Health Education England

Directorate of Education and Quality

Postgraduate School of Paediatrics Visit

Norfolk and Norwich University Hospitals NHS Foundation Trust

Monday 18th July 2016

Visit Report

Visiting Team:	**Trust Team:**
Dr Wilf Kelsall, Head of School of Paediatrics Dr Andrea Turner, Training Programme Director ST3-5 Dr Nisha Nathwani, Regional Advisor Dr Alys Burns, Deputy Postgraduate Dean Dr Amy Ruffle, Trainee representative Dr Ali Ahmed, Trainee representative Ms Susan Agger, Senior Quality Improvement Manager	Mr Peter Chapman, Medical Director Mr Richard Smith, Director of Medical Education Dr Nandu Thalange, College Tutor, Paediatrics Dr Florence Walston, College Tutor, NICU Mrs Wendy Wood, Medical Education Manager Paediatric Clinical and Educational supervisors

Purpose of visit:

The purpose of the visit was:

- To review progress made in the department since the last school visit on 13th July 2015 and following the appointment of dual paediatric tutors, Dr Florence Walston in the neonatal intensive care unit and Dr Nandu Thalange in paediatrics.
- To review progress against the Trust's action plan.
- Following communications with the School of Paediatrics and the CQC in May 2016 that raised concerns about the training environment, to review outcomes of the internal review of training conducted by Mr Richard Smith, Director of Medical Education.
- To discuss the 2016 GMC Survey which identified NNUH as a red outlier for overall satisfaction and being a supportive environment.

Meeting with Paediatric Tutors:

Dr Walston and Dr Thalange updated us on progress in supporting training across both areas of the department over the last year. They confirmed that they both tried to meet regularly with the senior trainees and the wider trainee group to discuss training issues. They identified fundamental differences between training on the neonatal unit and in general paediatrics.

Dr Walston highlighted progress in the neonatal training provision since the visit in July 2015, where there were specific concerns related to the working relationships between the trainees and the advanced neonatal nurse practitioners (ANNP). The introduction of regular team meetings and a buddy system has substantially improved working relationships. It was recognised there was on ongoing need to 'weave' these systems together to provide an effective service and training environment. The rota is now medically led.

Dr Thalange highlighted that there were ongoing problems in paediatrics. Inequalities in the level 1 rota persist because of unbanded GP trainees, and currently this rota is a 1:6. There was a senior management review of the unbanded posts being undertaken on the day of the visit, with a view to identify the funding provision of banding and commitment to the on call rota. There have been significant staffing shortages and challenges in running the rota in part due to sickness. Trainees were pulled from their "floating weeks and training clinics" to deliver service both in service outpatient clinics and to cover the Children's Assessment Unit (CAU). The CAU remains a real problem because of increasing workload, with an increase in over 3000 attendances in the past five years. The service pressures mean that trainees are not able to complete required activities such as attending teaching and audits. There is inconsistent consultant supervision on the CAU. There is regular cover by up to four CAU consultants weekday afternoons/evenings and some weekends but this is not backfilled to cover their annual leave or other absences. During these times cover is provided by the paediatric consultant of the week or out of hours consultant. The organisation of the CAU and paediatric emergency department services in Norwich is currently a Trust strategic priority with the proposal to merge these services by 2018.

The visiting team were provided with a summary of the Trust's internal survey of paediatric and neonatal trainees, which was undertaken in relation to all paediatric and neonatal consultants. This was discussed with the tutors and it was recognised there was limited detail in the summary, and the visiting team did consider it would be helpful to review the anonymised range of scores and free text comments. The action plan generated by this survey was reviewed and it was noted this was at the early stages of implementation.

Meeting with trainees:

The visiting team met a representative group of trainees which included GP, foundation, and paediatric trainees from all levels of training. The trainees worked across both the paediatric and neonatal department. The senior trainees presented collated feedback from discussions prior to the visit and we received further reflective and constructive individual feedback from trainees during the visit. The trainees were clear that their placements in Norwich offered them the opportunity to develop their clinical skills. They were very positive about the split tutor role and the accessibility of both Dr Thalange and Dr Walston. There was a significant contrast between the experience in NICU, which was much more positive, and in general paediatrics where significant concerns were raised.

The trainees were pleased to have had the opportunity to complete a survey regarding their experience in Norwich. They had felt that their concerns would be heard through the report produced by Mr Richard Smith, Director of Medical Education on behalf of the Trust which was external to the paediatric department.

The training experience on NICU was evidently a well-supported environment, with a highly visible and approachable consultant presence and good leadership. It was noted that attitudes had changed substantially over the last year with much better integration of roles and team working. There were excellent training opportunities and good exposure to procedures. There continued to be some concerns about the slightly 'gossipy' culture that led on occasion to informal comments about colleagues in front of others, which did make some trainees feel uncomfortable.

In contrast, in general paediatrics there were a number of significant concerns raised by the trainees. They described problems with the level 1 and level 2/3 rotas with service pressure and ongoing inequalities due to the different banding arrangements. They raised significant concerns about 12 day stretches at work, which ultimately impacted on their health and sickness absence. They described being "physically and emotionally broken" with low morale, fatigue and an evident impact on the profile and retention in the specialty. They also described feeling undervalued

by some consultants. They felt that service demands were always paramount with trainees being pulled out of speciality outpatient clinics. Trainees with a special interest were not able to attend their specialty clinics, and junior trainees found it difficult to focus on working towards their exams. They were often unable to attend teaching, which is rarely consultant facilitated.

Rota shortages led to a dependence on locums with trainees being asked to work well beyond their shift at very short notice with varied consultant support. The CAU was highlighted as the biggest problem. There are 3 or 4 allocated consultants to cover the CAU for periods of the day, when they were present the situation was manageable. However when these consultants are away there is no robust consultant input into the CAU. There was a significant variation in consultant support. It was emphasised that some consultants offer outstanding support and will "roll up their sleeves" and help run the department, whilst others simply leave offering no help. Some consultants appear reluctant to return to support trainees. It was reflected that some consultants do not generally have a visible presence on call, and some trainees have found it difficult to ask for help. It was reported that nurses would call the consultant for help as registrars do not always feel able to do so.

Strengths:

1. Trainees feel that Norwich offers excellent clinical training opportunities for all levels of training in paediatrics.
2. The appointment of Dr Thalange and Dr Walston as joint Tutors has significantly improved communication with trainees, offering regular meetings to discuss training issues. Trainees all feel they both care about them as individuals.
3. There is a visible consultant presence and leadership on the NICU 24 hours a day, 7 days a week.
4. There has been a clear improvement in the working environment on the neonatal intensive care unit. The introduction of the buddy system and joint meetings has worked well. The consistent rotas at level 1 and level 2/3 is well appreciated.
5. In the paediatric department the consultant leadership and support is more varied. There are some very supportive consultants, some excellent role models across the department who support trainees clinically and care about trainees.
6. No specific concerns were raised about bullying or undermining.
7. Trainees feel very positive that they have been able to feedback to Mr Richard Smith and the Trust regarding their paediatric experience. They hope that they will be listened to.

Significant concerns:

As detailed above, the School visit and GMC Survey highlight areas of significant concern in the department. There needs to be a root and branch cultural change in the general paediatric department. It was disappointing to hear that trainees have been on the brink of leaving paediatrics and feel that the inconsistent consultant approach has led them to near breaking point and feeling undervalued. This feeling does not exist on the neonatal unit.
Whilst there are excellent role models in paediatrics the inconsistent practice is damaging for the reputation of the department and the Trust. None of the trainees would recommend their training in the general paediatric department in Norwich, although they do recommend their training in the neonatal department.

- The training environment is perceived to be unsupportive and significantly challenged by service pressures and understaffed rotas.
- This has had a negative impact on trainee morale, physical and emotional well-being.
- There is a perceived culture where trainees feel it may be difficult to ask for help and are fearful of recrimination

should they raise concerns. Although on direct questioning no specific concerns were raised about bullying or undermining, there was a sense of a degree of intimidation that made it difficult to flag such issues.

- There are serious concerns around the running of the CAU when the CAU consultants are not rostered and with some of the out of hours consultant support. This has implications for trainee support and patient safety.

Areas for Development:

1. In the level 2/3 rota there must be more flexibility to allow trainees to attend their specialty clinics.
2. The teaching programme needs increased consultant leadership. Whilst the NPEG programme is very successful, opportunities for trainees to attend are limited by service demands.
3. As in previous reports we have suggested that trainees have access to experience in paediatric surgery and this should continue to be explored.
4. Handover in general paediatrics was described as variable with a need to be strengthened with consistent consultant presence at evening/night handover.

Requirements:

HEE (EoE) expressed significant concern about the persistence of the issues raised in relation to the training environment and has a zero tolerance of undermining. Whilst there was not sufficient evidence triangulated at this visit to recommend that trainees be withdrawn from the Trust, the consequence of not addressing these concerns prior to the next visit may be escalated such that paediatric trainees may be withdrawn from the Trust.

HEE (EoE) are required to escalate the level of concern to the GMC and the Trust will now be included in the GMC enhanced monitoring process.

- There is a requirement to address the culture within the paediatric department, which was perceived as intimidating, and including support for trainees in raising concerns without fear of recrimination. Dr Thalange and Dr Walston must be supported to achieve this
- The initiatives that are being undertaken to address service pressures, working arrangements and staffing issues within the department need to be implemented and sustained, in order that a more positive culture can be built and the training environment is better supported.
- There is a need to proactively manage rota gaps such that trainees are not pressured into providing over at short notice. The appointment of a rota administrator may reduce pressures on trainees and consultants allowing better rota planning.
- There is inadequate supervision and support of trainees on the CAU and this must be addressed. The current arrangements for consultant cover must be reviewed to ensure more consistent 7 day support in the CAU.
- The on call General Paediatric Consultants must be more pro-active in their out of hours and weekend support and supervision. The Trust requirements in this regard need to be clarified, with an expectation at minimum of a daily face to face meeting with the on call trainees at the weekend with the objective of supporting and actively the workload.
- There are inequalities in the level 1 and level 2/3 rotas. Previous school visits have highlighted this issue and the unbanded GP posts. For the level 1 rota to be sustainable all participants must be banded for out of hours work.
- The School of Paediatrics and the Dean will liaise with Richard Smith to ask for a more detailed version of the survey of paediatric and neonatal trainees to understand the background of the problems in Norwich. There is not a requirement to know individual names and an anonymised report will provide a full understanding of the issues. There is a requirement for an update from the department and the Director of Medical Education

regarding the specific action plan in relation to the survey.

- Trainees must be facilitated to attend weekly teaching, which should have greater consultant facilitation.
- Trainees must be facilitated to attend their special interest clinics, and specifically those trainees requiring specialist experience as part of their SPIN and GRID curricula.

Recommendations:

- The visiting team recommended a mentoring arrangement with another suitable sized Trust. This proposal was received positively by all present. It was proposed that Luton could provide such support and the Trust team should liaise directly with Dr Nathwani.
- Pathways for Trainee/Trainer communication should be further developed, building on the current trainee forum and routes for trainee representative feedback. Time allocated for face to face feedback would assist in the understanding and awareness for both groups. It would also minimise misunderstanding resulting from other used modes of communication such as email.
- The neonatal unit should consider human factors training to raise awareness about the concerns flagged about informal feedback about colleagues through 'gossip'.
- The general paediatric department should explore access for exposure to paediatric surgery as part of the paediatric training opportunities available at NNUH as had been discussed in previous visit reports
- Handover processes in general paediatrics should be reviewed with a view to achieving more consistency enhancing these with a greater consultant presence, especially out of hours.

Conclusions:

While there is evidence of clear progress in the neonatal unit, major problems remain in the general paediatric department. The feedback at this visit triangulates with the GMC trainees survey and we believe reflects the outcomes of the local survey conducted by Richard Smith on behalf of NNUH.

HEE (EoE) has serious concerns regarding the trainee experience in Norwich. This will be discussed fully with the Dean and escalated to the GMC, with the anticipation that the Trust will be placed in enhanced monitoring for paediatrics
The CQC were aware of this visit and expect to be notified of the results.
The department must address these training issues particularly relating to the culture, inequalities in the rota, the service demands of the CAU and inconsistent consultant support.
The Trust has been advised that if these issues are not resolved then consideration will be given to the removal of trainees in paediatrics from Norwich, including specialty, foundation and GP trainees.

Action Plan and further visits:

Departmental action plan within 8 weeks.
HEE (EoE) will request an update on the action plan relating to the survey directly from Richard Smith.

Action Plan	30th September 2016
Revisit:	To be confirmed further to discussion with the GMC. Anticipated late October/early November 2016 with visiting team to include GMC representation