

Postgraduate School of Paediatrics Visit

East & North Hertfordshire NHS Trust (Lister Hospital Stevenage)

Tuesday 5th July 2016

Visit Report

Visiting Team:

Dr Wilf Kelsall, Head of School of Paediatrics
Dr Andrea Turner, Training Programme Director ST3-5
Dr Sharmila Nambiar, RCPCH College Tutor (Mid Essex)
Ms Susan Agger, Senior Quality Improvement Manager
Dr Shaveta Mulla, Trainee representative
Dr Gunjan Jain, Trainee representative

Trust Team:

Mr Nick Carver, Chief Executive
Miss Jane McCue, Medical Director
Dr Anshoo Dhalaria, Paediatrics College Tutor
Dr Shahid Khan, Director of Postgraduate Medical Education
Mrs Christine Crick, Medical Education Manager

Purpose of visit:

To review the progress of paediatric training at East & North Herts hospital following the last visit on Monday 10th August 2015.

Departmental Feedback:

We received a summary of the progress made in the department and reviewed the action plan with Dr Anshoo Dhalaria who has been the paediatric tutor in the Lister hospital for the last 18 months. She updated us on new consultant appointments with changes to the consultant working practice. Until there are further general consultant paediatric appointments there will be no changes to the evening working pattern on cover of the children's assessment unit (CAU). She confirmed that all consultants continued to act as clinical and educational supervisors. She highlighted progress made with respect to the teaching programme. Challenges were highlighted around accommodating academic foundation trainees and coping with gaps in the rotas.

Meeting with trainees (including Foundation, GP and Paediatric trainees from all levels of training)

The Trust provided detailed lists of trainees who were able to attend which was very helpful. Trainees had also met in advance of our visit to discuss training issues. The trainees felt that the department was improving and they feel well supported by Dr Dhelaria and some of the consultants. They were positive about teaching programme and felt that in general there was good consultant leadership. They highlighted issues regarding staffing shortages in the rotas. The level 1 trainees felt these shortages impacted on their outpatient clinic experience. They were though grateful for the flexibilities in the rotas when it came to taking annual leave and study leave. The trainees felt that the neonatal service had good consultant leadership with good working relationships with nursing staff. Handovers on the neonatal unit were well conducted and consultant led. Handovers in paediatrics were more variable. Consultant input for the evening and night handovers very much depended on individual consultants. Support for trainees in the children's assessment unit remains very variable. Issues raised in last year's visit regarding consultant leadership have not been addressed and there is great variability of support amongst the consultants. There continue to be problems around consultant presence and accessibility in terms of answering calls when required.

Significant concerns:

Consistent consultant leadership in CAU

Conclusions:

1. Dr Dhelaria is providing excellent leadership in the department.
2. There is excellent engagement with trainees. The senior trainee roles are well established and faculty groups are running well. There is a clear trainee voice through the senior trainees.
3. There are some excellent consultant role models in the department who support trainees covering the clinical service particularly the CAU and provide excellent educational supervision.
4. There is better consultant leadership of the morning handovers; there were no concerns about intimidation and negative criticism.
5. There is a robust teaching programme which includes resuscitation and safeguarding.
6. The departmental induction programme has been enhanced and following feedback from trainees now includes a safe guarding session.
7. All the level 1 trainees would recommend the department for training. The level 2/3 trainees are more reserved only recommending their neonatal training.

Recommendations:

1. The department must immediately address the issues around inconsistent consultant leadership, presence in the department particularly the busy CAU and in educational supervision.
 - In paediatrics and the CAU the consultant role remains problematic. The issues highlighted in the 2015 visit have not been addressed. Some consultants provide limited support and indeed may even leave the department when it is busy and very complex patients are receiving treatment.
 - Consultant supervision in the outpatient clinics is problematic. Some consultants will leave the clinic and let trainees finish the list.
 - Some consultants are difficult to contact during the day and do not respond when contacted out of

hours. This is particularly a challenge when the Children's Assessment Unit (CAU) is full.

- There needs to be consistent consultant input with respect to the management of safeguarding cases including the support of trainees when they complete their safeguarding reports.
2. The number of training posts in the East & North Herts hospital will need to be reviewed. Previously it had been agreed that there would be 9 level 2/3 training posts. In the transition between tutors and in discussions around repatriation the number of posts has increased again to 10. In the longer term it is likely that this number will be reduced to 9 and perhaps even 8 in line with numbers in other similar sized units across the East of England. These changes will be discussed with the Trust over the next year.
- I would urge that you develop strategies to strengthen your rotas involving specialist enhanced and advanced trained nurses and additional consultant appointments where the working pattern is changed with the expectation that consultants will be present well into the evening as happens in many departments across the East of England.
 - The school will not continue to place trainees in departments where there are ongoing concerns regarding aspects of training.

Requirements:

1. There is inconsistent educational supervision. Not all consultants complete WPBAs as highlighted last year. Not all consultants should be educational supervisors; the department needs to address this.
2. The introduction of a grand round would further enhance the high quality teaching that is available in the department.
3. The Trust must address the issue of the locum induction and provision of temporary passwords. Trainees must not be expected to share their passwords.
4. The phlebotomy service in the day unit needs to be reviewed. It is inappropriate for trainees to be regularly undertaking blood sampling as a routine in children less than 2 years.
5. The department will need to address issues raised in the 2016 trainees GMC Survey that have not been identified during this school visit.

Action Plan and further visits:

We would request an Action Plan within 3 months.

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| Action Plan | 28 th October 2016 |
| Revisit: | A formal re-visit will take place in the Summer of 2017. |

This report has been dictated by Dr Wilf Kelsall, Head of School of Paediatrics and agreed by with the visiting team.