NHS
Health Education England

Directorate of Education and Quality

Postgraduate School of Paediatrics Visit

Luton and Dunstable University Hospital NHS Foundation Trust

Wednesday 6th July 2016

Visit Report

Visiting Team:	**Trust Team:**
Dr Wilf Kelsall, Head of School of Paediatrics Dr Ravi Chetan, RCPCH College Tutor (Southend) Ms Susan Agger, Senior Quality Improvement Manager Dr Anshoo Dhelaria, RCPCH College Tutor (East & North Herts) Dr Nicholas Schindler, Trainee representative	Mrs Sarah Wiles, Chief of Staff and CEO representative Dr Anne Ingram, RCPCH College Tutor Dr Jogesh Kapadia & Dr Harsha Gowda, RCPCH College Tutors NICU Dr Nisha Nathwani, Director of Medical Education Ms Marion Collict, Director of Ops and Transformation Mrs Frances McMahon, Medical Education Manager (Quality)

Purpose of visit:

To review paediatric training following the last school visit in October 2015.

Departmental Feedback:

We received a verbal update from Dr Ingram, Dr Gowda and Dr Kapadia the college tutors in the paediatric and neonatal departments. They highlighted the challenges in both departments caused by staffing vacancies and difficulties in recruiting Trust fellows. They described good engagement with paediatric trainees and were aware of challenges that have occurred recently regarding trainee feedback at the end of their placements.

Meeting with trainees

We met with a representative group of trainees including foundation, GP and paediatric trainees from all levels. They were able to provide us with feedback for their training in both the paediatric and neonatal departments.

The neonatal unit workload is much more predictable. Trainees felt that handovers were well led by consultants and started and finished on time. However they described the discussions at handovers and in the grand rounds as intimidating and not supportive. They described critical discussions regarding management plans that had occurred over night often having been agreed with the resident night consultant. The environment is not thought to be supportive and there appears to be a difference in the way that career neonatal trainees are treated compared to general paediatric trainees who are on NICU to achieve their required neonatal competencies. There is a dedicated

teaching programme.

General paediatrics is extremely busy with a very high more unpredictable workload. Handovers do not start and finish on time and the consultant leadership is variable. This means that the whole working day in terms of duration of ward rounds and allocation of jobs is prolonged. The teaching programme in paediatrics is much more difficult to access.

Several trainees commented on the way that they have received feedback. Many felt that there was very little feedback throughout the placement and have no idea how they have performed. Some describe being given a printed sheet of positive and negative comments as part of their final feedback with no real discussion.

Conclusions:

1. Luton is a busy department where trainees gain excellent clinical experience across both the paediatrics and the neonatal services.
2. All trainees would recommend their training in Luton at all times.
3. Trainees are encouraged to develop their non-clinical skills and to step up taking more senior responsibilities.
4. There is a well-established in-phase induction programme.
5. There are examples of good multi professional teaching across the department with mortality and morbidity and DATIX reviews; simulation training and safeguarding.
6. The day to day organisation of handovers and teaching in the neonatal service has been well established.

Significant concerns:

There were no serious concerns noted.

Recommendations:

1. The role of the senior trainees must be re-established for all levels of training across both paediatrics and neonatology.
2. Faculty groups must be established with open and closed sessions, in the open session the trainee voice can be heard allowing appropriate action and feedback. In the closed session there can be consultant discussions about trainees to inform feedback which should take place throughout the whole placement and in a constructive way at the end of placement. The use of printed summary sheets is not appropriate.
3. Handovers- the conduct of the handovers on the neonatal unit needs to be reviewed avoiding intimidation and public criticism. It would be sensible for the resident night consultant to participate in handovers to discuss his or her decisions.
4. Handovers in paediatrics there needs to be more consultant leadership with handovers starting on time and the SBAR approach should be followed.
5. Supervision- there remains consultant variation across the department in terms of accessibility. The department should use every opportunity to allow trainees to complete workplace based assessments (WPBAs).
6. Trainer's reports and feedback need to be timely and appropriately written. It is unacceptable that trainees are given end of placement feedback that highlights serious concerns regarding for example technical competence. These need to be addressed much earlier in the placement.
7. Outpatient clinics need review. The neonatal "blood clinic" is not a training event and needs to be evaluated. In paediatrics the registrar led clinic is an excellent innovation however there needs thought as to which

patients are booked in.

Requirements:

1. The department must work to maximise attendance at the mandatory "level 1 and level 2/3" training days. The dates are available well in advance and should be highlighted in advance on the rotas. These are very important events in attracting trainees to the East of England. The department should encourage any ST1 trainees to attend the 'Welcome to the East of England' event in September and level 2/3 trainees to attend the 'Ready for Registrar' day in August. Some trainees highlighted distance being a problem, this needs to be discussed with individual trainees. The department can be assured that the School of Paediatrics will provide attendance figures for these events.
2. The rotas across the departments were described as challenging and inflexible. The rota coordinator who organises rotas across a number of specialties does an excellent job and is appreciated. However trainees did raise concerns about the inflexibility of the rota allowing them to attend important family events and the challenges around swapping. They were realistic in their discussions and recognised the challenges of locums. However the inflexibility of the rota did appear to cause some difficulties with trainees then being inflexible themselves in covering rota gaps with locum shifts when required. More flexibility on both sides is needed.
3. Staffing- It was clear that the gaps in the rota caused by failure to recruit clinical fellows has created problems. The department should continue to work with other local units to try to develop attractive posts with possible rotations. It should be noted that all the training posts will be filled where possible. There is an agreed plan for repatriation of London posts. In the longer term the school will continue to work with the department to look to see whether the fellow posts can be converted to formal training posts but this has to be regarded as work in progress with the school. The department should work with other Trusts and the School of Paediatrics to look at international fellowships.
4. The department needs to reflect on feedback from the 2016 GMC Survey highlighting any issues not covered in this report.
5. The induction process for out of phase doctors and returning trainees needs to be formalised and reviewed.
6. Teaching in paediatrics is problematic because of the workload. Attendance is difficult. How teaching is delivered needs be considered. This may require more consultant leadership and senior trainees should take a role in organising this with the department.
7. Level 1 trainees who are about to step up to the level 2 registrar role must be given opportunities to participate in paediatric resuscitations. At present these trainees are not allowed to leave the busy wards and the Paediatric Assessment Unit (PAU) to participate in the resuscitations in the ED. The department needs to review this arrangement to ensure these skills can be acquired by trainees.
8. One of the great strengths of Luton in the past has been that all trainees have felt valued members of the team where there contributions have been recognised. This appears to have been lost as the pressures and workload in the department have increased on all staff. Trainees particularly commented on a lack of appreciation in the neonatal service. The department should consider ways of addressing this perhaps with trainee of the week or month which has been well received in many units across the East of England.

Action Plan and further visits:

An action plan is required within 3 months. We will formally re-visit Luton in the Summer of 2017.

Action Plan	30th November 2016
Revisit:	Summer 2017