Health Education East of England
Directorate of Education and Quality

Postgraduate School of Obstetrics & Gynaecology

and

Postgraduate School of Paediatrics

Joint Quality Management visit to Southend University Hospital NHS Foundation Trust

13 March 2014

HEEoE representatives:	Dr Jane MacDougall	Head of School of Obstetrics & Gynaecology
	Dr Wilf Kelsall,	Head of School of Paediatrics
	Dr Alys Burns,	Deputy Postgraduate Dean (Lead Visitor)
	Dr Jonathan Waller	Deputy Postgraduate Dean (Quality)
	Dr Malar Raja	Trainee Representative, O&G
	Dr Ben Kyaw	Trainee Representative, Paediatrics
	Mrs Wendy Kingston	Lay Representative
Trust representatives :	Dr Emily Simpson	Associate Director of Postgraduate Medical Education
	Dr Fathel Awadalla	College Tutor for Paediatrics
	Ms Wendy Pearson	General Manager, Paediatrics
	Mr Khalil Razvi	Business Unit Director for Women's and Children's Services and acting College Tutor for O&G
	Mr Sanjaya Kalkur	Consultant in O&G
	Mrs Katie Palmer	Medical Education Manager
	The following joined the visit for the feedback session:	
	Ms Colleen Begg	Head of midwifery
	Mr Alex Pimm	General Manager, Women 's and Children's Services
	Mrs Gina Quantrill	Associate Business Unit Director
	Separate feedback was subsequently provided by Dr Jonathan Waller to Professor John Kinnear, Director of Medical Education and Mr Neil Rothnie, Medical Director.	

Purpose of Visit / Background:

This joint visit was planned as a co-ordinated approach by Heath Education East of England to review the quality of postgraduate medical training in the departments of Paediatrics and Obstetrics and Gynaecology, which have leadership and managerial unitary under the Directorate of Women's and Children's Services. This visit was initiated by Health Education East of England and further to a review meeting with Professor John Kinnear in September 2013, where concerns were raised particularly in relation to O&G, as well as the planned follow up to previous School visits to both specialties.

The visitors met with the Trust team for a joint overview of training in both departments from the Trust team, and then divided into two teams to meet with the departments of paediatrics and O&G respectively. All the visitors and Trust team then re-joined for the feedback session. The reports for each specialty are detailed below.

Summary of Visit Outcomes
The joint visit led to two contrasting outcomes: The Department of Paediatrics has demonstrated sustained improvement over the past 18 months with excellent progress in addressing previously highlighted concerns. As a consequence of the implemented changes not only has the quality of training improved, but also there have been positive benefits to the quality and safety of patient care and the Department is a happier place in which to work. It is now recognised as one of the best paediatric training units in the East of England. The main outstanding issue that must be addressed is the persistent undermining reported to occur in the neonatal unit. The Department of Obstetrics and Gynaecology continues to be a challenging training environment for more junior trainees and concerns regarding undermining and supervision persist. Despite attempts there has been little opportunity to triangulate concerns with higher trainees. However, Southend as a training location for O&G is not a favoured choice amongst trainees. The hiatus in the co-ordination of training due to the absence of the College Tutor was recognised by the visitors, but the Trust needs to make significant and sustained progress in addressing the significant concerns identified. If this is not demonstrated and evidenced then HEEoE will need to consider if junior trainees should be withdrawn from the Trust. The visitors felt there was opportunity to draw on the experience of positive change implemented in the paediatric department, as well as support and leadership from the Senior Trust team and the School of O&G.

Action Plan for Paediatrics and O&G to Health Education East of England by:	
9th May 2014	
Revisit:	**Paediatrics:** 3 years unless specific issues arise in future GMC surveys or other trainee feedback **Obstetrics and gynaecology:** Autumn 2014

Postgraduate School of Paediatrics
Visit Report 13 March 2014
Lead Visitor: Dr Wilf Kelsall

Visit Overview:

The last formal visit to Southend was on 17 July 2012. Prior visits had been made in January 2010, August 2010, and January 2012. Dr Awadalla's department and Trust had previously outlined a robust Action Plan which was received in September 2012. There had always been the intention to re-visit the paediatric department at the end of 2013 to follow up on previous visits, and this was delayed to facilitate this joint approach. Prior to this visit Dr Kelsall had liaised carefully with the Training Programme Directors. It was the impression from these meetings with trainees that there had been a significant improvement in the Training environment at Southend. The 2013 GMC Trainee Survey confirmed this improvement in the department with a red outlier in only one area (workload), compared to previously five that included overall satisfaction. There had been no adverse feedback from trainees during their ARCP assessments.

Departmental Feedback – Dr Awadalla:

Prior to our meeting with trainees we received formal feedback from Dr Awadalla. He highlighted that the department had been successful in appointing an additional staff grade colleague who works on the level two rota, making it 1 in 8 during the day and 1 in 7 out of hours. He also indicated that consultants were present in the department for extended hours between 5 and 10pm on weekdays. The Trust had also supported the employment of an additional tier two doctor at weekends. The department had reviewed the induction programme to deliver better resuscitation training. The department had put in place measures to tackle undermining and bullying in the neonatal service. Subsequent to our meeting with all the trainees we met 9 further paediatric consultants from the Acute and Community services who shared Dr Awadalla's enthusiasm for the changes made in the department.

Meeting with Trainees

We met a representative group of trainees from all levels including Foundation year two, General Practice, Tier one paediatric, and tier two paediatric trainees. Ten trainees were present at this meeting. We had received written feedback from further trainees. Importantly, we also had additional information from Professor Kinnear's meeting with trainees in December 2013, a departmental meeting between consultants and trainees in February 2014 and most importantly an organised report produced by the Senior trainee following her direct discussions with trainees across the department.

The trainees gave a very balanced, impressive, and professional view of their experience in Southend, touching not only on their training, but also the relationships between all staff (medical and nursing) in the department, and patient safety. They confirmed that the appointment of additional tier two staff and the extra visibility of the consultants had greatly improved the running of the department, greatly improved training opportunities, and had improved the quality of care for patients and their families. They confirmed that the induction programme had been revamped and delivered excellent resuscitation training. Trainees at all levels were then supervised when they went to resuscitations and never felt out of their depth or unsafe. They confirmed that there were excellent educational

opportunities across the department albeit these were not always bleep free and sometimes trainees were pulled out of the meetings to undertake clinical duties. The atmosphere in these meetings was not confrontational.
They confirmed that there was an excellent working relationship between Doctors and Nurses in all areas of the department apart from the neonatal unit. They all could cite examples of difficult working relationships in the Neonatal service. They did this in a professional and balanced way and wanted to "protect" individuals. They highlighted not only how difficult it was for them as individuals to be exposed to this, but also the impact on patient care and patient safety.
All the trainees would recommend their training in Southend.

Conclusions:

1. Dr Awallada has shown excellent leadership in working with his paediatric consultant colleagues, nurses, managers, and the Education Centre to improve training in Southend.

2. The role of the "senior trainee" is well established and she obviously receives regular feedback from her peers regarding local training. Trainees participate in joint meetings with the consultants to review departmental training. Trainees have a role in shaping their training.

3. The Trust has invested significantly in the Department with additional permanent tier two staff appointments and additional temporary staff at weekends. In there has been a significant investment to support consultants adopting extended working patterns to improve training and patient experience in Southend.

4. Trainees confirmed that all the consultants were approachable and supportive in what was a clinically very busy department. Medical and nursing staff worked well in all areas of the department, particularly in Paediatrics and on the Children's Assessment Wards. There were also good examples on the neonatal unit.

5. Induction programmes have been reviewed to ensure much better hands on resuscitation training. Junior trainees are supported by registrars and experienced neonatal staff when attending new-born deliveries in the early phase of their training. None of them felt that they were put in positions where they were unsafe.

6. Midwives are participating in new-born examinations. Whilst the numbers conducted remain relatively small, trainees were extremely positive about the joint approach at weekends making the service more manageable.

7. There are good teaching opportunities locally with a number of meetings. Trainees are encouraged to present at the meetings. There is good consultant leadership and participation in these meetings. The videoconference monthly gastroenterology meeting is an excellent example of how distance based training can be delivered over a wide geographic area.

8. Trainees at all levels are able to attend the regional training days.

9. The department has made excellent progress over the last eighteen months. It is clear that there is a cohesive approach between trainees and consultants to deliver high quality training. As a result of this all trainees would now recommend training in the department. Not only has training improved but they feel it is a happier department delivering a high quality of patient care and service.

Requirements and Recommendations:

1. **The issues around bullying and intimidation on the neonatal service are well recognised and it is a requirement that these are addressed.**
   This has to be resolved; this is now perhaps the only issue that reflects badly on the department which is a real pity. Importantly trainees did indicate that this affects patient care. Processes have been put in place to address this, but it has remained a recurring theme for a number of years and it is important that this is not allowed to drag on. Trainees are now involved in the process and know that they can provide evidence and will be supported when they do so. The buddy system to improve working relationships between staff appears to be working well but this should be strengthened.

2. **The Department should invest in more bleeps to make it easier to contact specific trainees when they are on long days' service.**

3. **The Trust should formalise the investment in additional staff to maintain the excellent progress.**
   HEEoE are not able to offer more level two trainees to Southend and indeed the Trust needs to be aware that training numbers could still contract in the future across the East of England. Therefore the trust should look to make additional substantive consultant appointments to strengthen senior consultant staff and presence out of hours. The current initiatives in paying existing staff locum pay to work evenings and addition of tier two staffing at weekends has paid dividends. It would be cost neutral to appoint more Acute consultants with extended working hours to maintain this progress. Consultants would then be able to supervise evening and night handovers to ensure that they are more efficient for patients and trainees. The Trust should work with the School of General Practice to see whether or not it would be possible to appoint more GP trainees in Southend to deliver expanded GP training numbers in the East of England and the Southend training scheme.

4. **The teaching programme does need further formal review.**
   The trainees are anxious that training sessions are too long which interferes with their service work and patient care. Over-running sessions often mean that trainees need to stay late to complete their clinical duties. Trainees and consultants should work together to review the programme and structure. Meetings should be formalised to try and maximise trainee attendance and where possible allow sessions to be bleep free. The department and Trust should work with the School of paediatrics to see how the excellent initiatives around videoconferencing can be developed further across the EoE.

5. **Trainees and consultants should work together to smooth the process for completing workplace based assessments to ensure that these are not delayed.**
   Where possible ward rounds, clinics, and departmental meetings should be used as the main focus for completing workplace based assessments minimising the need for formal, additional meetings which have been difficult to arrange.

6. **The department has made excellent strides in encouraging midwives to undertake baby checks. Opportunities to develop this further should be explored.**

Postgraduate School of Obstetrics and Gynaecology
Visit Report 13 March 2014
Lead Visitor: Dr Jane MacDougall

Background:

There have been some long standing concerns with the training culture in obstetrics and gynaecology at Southend, which have been previously reflected in school visits, the DPQR in 2011 and a regression in the number of red outliers in the GMC training survey in 2012. These concerns were again highlighted in a Trust review meeting with Professor John Kinnear in September 2013. The last School visit in March 2013 had identified concerns related to the training culture in the department, and in particular over clinical supervision (mainly in gynaecology) and undermining. There were also problems with delivery of USS training, completion of WPBAs, study leave and difficulties in regional teaching attendance.

Red outliers in the GMC trainee survey 2014 : Handover, workload, study leave

Prior to the meetings with trainees Mr Razvi provided formal feedback:

- Undermining issues identified outside of visits – being addressed by new lead for obstetrics and midwifery with HR support. A focus is being placed on behaviours and on empowering staff to raise and address such concerns.
- Hiatus in co-ordination of training as College tutor absent from Trust for more than 9 months – Directorate lead acting as college tutor in interim, but this is not sustainable.
- Rota organisation and planning difficult due to rota gaps which have proven very difficult to fill. This is a recognised issue nationally. The Trust is exploring different ways of working.
- Comprehensive and joint handover for both obstetrics and gynaecology has been implemented
- Rota has been changed to try to meet training needs and trainees are empowered to 'swap' to best match their individual needs
- Interim college tutor interviewed and appointed during visit (Mr Kalkur)

Metrics: ~ 4000 deliveries, 2 tier rota, 60hr consultant cover on delivery unit, 11 FTE consultants

Number of trainees & grades who were met:	ST1 x 3, FY2, GP-ST2, non-training grade ST1/3 level. No ST3 or higher grades of trainees present. Written feedback provided to visitors by GP-ST2 and ST3 Additional information from report of review meeting with Professor John Kinnear and 3 trainees in O&G, December 2013. No ST3 or higher grades of trainee were present at this review.

Strengths:

- No patient safety concerns identified
- Midwives and most consultants supportive and approachable
- Good training opportunities recognised
- Handover process reorganised, now joint & multi-professional: significant improvement
- Flexible and accessible study leave
- Local teaching programme (Fridays and CTG teaching) – but note concern over sustainability

Areas for Development:
• Induction programme for doctors commencing on dates outside of August is patchy and has little or no clinical input • Trainee faculty group – met once only • Educational and clinical supervisors need to be allocated at the start of a placement/post – currently some inconsistencies

Significant concerns:
• Undermining of middle grades observed (no middle grades present to corroborate but written report from trainee does confirm) • Gaps in trainee rotas noted to impact on training as service takes precedence – new solutions required • Reported imminent departure of two consultants and concern as to impact on supervision and sustainability of teaching programme • No local USS training • Unsupervised registrar clinics • Junior tier rota has 7 consecutive nights on call

Requirements:
1. Need to sustain momentum in addressing undermining 2. Ensure appropriate clinical supervision of trainees, including in clinics 3. Induction programme to be implemented with clinical input for all starters 4. Implement change to on call rota for junior tier to 3/4 split nights by August 2014 5. USS Training – if not deliverable locally, School may be unable to place ST1/2 trainees in unit in future

Recommendations:
1. Trust to address gaps in rota – consider consultant 24/7 with new appointments / IMG / Trust doctors 2. Continue to develop trainee faculty group to address local training issues 3. Need to sustain improvements to teaching programme 4. Ensure timely educational supervision