

**School of Postgraduate Paediatrics Visit to
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
18 July 2016
Visit Report**

HEE EoE representatives:	Dr Wilf Kelsall , Head of School of Paediatrics Ms Sue Agger, Senior Quality Improvement Manager Dr Gautam Ambegaonkar , RCPCH College Tutor (CUHFT) Dr Shazia Hoodbhoy, RCPCH College Tutor (CUHFT)
Trust representatives :	Dorothy Hosein, Chief Executive Dr Beverly Watson, Medical Director Dr Glynis Rewitzky , College Tutor – Paediatrics Mrs Jeannette Richardson, Medical Education Manager Mrs Heather Slater ,Medical Education Administrator

Purpose of visit and Background :

A review of the delivery of training was undertaken to Queen Elizabeth Hospital King's Lynn NHS Foundation Trust on 18th July 2016 to assess progress since the last school visit in July 2011.

Departmental Feedback:

We received a verbal update from Dr Rewitzky including the departmental response to the 2016 GMC trainees survey. She outlined consultant changes in the department since the last visit. She described the consultant roles in departmental training with the different trainee groups. They highlighted the challenges caused by staffing vacancies and difficulties in recruiting replacement Trust fellows which impacts most on the level 2/3 trainees. The department continues to develop the roles of nurse specialists and midwives. She described good engagement with all trainees.

Meeting with trainees

The visiting team met with a representative group of trainees including foundation and paediatric trainees from all levels, we also received written feedback from trainees not able to attend the visit. They were all very positive about their training receiving good educational supervision, trust and departmental inductions. They confirmed that the rotas were "very flexible" allowing them to attend training days and access other study leave but this was at the expense of it being finalised at very short notice. The only concern raised was around trainee ANNPs participating on the OOH rotas when they were inexperienced with procedures and could not prescribe.

Strengths:

- Excellent variety of clinical experience available
- Strong consultant leadership
- Supportive consultants including out of hours
- Excellent team working across the medical and nursing staff
- Staff shortages addressed by use of MTI program and the development of AHPs, ENPs and Midwives
- The trainee voice is listened to and appropriately acted on. Trainees are invited to attend consultant meetings and participate as members of the faculty groups
- Educational supervision is very good
- Educational supervisors are GMC accredited
- Trainees encouraged to development management and research skills. For example as handover leads, through project work etc.
- Flexible rota and trainees can attend regional teaching, take study leave and allows for choice of annual leave.
- Evidence of working across Norfolk as shown by participation in the NPEG teleconferences
- All trainees would recommend their posts for training.
- Departmental induction is beneficial for in-phase trainees

Areas for Development:

- On occasion handovers can be excessively critical. There have been instances where some consultants have displayed non-verbal behaviours that appear intimidating to trainees at handover.
- Simulation training is only available to trainees on NICU.
- There is a lack of constructive regular feedback to the trainees.
- Locums are unable to access ordering investigations as they do not have access to the necessary bar code.
- Departmental induction is lacking for out of phase trainees.
- The cross cover of Rudham ward and the Paediatric Assessment Unit (PAU) is stressful with a high workload which the trainee is expected to manage. In addition there can be communication difficulties between the Emergency Medicine Department, Paediatrics and PAU this is more pronounced when the PAU is closed.
- There is little support for trainees when having to deal with adverse events. Trainees have to seek help and there is limited availability for debrief sessions.
- Local teaching is inadequate for Paediatric registrars with service provision taking precedence.

Significant concerns:

There were no areas of significant concern.

Requirements:

1. The conduct of the handovers needs to be reviewed avoiding intimidation and public criticism
2. Trainees must receive feedback in a timely and appropriate way
3. Locums should be given appropriate access to allow them to undertake bloods and investigations
4. The induction process for out of phase doctors needs to be formalised and reviewed
5. The cross cover arrangements for Rudham ward and the Paediatric Assessment Unit (PAU) and communication channels with the Emergency Medicine Department must be reviewed
6. Formalized debriefs must be introduced for all trainees involved in adverse events. It is suggested that there is a named consultant who offers support both practical and pastoral along with mentoring
7. The delivery of local teaching for the higher trainees is problematic because of the workload. How teaching is currently delivered must be reconsidered.

Recommendations:

1. A review of the opportunities for simulation should be explored to maximise opportunities for all Paediatric trainees
2. The rota is flexible but would be enhanced if it was made available to trainees earlier

Action Plan to Health Education East of England by:

16 December 2016

Revisit:

Unless further issues arise the next visit will be scheduled for Summer 2019