Health Education East of England

Directorate of Education and Quality

Postgraduate School of Paediatrics Visit to

Princess Alexandra Hospital NHS Trust (Harlow)

Visit Report

Thursday 27th August 2015

HEEoE Representatives:	**Visiting Team**: Dr Wilf Kelsall, Head of School of Paediatrics Ms Susan Agger, Senior Quality Improvement Manager Dr Amy Ruffle, Trainee Representative Ms Camilla Newnum, School of Paediatrics Administrator

Purpose of visit:

In accordance with the review of the delivery of training in all Trusts in Health Education East of England a visit was conducted on 27thAugust 2015. This meeting was organised to follow up on the visit from October 2014 where thirteen recommendations were made to the department regarding training. We also wished to review the Trust and departments response to the 2015 GMC trainee survey which identified eight red outliers in overall satisfaction, clinical supervision, workload, adequate experience, local teaching, access to study leave, supportive environment, and access to educational resources. Princess Alexandra Hospital ranks last in terms of training satisfaction in paediatric departments across the East of England.

We also visited the department to appoint a new Paediatric Tutor to take over from Dr Satwik.

Feedback from current Paediatric Tutor- Dr Satwik, Clinical Director- Dr Hikmet, and Mr Jonathan Refson- Medical Education Director:

We received feedback on the progress made in the department since our last visit in 2014. There have been a number of changes at consultant level, with some departures and additional new appointments with more to follow. Consultants working practices have changed from April 2015, with a dedicated consultant of the week on the neonatal unit and an extended consultant presence in the evenings. The Trust has taken steps to increase the availability of up to date guidelines used in the paediatric department and neonatal unit. The teaching programme has been reviewed to ensure more bleep free teaching for trainees with increased consultant participation. Trainees have better access to study leave; the process is more uniform and better administered.

Meeting with trainees:

We met a representative group of trainees that included foundation, GP and paediatric trainees. We had also received feedback from trainees in advance of our visit by email and at discussions in the ARCP process. We had feedback from trainees from all levels, ST1-ST5. Interestingly all the trainees were rather surprised by the outcome of the GMC Survey, most did not think that the department was as bad as suggested. They confirmed as in previous visits that trainees gain excellent clinical experience in Harlow. All of them are making appropriate progress with their MRCPCH examinations. All have appropriate educational supervisions. The consultants are all very supportive and approachable. Thy confirmed there was increased consultant presence throughout the day in the neonatal service and transitional care wards which had previously been highlighted as a patient safety issue. There is also a greater consultant presence in the busy evening period, improving patient flow and care. There is some variation in how individual consultants support trainees in the evenings. They were confident that the issues raised at the last School Visit had been addressed or were being tackled. They feel that they have a well-established route of communication through to the consultant body and feel that the department has been well led by Dr Satwik and Dr Hikmet. They feel that there has been significant progress in the department following changes in personnel from April 2015. There are excellent relationships between staff with no reports of intimidation or bullying. The trainees feel that most of the challenges faced by the department stem from vacancies in the level 2 tier. The placement is challenging for level 2 trainees because of this, it impinges on consistent patient management, communication and allocation of training opportunities on the paediatric wards, neonatal unit, emergency department and clinics.

Recommendations:

1. Hospital induction- the trainees still reported problems with the induction process. Many sent in the required information well in advance of starting the post and indeed visited the Trust HR Department prior to commencing their post to complete documentation. However there still appears to be on-going problems with the allocation of ID badges and passwords to allow trainees to safely work, access computers and access the wards. This must be resolved as a matter of urgency

2. The role of the foundation year 1 post should be reviewed to give them four months training in paediatrics providing them with better experience.

3. Whilst there has been significant improvement in the way handovers are conducted trainees reported that these can still be intimidating for the more junior trainees when they start their placements. This needs to be addressed, handovers must be consultant led and trainees must be supported.

4. The department has a potentially an excellent teaching programme. The consultants input and leadership is variable. There must be increased consultant leadership with trainee input to develop the programme further.

5. Consultant leadership and support has improved particularly with an increased consultant presence into the evenings. This needs to be firmly embedded in the department with consistent input and support from all consultants and colleagues. This particularly impinges on the level 2 trainees who can struggle covering multiple busy sites with chaotic workloads. A consistent consultant approach must be developed.

6. Staffing at the middle grade level remains problematic and is the biggest challenge for the department. Staffing shortages lead to inconsistency, which affects continuity of patient care. Locums are often preferentially placed in the neonatal intensive care unit or the emergency department limiting these opportunities for the substantive trainees. Level 2 locums are of variable quality/experience which impinges on the more junior level 1 trainees who often feel unsupported. The dependence on locums must be reduced.

7. Staffing must be reviewed. The department should consider its dependence on level two (“middle grade”) doctors

the department should look to increasing consultant numbers including appointing more resident consultants. The department should liaise with other similar sized units with a better training reputation such as Colchester which has achieved this very successfully.

Conclusions:

1. Harlow is a busy clinical department offering excellent clinical experience.

2. Changes have been introduced following the last school visit. Many of the changes were not introduced until April 2015 following senior staff changes in the department.

3. The Consultants in the department are all approachable and listen to trainees. They described the department as being friendly with improving relationships between all staff.

4. The Tutor and Clinical Director engage well with trainees. The role of the senior trainee has been developed, the senior trainee feedbacks to the tutor regularly and attends consultant meetings.

5. The department has responded well to the school visits and to the 2014 GMC Survey. Changes were only actioned from April 2015 which may in part explain the poor 2015 GMC trainee survey results.

6. The department has introduced processes to improve study leave applications and approval. There is a designated lead in the department to smooth the process and minimise delays within the human resources department.

7. Trainees are well supervised and able to complete work place based assessments and educational trainers reports appropriately. Induction is well organised and includes topics such as safeguarding.

8. The level 1 trainees all recommend their training in the department, the level 2 trainees are more uncertain and wish to see the changes fully embedded.

9. Dr Nickolaos Cholidis has been interviewed and agreed to take up the post of paediatric tutor with immediate effect.

Action Plan and further visits:

It is important that the Trust develops an urgent action plan based on the 2015 survey. We agreed that we will re-visit the department in the Spring (February) of 2016 to assess progress. The department will conduct a 'mini pre GMC Survey' to identify concerns and progress made.

Action Plan	The Trust is required to provide an action plan to address the recommendations highlighted in the report by **27th November 2015.**
Revisit:	February 2016.

Report prepared by Dr Wilf Kelsall, Head of School of Paediatrics, September 2015.
This report has been shared with and agreed by members of the visiting team.

cc:
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