

**Postgraduate School of Paediatrics Visit to  
Bedford Hospital NHS Trust  
19<sup>th</sup> May 2016**

**Visit Report**

**HEE (EoE) Representatives:**

Dr Wilf Kelsall, Head of School of Paediatrics  
 Dr Jonathan Waller, Deputy Postgraduate Dean  
 Ms Susan Agger, Senior Quality Improvement Manager  
 Dr Nick Schindler, Level 2 Trainee representative  
 Dr Amy Ruffle, Level 2 Trainee representative  
 Dr Rebecca King, Level 1 Trainee representative

**Trust Team:**

Mr Paul Tisi, Medical Director (interim)  
 Dr Anne Day, Director of Medical Education  
 Dr Pramod Nair, RCPCH College Tutor  
 Mrs Sarah Reynolds, Clinical Director  
 Dr Rishi Arora, Clinical Lead – Paediatrics  
 Mrs Anne Buck, Associate Director of Workforce  
 Mrs Linda McGranahan, Associate Director of Transformation –  
 Women & Children  
 Mrs Rosa Lombardi, Medical Education Manager  
 Dr Anita Mittal, Consultant Paediatrician  
 Dr Swati Pradhan, Consultant Paediatrician  
 Dr Oseiwa Kwabong, Consultant Paediatrician  
 Dr Babita Ketriwal, Consultant Paediatrician  
 Dr Parag Tambe, Consultant Paediatrician  
 Dr Tapomay Banerjee, Consultant Paediatrician

**Purpose of visit:**

To review progress made in the department since the removal of all trainees below the level of ST4 in July 2013. General practice and foundation trainees returned to the department in August 2014 for four month training placements.

This visit was conducted to assess if level 1 paediatric trainees could return to the department for periods of training up to 12 months.

**Trust and Departmental Feedback**

We received an update on the progress made Trust wide by Dr Anne Day with respect to all aspects of training across the Trust. She was confident that the Trust board have a much greater focus on training and this improvement has been acknowledged in other School and Deanery visits to Bedford.

Dr Pramod Nair the Paediatric tutor updated the team with respect to progress made in the paediatric department. He highlighted the new consultant appointments and enhanced consultant leadership in all clinical areas including the wards, ambulatory unit, neonatal unit and outpatient department. He highlighted that all consultants were trained supervisors. The department had a robust educational governance process that fed into Trust wide strategies. He highlighted: the department's involvement in the RCPCH SAFE handover programme; participation in school wide initiatives with consultant involvement in trainee recruitment, trainee assessment and the hosting of the mock MRCPCH examinations and Neonatal Skills Days. He was confident that the department provides excellent training.

He highlighted challenges in managing rota gaps with a reliance on locums. The recent CQC visit had also highlighted concerns regarding nurse staffing levels across the paediatric department.

### Meetings with trainees

We met a representative group of 6 Foundation and GP trainees and I received separate email communication from a GP trainee who was in the department from August 2014 to December 2014.

- All the trainees were very positive about the training that they received in Bedford.
- All confirmed that they received appropriate induction to the Trust and the department.
- They all received appropriate supervisions and were able to complete WPBAs appropriately.
- They felt well supported by the consultants and level 2 paediatric trainees.
- They were never put in situations where they felt unsupported.
- They were generally happy with the handover process.
- They highlighted no patient safety concerns.
- They were clear that there was a good working relationship in the department between all staff groups.

They felt quite strongly that the return of level 1 paediatric trainees to the department would further improve the clinical service but most importantly have positive benefits for training for everyone placed in Bedford.

We met four of the level 2/3 trainees working in Bedford and a Trust doctor. Importantly, some had previously trained in Bedford prior to the removal of trainees in 2013 and were able to give an historic perspective.

- All of them were generally very positive about the department and confirmed good consultant leadership and engagement with training and leadership over all aspects of clinical service.
- For them as individuals they highlighted the challenge of working with “inexperienced” GP and foundation trainees. They felt that they had to “step down” to cover duties and tasks that in other departments and hospitals would routinely be undertaken by the level 1 paediatric trainees. This devalued their training opportunities.
- They all felt that the department would offer appropriate training for level 1 paediatric trainees particularly in general, ambulatory and community paediatrics. They felt that the return of level 1 paediatric trainees would enhance the department and would improve training opportunities at every level.

### Conclusion

The visiting team were very impressed with the progress that has been made over the last 3 years including:

1. The introduction of the formal induction which now includes neonatal resuscitation
2. Established consultant presence across all areas of the department and the development of consultants of the week in both paediatrics and neonates
3. Good working relationships between all staff groups including medical, nursing and midwifery
4. A well-established teaching programme which incorporates training in mortality, morbidity and risk
5. An established trainee voice with trainee feedback into the monthly faculty meetings

### Areas for review and ongoing requirements for improvement

1. Increased consultant accessibility to complete WPBA's and provide general feedback to trainees
2. Improve bedside teaching on ward rounds
3. To work with nursing staff to review the workload and review how that impacts on patient care and clinical flow
4. Allow the experienced level 2/3 trainees take direct referrals from GPs and have them hold the bleep to take calls
5. Continue to review the handover process. There is still variation in leadership of the handovers, sometimes with too many consultants participating making the process inefficient and drawn out
6. Trainees are able to access outpatient clinics but it would be sensible to look at ways to allow them to have some continuity to attend specific clinics in areas of their interest

### Decision of the visiting team

- The visiting panel all concluded that the training environment was suitable to allow the return of level 1 paediatric trainees for 12 month placements.
- We will formally aim to place two trainees in the department from September 2017.
- The department will work with the Bedford HR department and the School of Paediatrics to try to appoint paediatricians in locum appointments for service posts from September 2016.
- The return of trainees to the department will be reviewed on an annual basis in the first instance. We discussed the importance of trainees accessing general paediatrics and community training whilst in Bedford.
- The department will look to see whether they can accommodate 3 rather than 2 trainees, they will explore the funding implications of this.

### Action Plan and further visits:

Summer 2017 with a formal visit summer 2018 following the return of ST1 trainees in Sept 2017

<b>Action Plan</b>	7 <sup>th</sup> October 2016
<b>Revisit / Update</b>	Summer 2017, formal visit summer 2018

**Report dictated by Dr Wilf Kelsall and reviewed by members of the visiting committee.**

Cc:

Mr Paul Tisi, Medical Director (interim)  
Dr Anne Day, Director of Medical Education  
Dr Pramod Nair, RCPCH College Tutor  
Dr Rishi Arora, Clinical Lead for Paediatrics  
Mrs Rosa Lombardi, Medical Education Manager