School of Postgraduate Paediatrics Visit
To
Mid Essex Hospital Services NHS Trust

Tuesday 28th March 2017

Visit Report

HEE EoE representatives:	Dr Wilf Kelsall, Head of School of Paediatrics and Visit Lead Dr Jonathan Waller, Deputy Postgraduate Dean Dr Jogesh Kapadia, RCPCH Tutor (Luton & Dunstable) Dr Nick Schindler, Trainee representative Dr Krishna Annam, Trainee representative
Trust representatives :	Mrs Anita Rao Coppisetty, Divisional Director for Women and Children Mrs Alison Cuthbertson, Divisional Director for Women and Children Dr Bob Ghosh, Medical Director Dr Hywel Jones, Director of Postgraduate Medical Education Dr Sharmila Nambiar, RCPCH College Tutor Mrs Catherine Lee, Medical Education Manager Paediatrics consultants and supervisors
Number of trainees & grades who were met:	10 trainees in total including: Foundation, General Practice, Level 1, Level 2 and Level 3

Purpose of visit:

The purpose of the visit was to review progress made by the department since the last School visit on 30th August 2016. To review the action plan and outcomes from the GMC trainee survey in 2016 and review the quality matrix radar plots produced by HEE EoE for the Mid Essex paediatric department from 2013. This visit was brought forward from Summer 2017 at the request of the HEE EoE Quality Team.

Meeting with College Tutor and Trust Director of Medical Education:

Dr Nambiar updated us on the progress made since the last School visit. A consultant of the week rota mornings only has been introduced onto the neonatal service. Dr Lethaby provides oversight of the level 1 and levels 2/3 rotas. Dr Nambiar indicated that she meets trainees on a regular basis to address training concerns. The department at the request of the School of General Practice have streamlined educational supervision of GP trainees. The Trust has recognised the challenges in running the out of hour's rota in terms of more senior input. The Trust has agreed to work towards a fifteen person level 2/3 rota and has supported the recruitment of additional staff advertising a number of MTI and Trust doctor posts. The department is confident that they are going to be able to appoint to many of these posts. New Trust doctors will initially commence work on the level 1 rota to acclimatise in the NHS. The expansion of the level 2/3 rotas is allowing the department to be more creative in giving trainees the opportunity to attend outpatient clinics. However a lack of clinic space is now the limiting factor. The department is looking at novel ways to provide more space. Consultants are undertaking outreach clinics in other centres. Rooms are being allocated for use when consultants are on annual leave or on service. The teaching programme is being reviewed

again under the supervision of Dr Lethaby Bitesize teaching is being introduced more frequently. Dr Nambiar is confident that the evening handover rounds are consultant-led and are better organised in terms of start and finish times.

Meeting with Paediatric Education and Clinical Supervisors:

We met six paediatric consultants to discuss training in the department. They were very positive about the ongoing changes. Importantly, one consultant described the unit as now "working as a team". They highlighted progress in teaching with the introduction of bitesize teaching. They highlighted attempts being made to increase trainee attendance in clinics but once again highlighted the problems with lack of clinic space. Consultant educational and clinical supervision in the department was discussed. Some of these discussions and observations from consultants were "exceedingly robust". There were discussions about the allocation of educational supervisors. We were aware that this had caused some disquiet as earlier in the year I had been copied in to widely circulated emails. I explained that in many Trusts across the East of England named consultants took on designated groups of trainees for supervision and this appeared to work well and was the most efficient use of expertise and understanding different trainee needs. The importance of bedside teaching in preparation for the MRCPCH examinations was discussed.

Meeting with Trainees:

We met a representative group of 10 trainees which included Foundation, General Practice, Level 1, Level 2 and Level 3 trainees. Trust doctors also attended. They felt that the department was moving forward. They recognise that changes were slowly occurring with the paediatric rotas. They all acknowledge that the level 1 rota was imbalanced by the dependence on a large number of inexperienced (in paediatrics) General Practice and Foundation trainees which continually puts additional pressure on all the other doctors.

They confirmed that departmental induction was much more robust but were anxious that for example if the induction occurred on NICU and they were then placed in general paediatrics they may well have forgotten "much of what they were told by the time they came to their formal NICU placement". All trainees were very positive about the neonatal service and were positive that the consultant of the week for mornings only was a step in the right direction. They all however were clear that they felt that it would be better if consistent cover was provided for the whole day.

They confirmed that they felt well supported by the consultants out of hours and the atmosphere within the department had improved. There were no issues around bullying, intimidation or humiliation. They confirmed that consultant attendance at the evening handover round was still inconsistent. Consultant hands-on support out of hours was also inconsistent with some excellent role models. Individually each of the consultants is supportive. The nursing staff on the neonatal service were praised for their support. The value of having senior experienced nursing staff was recognised. The paediatric wards on the other hand are staffed by more junior nurses. The paediatric wards were described as being chaotic and disorganised.

When asked whether they would recommend the unit for training the responses were mixed. There were particular concerns about the suitability of the department for level 2 trainees in their first middle-grade post, due to the pressures out of hours particularly relating to the Emergency Department and the inexperience of many of the level 1 staff. The introduction of better out of hours support with two levels 2/3 trainees working in tandem was regarded as a positive step. However this is work in progress and there are still a number of vacancies. This means that the rota is still difficult which clearly is a cause for concern and upset for a number of trainees. The pressures put on the levels 2/3 trainees by the emergency department is really challenging.

Strengths:

- The department has made some changes that are showing early signs of improvement.
- The consultant of the week has been long established in paediatrics and has commenced on the neonatal unit for mornings only.
- The Trust has been supportive in funding a double level 2/3 tier of middle-grade doctors overnight.
- The Trust has reviewed educational supervision in the department with some sensible changes introduced to maximise expertise in line with other Trusts across the East of England.
- There is increased consultant leadership in the running of education and service in the department with Sharmila Nambiar and Dean Lethaby taking a more active role in the running of the rota to in particular prioritise trainee attendance in outpatient clinics. The rota review and changes are ongoing and are dependent on the recruitment of a number of Trust doctors.
- Departmental induction works well and there is more thought given to the allocation of shifts for new starters in the department such that they are not put on call immediately for the neonatal service. In addition, the MTI/Overseas Trust doctor appointments are commencing their placement on the level 1 rota with more supervision whilst they come to terms with the NHS.
- Bitesize teaching is being conducted by a number of consultants at the handovers; this includes lessons learnt from serious incidents.
- The Neonatal Intensive Care Unit is well organised with good consultant leadership and excellent nursing support.
- The department has increased the number of midwives who perform NIPE assessments.

Recommendations:

1. The Trust should involve trainees at all levels in the design of the level 1 and level 2/3 rotas. Given what we heard today it is unlikely that the current rotas will comply with the new junior doctor's contract. The department should liaise with the obstetric department whom we heard had excellent rotas.
2. The department should build on the trainee meetings and discussions. These are currently informal. They should be formalised with the development of a faculty group which produces an action plan and timeframe for issues discussed.
3. The faculty group should meet regularly to discuss trainee's progress.
4. The department should review staffing in general across the whole service. The School visiting team felt that it would be unrealistic to secure a fifteen person middle-grade "Trust doctor/trainee rota". There would always be vacancies leading to inconsistencies.
5. As in previous visits the School has recommended and continues to recommend that the department moves to the appointment of a hybrid consultants. This works well in a number of paediatric departments in the East of England. The department should look at extending the presence of all consultants in the department into the later evenings beyond the night-time handover of teams. This is now the norm in most paediatric departments across the East of England.
6. The department should look to develop whole day consultant of the week cover on NICU. It was clear that there were still some inconsistencies with the afternoon cover and uncertainties about who should be contacted to provide senior support. The School recognises that this may require consultants to cancel a small number of clinics but their colleagues would be able to take on these if they were not covering NICU on an ad hoc basis in the afternoons.
7. The department should look to improve the cover of midwives performing the NIPE assessments. It works well on weekdays and outside of school holidays. The service should look to develop this to a 7 day service all year round.

Requirements:

1. The department must sustain and build on the achievements made over the last 6 months.
2. The rota issues must be addressed.
3. Trainees must be given the opportunity to attend outpatient clinics. The department must identify clinic space to facilitate trainee attendance and participation in outpatient clinics.
4. The department must look at the organisation and week to week leadership on the paediatric wards to mirror the neonatal unit particularly in terms of administrative organisation and nursing support to the trainees.
5. The department must as a matter of urgency address the pathway between the Emergency Department and paediatrics. Paediatric trainees have not been appointed to Chelmsford to cover the deficiencies in the Emergency Department staffing.
6. The paediatric department must identify a lead to review the Emergency Department/Paediatric pathways and management guidelines. The current arrangement is unsustainable. Other hospitals of a similar size to Chelmsford will only have paediatricians seeing all children under a year of age. The department should work with its partner organisations in the STP to develop a unified approach with an agreed referral pathway. Paediatricians must be adequately supported when they attend patients in the resuscitation area, this does not always appear to be the case currently.
7. The paediatric department must review the evening handover process. It is disappointing to hear that there are still inconsistencies in consultant attendance at the evening handover and support of trainees out of hours when it is busy and when the CAU is full. A consistent consultant approach must be delivered.

Decision of the visiting team

The visiting team acknowledge that progress has been made. It was recognised that the department staffing is imbalanced. If the above issues can be addressed and a robust action plan delivered, the School of Paediatrics will work with the department to consider the deployment of two additional level 1 paediatric trainees to Chelmsford from September 2018. The department will need to fully fund these posts. This should be considered as part of the overall review of staffing. The School of paediatrics will not place any additional level 2/3 trainees in Chelmsford. The future of the current level 2/3 trainees will depend on sorting the ED / Paediatric pathway.

Action Plan to Health Education East of England by:	
An action plan needs to be returned in 6 weeks of receipt of the report with updates 3 monthly	
Revisit:	November 2017 to decide on future level 1 trainee numbers

Visit Lead: Dr Wilf Kelsall