

**Postgraduate School of Paediatrics Visit**

**West Hertfordshire Hospitals NHS Trust (Watford General Hospital)**

**6<sup>th</sup> July 2016**

**Visit Report**

**Visiting Team:**

Dr Wilf Kelsall, Head of School of Paediatrics  
Ms Sue Agger, Senior Quality Improvement Manager  
Dr Ravi Chetan, RCPCH College Tutor (Southend)  
Dr Anshoo Dhelaria, RCPCH College Tutor (East & North Herts)  
Dr Nicholas Schindler, Trainee representative

**Trust Team:**

Ms Katie Fisher, Chief Executive  
Dr Mike van der Watt, Medical Director  
Mr Howard Borkett-Jones, Director of Medical Education  
Dr Pradnya Sheth, RCPCH College Tutor  
Mr David Goodier, Medical Education Manager

**Purpose of visit:**

The purpose of the visit was to review paediatric training following the last school visit on 29<sup>th</sup> August 2013.

**Departmental Update:**

We received a presentation from Dr Sheth outlining the progress that has been made in the department over the last three years. There has been continued consultant expansion that has allowed the splitting of the paediatric and neonatal rotas. There has also been significant consultant expansion within the emergency department to develop a dedicated children's emergency department with increased consultant support.

Dr Sheth discussed progress with staffing. There will be an increase in the level 1 paediatric trainees in Watford from September 2016. Plans for the phased repatriation of level 2/3 posts have been agreed. Dr Sheth highlighted regular meetings with trainees to allow them a "voice" in their training. The teaching programme including simulation training was outlined.

#### **Trainee feedback:**

We met a representative group of 13 trainees from the foundation programme, general practice and all levels of paediatric training. The trainees highlighted the strengths of their paediatric training in Watford: particularly the quality of the induction programme for in phase and out of phase trainees; consultant engagement with all aspects of education including supervision, completion of WPBAs and trainers reports. The level 1 trainee's highlighted the challenges in attending the timetabled teaching events. The trainees confirmed that they had a trainee voice. They have regular contact with Dr Nisha Ramkumar who is the trainee lead who attends consultant meetings. It was very pleasing to hear that trainee's suggestions and comments regarding their training were taken seriously by the whole consultant body.

#### **Strengths:**

1. Dr Sheth is providing excellent consultant leadership for paediatric training and education in the department.
2. Watford is a busy department that provides excellent clinical experience in general paediatrics, children's emergency medicine and the neonatal intensive care unit.
3. The consultants are all described as approachable and good role models. They are always available clinically. There is excellent engagement with all aspects of training including educational supervision and the completion of WPBAs.
4. There is an excellent departmental induction programme described as "the best I have received". At the start of placements rotas are constructed to ensure that more junior trainees are shadowed by experienced nurses or trainees when they go to neonatal resuscitations.
5. Level 2 trainees are actively encouraged to develop their non-clinical skills in a variety of management activities. All trainees are encouraged to complete quality improvement programmes which often involve more junior level 1 trainees.
6. The level 2/3 trainees have excellent exposure to outpatient clinics with consultant supervision.
7. Although the department runs fixed rotas in all areas, it is well liked by the trainees.
8. The involvement of a trainee and consultant in making the rota work for everyone is very positive.

#### **Significant concerns:**

There were no areas of significant concern.

#### **Requirements:**

1. It was reported that trainees have been asked to take on an increased service workload on the post-natal wards performing more baby checks. A proportion of this work had been conducted by trained midwives, however this appears to have reduced. It is inappropriate for paediatric trainees to undertake this increased service load. This must be reviewed. It is also disappointing that Watford have chosen to reduce the midwife input to the NIPE. It is inappropriate that trainees should be undertaking these out of hours and it is certainly unacceptable that this impinges adversely on their training opportunities. This must also be reviewed.
2. Office space is highlighted as a major challenge which impacts on administrative duties and confidential discussions. This is well known to the department and solutions need to be found to allow trainees to complete their outpatient letters in an appropriate environment.
3. Community paediatrics- induction into community paediatric training needs to be reviewed so that trainees are

aware of their programme and expectations during their placement. It is understood that a trainee is leading on a guideline booklet to address this.

4. Trainees highlighted challenges in their relationship with some midwives and some senior nurses in the children's emergency department. It is inappropriate for trainee's management to be discussed and/ or criticised in a way that leaves them in tears. The whole department needs to reflect on how waiting time targets are achieved and breaches are avoided.

#### Recommendations:

1. Although there is a well-structured teaching programme it seems that there are challenges for the level 1 trainees to attend these sessions. Level 1 trainee attendance should be reviewed.
2. Level 2 trainees also reported that their teaching sessions were well structured but that they are not bleep free. This should be explored.
3. The simulation programme has only recently been introduced and the department should continue to monitor the progress of this programme to maximise trainee attendance (clinical workload allowing).
4. The department must continue to supervise the conduct of handovers and paediatric/neonatal grand rounds. Earlier this year the trainees found these intimidating and challenging. This was fed back to the department through the trainee meetings and the conduct of handover/grand rounds has improved. It is important that this progress is sustained and discussions take place in an appropriate way avoiding humiliation, intimidation or bullying.
5. Trainee attendance at regional study days was discussed. It is important that these training days are highlighted on the rota to maximise attendance. Challenges in travelling to Cambridge were discussed.

#### Action Plan and further visits:

An action plan addressing the issues raised to be completed within 3 months

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| <b>Action Plan</b> | 28 <sup>th</sup> October 2016   |
| <b>Revisit:</b>    | Unless further issues arise the next visit to Watford will be scheduled for Summer 2019 |

**This report has been dictated by Dr Kelsall and agreed by the visiting team.**

Cc:

Ms Katie Fisher, Chief Executive

Dr Mike van der Watt, Medical Director

Mr Howard Borkett-Jones, Director of Medical Education

Dr Pradnya Sheth, RCPCH College Tutor

Mr David Goodier, Medical Education Manager