NHS
Health Education England

Directorate of Education and Quality

Postgraduate School of Paediatrics Visit

Princess Alexandra Hospital NHS Trust (Harlow)

Tuesday 5th 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 Sharmila Nambiar, RCPCH College Tutor (Mid Essex) Ms Susan Agger, Senior Quality Improvement Manager Dr Shaveta Mulla, Trainee representative Dr Beatrice Zinga, Trainee representative	Mr Andy Morris, Medical Director Dr Nickolaos Cholidis, Paediatrics College Tutor Mr Jonathan Refson, Director of Postgraduate Medical Education Mrs Judith Butcher, Assistant Medical Education Manager

Purpose of visit:

To review training in the department following the last school visit in August 2015 after the appointment of Dr Nickolaos Cholidis as the college tutor in paediatrics. To assess progress made following the 2015 GMC survey and the resulting action plan.

Trust Feedback:

Dr Andy Morris and Mr Jonathan Refson highlighted the recent CQC visit where the paediatric department was complimented for strong clinical leadership by Dr Fiona Hikmet and strong nursing leadership. Dr Cholidis engages fully with the medical education committee. They have received good positive feedback regarding the department and are confident that the previous action plans produced as a result of school visits have been actioned. Dr Morris highlighted the very positive feedback that the Trust had received about Dr Cholidis' leadership in a recent scrutiny panel relating to safeguarding.

Department Feedback:

Dr Cholidis highlighted the progress that had been made in the department with the appointment of substantive consultants and the imminent return of a consultant from sabbatical leave. He also pointed to strong nursing leadership across the department. He highlighted that the main ongoing problem for the department relating to rota gaps is the level 2/3 (middle grade) rota. The Trust has struggled to recruit to non-training grade posts. They are working with the Royal London Hospital to develop a rotation through the MTI system. They have been successful in increasing the number of foundation year 1 posts and have converted a Trust grade doctor post to a foundation year 2 post. They are working with the foundation programme to promote paediatrics as a specialty. There are plans in

place to develop a dedicated children's ambulatory unit which will be enhanced with the appointment of a lead consultant.

Meeting with trainees

We met a representative group of trainees including foundation year 1, general practice and paediatric trainees from all levels of training. They were unanimous in their view that the problems with training in Harlow were related to gaps in the rota, particularly in the level 2/3 middle grade rota. This resulted in a dependence on locums of variable quality which impacted on the service and on all aspects of their training. They described the consultants as being friendly, approachable and motivated. They were able to complete workplace based assessments (WPBAs) and received appropriate feedback. They highlighted problems with handovers which often over ran because the department was addressing patients seen in the ambulatory wards or clinics to formulate an action plan to chase results covering the work of previous locums. They were confident that the "in phase" department induction had improved. There were anxieties about inexperienced trainees attending deliveries alone before they were confident. The teaching and simulation programmes are not well organised and advertised in advance leading to duplication and cancellation The department is making progress in developing up to date guidelines which are now on the intranet. However, many of the old out of date guidelines can still be accessed. After the evening closure of the CAU there are problems overnight between the paediatric wards and the emergency department regarding the management of children

Significant concerns:

1. Level 2 staffing with dependence on locums is creating problems with continuity of care
2. Relationship between CAU, Paediatrics, and ED out of hours

Conclusions:

1. Trainees felt that the department was very supportive with committed consultants who were always approachable 24 hours a day. They noted that many of the consultant body were newly "junior consultants".
2. Dr Fiona Hikmet and Dr Nick Cholidis are doing an excellent job in developing the department and trying to turn around past reputations. Trainees recognise that this is work in progress.
3. Trainees feel that they gain excellent clinical experience in Harlow in both paediatrics and neonatal intensive care. This is confirmed by their good progress in MRCPCH examinations.
4. There are excellent examples of innovative practice in the department with their engagement with the Foundation School, delivering a mock MRCPCH examination and increased consistent engagement with the School of Paediatrics.
5. The Trust and departmental inductions for in phase paediatric trainees has improved significantly.
6. Trainees receive good educational supervision and are able to complete WPBAs.
7. All trainees achieve good attendance rates at their mandatory training days.

Requirements:

1. Patient Safety

The following areas of potential patient safety were highlighted by trainees:

- In the paediatric emergency department particularly between 1am and 8am where there is little or no paediatric nursing input. Patients appear to fall between the emergency department and the children's paediatric ward/assessment unit with nurses not able to take responsibility to support trainees. This must be immediately addressed.
- The Children's Assessment Unit (CAU) is a problem due to lack of trainee continuity and dependence on locums. This means that onward outpatient referrals are sometimes not made, investigations are not initiated and results are not chased. We heard of examples when trainees described of not knowing which patients are there and why. The department tries to address this in some of the handovers however a robust system with timely information about the patient which is appropriately communicated must be implemented.
- The transitional care unit in the neonatal service remains a problem. It would appear that the neonatal consultant of the week does not always review patients leaving it to inexperienced trainees. At the very least there needs to be a board round of all patients every day.
- Handovers are described as chaotic with frequent interruptions and background discussions. The handovers must be consultant led and more organised.

2. Teaching Programme

The teaching programmes needs review. Whilst efforts have been made to improve the programme currently these are not being delivered for one reason or another. The programme needs to be more organised to avoid duplications. We would urge senior trainee involvement with a separate consultant lead to develop this.

3. Departmental staffing

This remains a major challenge. With repatriation it is envisaged that more of the training posts in the department will be filled but it cannot always be guaranteed. The department must look at ways of making their staffing more robust to improve patient care and continuity as highlighted in the patient safety concerns. As in previous visits we have suggested that the department should look to develop the consultant role perhaps as has occurred in units like Colchester with more resident consultants. In addition the department should look at ways of reducing the workload on trainees perhaps looking at better use of midwives performing postnatal baby checks and extending the roles of qualified nurses. This appears to have already been done in the neonatal unit and should be extended to paediatrics. The department depends heavily on locums. The quality of the locums can be variable. It is clear that the induction of locums is a problem and it is clear that there are problems with the sharing of passwords. Trainees must not be expected to share their passwords with locums. The department needs to address this urgently.

4. Trainees attending deliveries

It is clear that new trainees in the department find attending deliveries nerve wracking. In the absence of level 2 trainees the department should look at more senior nurses and advanced nurse practitioners supporting trainees at deliveries.

5. Departmental Guidelines

The department must continue to update guidelines and equally importantly must remove old guidelines from the intranet. Senior trainee involvement in this process should be encouraged.

6. Training for FY1 trainees

The role of the FY1 trainee spending 2 months in the Medical Assessment Unit followed by 2 months in paediatrics

must be reviewed. This is an unsatisfactory placement and does nothing for the trainee nor does it sell paediatrics as a specialty.

7. Departmental Reputation

The department will need to continue to work on its reputation. The level 2 trainees would recommend Harlow for their training so long as the rota could be better staffed. At present, the level 1 trainees would not recommend training in Harlow due to the pressures of work, inconsistent support and difficulties attending teaching.

8. Consultant leadership

Dr Fiona Hikmet and Dr Nick Cholidis should delegate leadership role and responsibilities to other consultants and senior trainees to run teaching programmes, assess neonatal competencies and guidelines.

Recommendations:
1. Trainees need to receive better information after completing Datex /critical incident reports. They require support if they have been involved in any serious incidents. 2. Review the results of the forthcoming GMC survey.

Action Plan and further visits:	
The department and Trust need to be aware that if the issues highlighted in this report and results from on-going GMC surveys cannot be addressed, then trainees may be withdrawn from Princess Alexandra Hospital NHS Trust (Harlow) to other units that can offer better training opportunities. An action plan needs to be completed within 3 months. The School of Paediatrics will re-visit in approximately one year.	
Action Plan	28th October 2016
Revisit:	Summer of 2017

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