School of Postgraduate Paediatrics Visit to

Princess Alexandra Hospital NHS Trust

Visit Report

Friday 17th January 2014

HEEoE representatives:	Dr Wilf Kelsall, Head of School of Paediatrics Dr Matthew James, Training Programme Director Dr Andrea Turner, Training Programme Director Dr Anna McDonald, Paediatric tutor

Purpose of visit:

In accordance with the review of the delivery of training in all Trusts in the EoE, a visit was undertaken at Princess Alexandra Hospital NHS Truston Friday 17th January 2014.

This meeting was arranged to review training opportunities in Harlow. The last formal visit had been in January 2012 when a number of recommendations had been made and the Trust duly put in place an Action Plan.

Meeting with trainees:

We met a representative group of trainees from Foundation Doctors through to level 2 paediatricians. Two students also joined the discussions. In addition we also received written email feedback from a number of trainees prior to and after the visit. The trainees were generally positive about the department describing all the consultants as approachable and willing to be contacted about clinical matters. They had all received education supervision which for the most part was positive. As a group of trainees they are supportive of one another. They are aware that there is a single lead trainee in the department who should act as a conduit with the consultants. They confirm that regular meetings take place with Dr Thambapillai to address training issues. Importantly they highlighted concerns regarding the induction process, access to outpatients particularly for the more junior trainees, and the organisation and atmosphere in the neonatal service and postnatal wards

Feedback from the Paediatric Tutor – Dr Thambapillai

Dr Thambapillai gave a presentation updating us on the department, recent consultant appointments, and the general organisation of the department. He also discussed future strategies. We also received feedback from Dr Refson, the Director of Education and Margaret Short, the education centre manager. The 2013 GMC survey had highlighted only one outlier in paediatrics around access to regional teaching. Overall recent GMC surveys have shown steady improvement in the department since 2009.

Conclusions:

1. The Trust and the department have responded well to recommendations made in the last visit two years ago. Dr Thambapillai has worked hard with his colleagues and trainees to deliver high quality training in Harlow.
2. All the consultant body are approachable and respond appropriately when called by trainees.
3. Previous problems in the community paediatric programme have been transformed by recent appointments.
4. There are excellent examples in consultant leadership in training, particularly around the provision of echocardiography, ultrasound, and simulation training in the teaching programme.
5. Trainees were very positive about the support of paediatric nurses across the paediatric department and in the Emergency Department. The trust has been working to improve the number of baby checks performed by midwives.
6. The use of 'winter pressure funding' to provide extra level 2 doctors out of hours and at weekends has improved the quality, efficiency, and safety of the services to children and has also improved training opportunities.
7. The appointment of two new consultants has resulted in improved training opportunities. There is consultant presence at all handovers and regular feedback between trainees and consultants to address training issues.

Recommendations:

1. The department needs to strengthen the role of the senior trainee as not all trainees seemed to be aware of her role.
2. The hospital induction process is problematic for all trainees, not just those joining out of phase. There appears to be significant problems between the Human Resources and IT departments. Perhaps most importantly this led to a failure of allocation of ID badges and passwords to allow access to the wards and the Trust IT system. These problems were not resolved for up to 10 days. This not only reflects negatively on the Trust but is a major patient safety issue and confidentiality problem. The Trust induction process needs to be reviewed and strengthened as a matter of some urgency for out of phase trainees, particularly Foundation and General Practice trainees the department induction needs to be more robust ensuring that these more junior trainees are taught resuscitation and have a full introduction to the whole department including the delivery unit. Trainees must be supervised until they are confident with procedures and have achieved the appropriate competencies.
3. The departmental teaching programme should be reviewed. As discussed above there are some excellent examples of teaching in the department. Generally though the programme needs review to improve senior leadership and participation. The programme needs to be reviewed to maximise junior trainee attendance. We recommend that the review and reorganisation involves a senior trainee working alongside a consultant.

4. Regional level one training days. The dates for these meetings have been previously circulated to all trainees and paediatric departments. The expectation from the school of paediatrics is that trainees should attend three out of the four training days. The department must ensure that trainees are free to attend. This will require consultant input into the rotas to ensure that paediatric trainees are released.

5. Outpatient experience for level two doctors was adequate but was very poor for the less experienced junior level one trainees. The organisation of the diabetes and endocrine clinic in particular needs review to ensure that trainees are not seeing patients without supervision. It would appear that the numbers attending these joint clinics are too high. We recognise that one of the problems for junior trainees attending clinics is a shortage of numbers and the fact that trainees are pulled away to cover other areas of the department. However outpatient clinics are a mandatory part of training and must be provided.

6. Guidelines across the department are described as being out of date and ad hoc. The Trust and Department must work to address this. Options might include the use of more network based neonatal guidelines and using something such as the paediatric "red book" which is a guideline booklet that is widely used across the midlands and is available to other Trusts across the UK. The departmental handbook is also out of date and needs review. We would suggest senior trainee involvement reviewing the guidelines and handbook.

7. Office/Administration space is at a premium. The limited facilities create difficulties in dictation of clinic letters and access to computers and phones to complete discharge summaries and chase results.

8. Neonatal and postnatal services. This was the area of greatest concern for the junior trainees. Many found this rather a hostile and disorganised environment when they first joined the department leading to difficult working relationships with neonatal and midwifery staff. Trainees did not understand their roles and felt they were expected to undertake tasks that they did not feel competent to do. They describe transitional care babies receiving antibiotics on the postnatal ward who received limited senior input. Junior trainees were left to make significant management decisions without supervision. They feel that very few baby checks are currently being performed by trained midwives. The visiting team felt that these issues raised potential patient safety concerns. The structure and running of the neonatal unit needs increased consultant leadership to improve the atmosphere, improve service delivery, improve training opportunities, and thereby improve relations between all staff. There must be an improved induction process to ensure that all staff know their roles and expectations. Failure of this induction process led to difficulties in communication across the department, with one trainee describing an intimidating conversation around the organisation of handover sheets.

9. Departmental staffing and organisations of rotas. The visiting team are concerned that the number of doctors on the level one rota is not adequate. This leads to difficulties in running the service and means that trainees are pulled out of the outpatient clinic to deliver other service. Trainees also struggle to attend current departmental teaching. The department should work with the Trust and Deanery to review this. There may well be opportunities to expand the number of GP trainees and this should be considered. The School of Paediatrics will liaise with the Department and the School of paediatrics in London to see whether or not we should redeploy some London trainees to the East of England to give more balance to the training programme. The use of winter pressure moneys to employ more level two doctors to support staffing at night and weekends is clearly a success. This is something that needs to be reviewed urgently by the department to ensure that this progress is maintained throughout the year. One option would be to appoint

more consultants who have extended working roles with an increased presence later in to the evening. The current consultant numbers appear insufficient to run a busy department. The current consultant of the week system does not provide appropriate consultant supervision and does not meet the RCPCH" facing the future standards" with a number of patients passing through the hospital and the neonatal service transitional care area without appropriate consultant supervision. The department needs to review this as a matter of urgency. By changing the role of consultants using "Acute" consultants alongside existing consultants a better service with better training could be delivered across a longer period of the day seven days a week.

Action Plan and further visits:	
It is important that training and service are reviewed to enhance the quality of training. The more junior doctors obviously struggle when they first arrive in the department, and as a result of these difficulties most would currently not recommend training in Princess Alexandra Hospital. Whilst there has been an improvement in the training environment in Harlow, this must be sustained. We would like to receive an action plan from the Trust addressing the issues raised in this visit and receive an update in 6 months' time. The timing of the next visit will depend on feedback from the trainee survey and from the ARCP process later in the year.	
Revisit:	**Dependent on feedback from trainee survey and ARCP process**

Visit Lead: Dr Wilf Kelsall, Head of School of Paediatrics **Date: 28th February 2014**