed during their induction about how they can raise concerns and how they will be supported. The feedback from trainees reports less negative behaviour and they feel that the department is moving in the right direction.

- **The on call General Paediatric Consultants must be more pro-active in their out of hours and weekend support and supervision of trainees.**

- Progress has been made, however there remains consultant variability and this needs to be addressed.
- The pressures on newer consultants in such a busy department can be intense. It is important that new consultants are supported. As this will not unique to paediatrics consultants should be encouraged to access Trust wide systems if they exist.

The following requirements have not yet been met:

- **Initiatives to address service pressures, working arrangements and staffing issues across the department need to be implemented and sustained**.

- The department is working hard to address this with a strategy to link the paediatric department and the CAU
- A business plan for additional consultants is being prepared for submission to the Trust Board early in 2017 for further consultants.
- Dr Morris and colleagues are working as suggested with other units such as Luton to understand how they have delivered a cohesive service under similar activity pressures.
- The activity in the Paediatric CAU remains challenging.
- The CAU and Emergency Department are once again working together to identify issues around patient flow and develop standard operating procedures. We understood from previous visits that this had been ongoing for some time and has now been reinstated.
- Consistent consultant leadership in the department remains problematic. There is still not a seven day consultant presence in the CAU in the evenings and busy periods. This remains further compounded when the CAU consultants are on annual/study leave although the Trust has now recognised that locum consultants should be employed if they are available.
- Trainees were unaware of the escalation policies. We understand that a policy does exist. The whole department, consultants, trainees and nursing staff should follow this consistently.

- **There is inadequate supervision and support of trainees on the CAU and this must be addressed.**

-As highlighted previously, the pressures on the CAU remain intense with on occasion patients over-spilling into the adjacent outpatient department. There is a shared recognition in the Trust and paediatric department / CAU of these challenges.
- It is imperative that consultant expansion occurs to provide a seven day service which meets the RCPCH ‘facing the future’ standards and provides adequate supervision of trainees. The aim is to have these new consultants in post in

the latter part of 2017.
- The importance of consistent consultant input cannot be emphasised enough. The Department has recognised that the only answer is to develop a seamless/single paediatrics CAU service. This is work in progress. The School will need to be updated on the progress of the business case, and appointments of additional consultants to achieve this.

Recommendations

The following recommendations have been met, but must be sustained:

- **Managing coffee room gossip in the neonatal service.**

-As previously indicated there has been a positive and sustained improvement in the neonatal unit.
- The buddy system remains in place and coffee room gossip has reduced. Joint trainee and Advanced Nurse Practitioner (ANP) meetings should continue to occur.

- **Pathways for Trainee/Trainer communication should be further developed.**

-This has progressed well and must be sustained. The senior trainee from paediatrics (who was not present at the visit) has been asked to share copies of the minutes of these meetings with the visiting team.

- **The general paediatric department should explore access for exposure to paediatric surgery.**

This has been achieved with the changes to the level 1 rota.

- **Handover processes in general paediatrics should be reviewed.**

Handover has improved. This progress needs to be sustained.

- **Mentoring arrangement with another suitable sized Trust.**

There have been discussions now between Norwich and Luton regarding their similar services and departmental structure. From discussions today that this mentoring should be ongoing, particularly to discuss the allocation of educational supervisor roles.

Requirements
1. The School needs to be updated regularly on the progress of the business case of additional CAU consultants. 2. There needs to be evidence of progress in streamlining and strengthening the CAU / Paediatric links. 3. There needs to be progress in the working arrangements between ED and the paediatric CAU to improve the training experience. 4. Progress to improve the culture in the department needs to be sustained through the Edgecumbe consultancy programme and the proposed mentor training day.
Decision of the visiting team:
• The visiting team felt that initial progress had been made over many areas of the last 5 months. All trainees were happier with their training and support particularly in NICU. In general paediatrics, trainees remain guarded but feel that things are moving in a positive direction. • The visiting team were clear that there was no indication to remove trainees from Norwich at this time as the training experience and clinical support have improved. This progress must be sustained and the Trust must employ additional CAU/Paediatric consultants. Failure to do this will lead to a review of trainee placements. • This report has been reviewed by members of the visiting team who agree with its content.

- The School of Paediatrics will revisit in the Summer of 2017 before the trainee handover.
- The visiting team were of the opinion that the Trust could come out of GMC enhanced monitoring given the improvements made but that the Trust should be reviewed closely according to an explicit action plan against each of the items listed to be provided every two months. Progress is also to be determined in light of the GMC survey feedback for 2017.

Action Plan to Health Education East of England by:	
Action plan updates are required every 2 months on each of the requirements following receipt of this report	
Revisit:	July 2017

Visit Lead: Dr Wilf Kelsall **Date: 16th January 2017**