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Report from School of Paediatrics visit to East and North Hertfordshire NHS Trust, Lister Hospital

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Visiting team: Dr Wilf Kelsall, Head of School of Paediatrics
Dr Angela D'Amore, Regional Adviser Paediatrics for LTFT training , East of England School of Paediatrics
Dr Anna Maitre, Senior trainee representative

Background

We returned to meet the trainees at E&N Herts NHS Trust to receive an update on their training. The last full school of paediatrics visit to E&N Herts NHS Trust took place in August 2011. Previous visits in August 2010 and February 2010 had highlighted some significant concerns regarding training in the department. Since these visits, all the Trusts paediatric services have been established on a single site. The most recent Dean's visit to the Trust in 2013 had not highlighted any specific paediatric issues. The QM executive paediatric report for the Deanery highlighted areas of good practice such as allowing GP trainees to attend mandatory training days. The recent GMC training survey highlighted some general issues in the Trust around the provision of IT and library facilities. There were no specific paediatric issues but it was disappointing to see that the East and North Herts Trust appeared unpopular amongst trainees in terms of overall satisfaction compared to other units.

Meeting with Trainees

We met with 14 trainees consisting of a representative group from all levels and different training programmes. In addition, prior to the visit I had received email communication from a number of other trainees. The trainees once again confirmed that they gained excellent clinical experience in the Trust seeing a broad range of clinical problems, particularly in the Children's Assessment Unit. The trainees were very positive about how they worked together as a group looking after one another and providing a supportive professional service. They indicated that inductions took place appropriately; they all knew who their educational supervisors were. They were generally very positive about their experiences in the neo-natal unit where they thought there was excellent clinical leadership and good consultant role models. They received regular teaching on neonatal ward rounds and had clear plans regarding the management of patients. They reported that some progress had been made with midwives performing baby checks, particularly on the midwifery led birthing unit. Trainees were anxious about the workload in the neonatal unit particularly overnight, as there is only one registrar to cover both sites and often the registrar is busy in the paediatric department. As a result the morning neonatal handover of patients was sometimes challenging. They did highlight some concerns around communication and how they were treated particularly in handovers across the whole department. There were some concerns about the use of specific terminology such as 'naming and shaming' and 'that they should be more proactive and they were not medical students'. All the trainees were positive about aspects of the teaching programme particularly the resuscitation/simulation training. They indicated that in theory there was a good teaching programme but there were some issues around it's' organisation and delivery. Medical MRCPCH teaching was varied with some consultants being more active than others. The trainees were positive about a number of consultant role models in paediatrics. The trainees were generally very positive about the staffing structure of the unit but highlighted differences in working between consultants and registrars covering out of hours' shifts particularly relating to support in the busy assessment unit.

College Tutor Presentation

Dr Kandala gave a presentation regarding progress in the department following the centralisation of services on the Lister site. He discussed the successful introduction of the twilight shift providing increased senior support until 10pm. He described an extensive teaching programme that occurred across the department. He was able to update the school on recent staffing developments and new consultant appointments. He outlined future senior staffing plans to improve the non-resident consultant working. A review of consultants working patterns including out of hours working is currently under discussion.

Conclusions

1. The GMC survey has been reviewed by the Trust and Department and many initiatives have been put in place to improve access to library facilities and to improve IT with the use of apps and an updated Intranet

2. The clinical services have been successfully integrated onto a single site.

3. The introduction of a twilight shift provides better senior support during times of increased workload, 7 days per week.

4. There is excellent resuscitation training.

5. Clinical experience in the Trust provides excellent training opportunities, particularly in the Children's Assessment Unit.

6. The Department has made progress in extending midwifery roles to perform baby checks.

7. The department has up to date guidelines available on the internet.

Observations and recommendations

1. The role of the senior trainee and his or her participation in consultant meetings need to be strengthened. Trainees should be given the opportunity to discuss their training and make suggestions for improvements. HEEoE recommends that training discussions are minuted at consultant meetings. Regular meetings should occur with trainees not only to review the quality of training but also consider delivery of service. This good practice is carried out widely across the school of Paediatrics with many departments conducting monthly meetings. This practice leads to good working relationships between trainees and consultants and improves training and delivery of local services.

2. Paediatric trainees should be encouraged to engage with the Trust Education Department, trainees seemed unaware of some of the educational and training initiatives.

3. Whilst trainees were very positive about their experience on the neonatal unit, it would help with their workload particularly at night if nursing roles could be extended, with nurses perhaps undertaking some blood gases and blood sampling for antibiotic and bilirubin levels.

4. The current teaching programme offers some excellent training particularly the resuscitation training. There is some variability at the moment within the programme. It would be an ideal opportunity for a senior trainee to work with the consultants to refocus/ reorganise the teaching programme to provide more robust consultant delivered sessions which would be greatly appreciated. It might be appropriate to suggest more simulation sessions are introduced perhaps alternating with the paediatric resuscitation events.

5. Senior medical leadership in the Child Assessment Unit does appear to vary throughout the day and over the course of the week. There needs to be more consultant presence and

monitoring of the workload particularly when the unit is busy. There needs to be clear communication regarding consultant cover to ensure that trainees know who to turn to when they need support. Whilst there is a consultant of the week, examples were cited when the consultant was not available and staff did know who was covering.

6. The department must work to free paediatric trainees to attend the new ST1-3 training days. These dates have been circulated and we recommend trainees attend at least 3 out of 4 of the annual days. The introduction of these training days has been hugely popular and trainees have benefited from them.

7. The handover process needs review. Trainees find them 'Intimidating' because of the workload and volume of cases to present. Handovers need to be consultant led and start promptly so as to not to overrun and adversely affect the teaching programme. There needs to be clear delineation of roles and attendance should be limited to only the necessary teams required for the handover. We were told that the handover process was due for further review and this should provide useful information for the department.

8. There needs to be an urgent root and branch review of training in the department. The feedback we received from trainees was measured and professional. The level 1 (General Practice, Foundation, and Paediatric) trainees, would with some reservations recommend their training in Stevenage. The higher trainees felt that this was a very busy department to work in with good clinical exposure. However, because of the workload and levels of support there were some concerns about recommending level 2 training particularly for new starters at this level. The feedback from a number of consultants was quite negative, highlighting significant concerns regarding a number of trainees and the trainees' professional approach to consultants. These concerns have not been fed back to the School of Paediatrics, Training Programme Directors, or indeed the local educational leads. It was agreed that the school visit was not the correct forum to discuss specific issues relating to individual trainees and these would be considered separately.

   There appeared to be a breakdown of trust and respect between the consultants and some of the trainees. I think this does not reflect well on anyone involved in the department, the Trust, or the School of Paediatrics. I have spoken at length to Dr Khan subsequent to the visit and asked him to review these concerns internally in the first instance. I am aware that there is a perception that I favour trainees and do not listen to consultants. I have assured Dr Khan that this is absolutely not the case. If trainees have acted inappropriately this must be dealt with properly locally and then fed back to HEEoE and the School of Paediatrics where action will be taken. My aim is to deliver the highest quality training in all departments in the East of England. Where training is of high quality, I believe the service is also of high quality. I have the same expectations of trainees as I do of consultants. We must all work together to deliver high quality training and service.

This report has been reviewed by other members of the visiting team. It has also been discussed with Professor Gregory. I have agreed with Dr Khan that we will re-visit the department in July before the next changeover of staff. If there are concerns in the department or Trust about how this visit and previous visits were conducted along with communication from the School of Paediatrics then these should be raised with HEEoE. I am sure they will suggest greater externality in the next re-visit which could include GMC representation. I would be happy to discuss this report further, but would propose to do this in the presence of Dr Khan.

Report completed by Dr Wilf Kelsall Head of School of Paediatrics, December 2013

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