

**School of Postgraduate Paediatrics Visit to
Mid Essex Hospital Services NHS Trust (Broomfield Hospital)
Visit Report
Thursday 25th September 2014**

**HEEoE
representatives:**

Dr Wilf Kelsall, Head of School of Paediatrics
Miss Susan Agger, Senior Quality Improvement Manager
Dr Shanthi Shanmugalingam, Training Programme Director, North Thames
Dr Jonathan Campbell, Trainee Representatives – ST8
Dr Sadia Rao, Trainee Representatives – ST6

Purpose of visit:

In accordance with the review of the delivery of training in all Trusts in the HEEoE, a visit was undertaken on 25th September

This meeting was arranged to review progress in the department following feedback from trainees at their ARCP's and the GMC trainee survey for 2014.

Meeting with trainees:

We met a representative group of General practice, Foundation, and Paediatric Trainees. The Paediatric trainees were from all levels of training. We also received careful feedback from a number of trainees who had been in the department until September 2014. We were pleased to hear that with fully staffed rotas the department is functioning well and the atmosphere and training environment has been transformed. All the consultants are individually supportive. All trainees know who their educational supervisors. All trainees have participated appropriately in induction. There are on-going concerns about the handover process and its organisation. It is still attended by a number of consultants, and there are often 'passionate' discussions regarding patient management. The neonatal and paediatric handovers are combined. The organisation of the neonatal service is still problematic with frequent changes of consultant input leading to confusion for trainees, nurses, and parents regarding consistent management. The new rota offers improved opportunities to gain experience in the burns unit and outpatients.

Feedback from the Department - Paediatric Tutor Dr Datta – Clinical Lead Dr Cyriac – Dr Lim and Dr Ottayil

We heard from the department of the challenges over the last year – extreme challenges in staffing with significant number of vacancies in all levels of the rota. We were able to review the Trust progress following previous visits to the department and discuss the department's reflection on the feedback on the survey from the GMC and feedback from trainees.

Conclusions:

1. Chelmsford is a busy paediatric department that offers a wide range of training opportunities with unique experience in the burns and plastics units.
2. The consultants are all seen as being supportive and approachable.
3. Achieving fully staffed rotas has improved morale, training, and clinical service across the whole department. In particular the presence of additional level two trainees for extended hours has improved patient care and reduced pressure on trainees.
4. The introduction of 'bitesized' training following induction has been a great success.
5. The department has been innovative in developing clinical fellow posts linked with Anglia Ruskin University in Education and with the Royal Brompton hospital for cardiology training.

Recommendations:

1. The department should continue to develop the role of the senior trainee. The senior trainee should meet regularly with the paediatric tutor and should be encouraged to attend consultant faculty group meetings.
2. The paediatric tutor should attend consultant paediatric meetings to strengthen paediatric faculty groups and ensure that training issues are properly addressed and minuted in the department. The feedback from the trainees over the last year and the results of the GMC training survey came as somewhat of a surprise to the department. The importance of regular meetings with trainees and discussions at consultant level is clearly required in the department so that concerns are appropriately addressed.
3. The department should review its staffing structure. Any clinical fellow posts at core level (ST1-3) should be discussed with the GP training programme to and possibly incorporated into the GP training scheme. The trust should work with the Schools of Paediatrics in the East of England and London to look to see if their level two and three posts could be incorporated into training. The burns unit placement and special interest post in neurology could offer additional high quality training. This will need further discussion.
4. The organisation of the neonatal unit needs urgent thought and change. Previous visits have highlighted the disjointed consultant cover and inconsistencies. The department needs to ensure more consistent care. Clinicians should liaise with other units such as Colchester to see how their unit is covered.
5. Neonatal resuscitations can take place with very junior Doctors with limited experience attending with a midwife only. The level two trainees could be four or five minutes away in other parts of the hospital. The quality of neonatal resuscitation could be improved if a senior 'trained' neonatal nurse attended resuscitations with trainees as well as midwives. Previous visits have highlighted that further work needs to be undertaken to ensure that more baby checks are undertaken by trained midwives.
6. The handover process needs review. Despite best intentions this remains an 'intimidating' environment for trainees. The presence of multiple consultants results in challenging, passionate, and sometimes what are

perceived as argumentative discussions. Whilst these are well-meaning and can be educational they are perhaps not held in the best environment nor efficiently. Consultant led handovers are essential for the smooth running of the department. The department should look to split the neonatal and paediatric handovers.

7. Consultant enthusiasm for discussing complex cases should be moved away from the business handover to a grand round teaching forum. The teaching programme should be reviewed to try and accommodate this on a weekly basis. "Bitesized" teaching has been a success and should become a consistent feature after all handovers. This should be possible if the handover process is reviewed and strengthened. Bedside clinical teaching in preparation for the MRCPCH should be further developed. Senior trainees should be encouraged to participate in the organisation of the teaching programme.
8. When the department is undertaking clinical MRCPCH exams trainees should be actively encouraged to participate not only for their own clinical training but also to develop their management skills.
9. The department should endeavour to increase its profile within the schools of paediatrics in the East of England and within London. The tutor (or deputy) should attend the STC and participate in ARCPs and recruitment

Action Plan and further visits:

We were pleased to hear of the progress being made in the department. Communication between trainees and the tutor needs to be improved. I would be grateful to receive written feedback regarding progress towards developing the neonatal service, handover, and teaching in 6 months' time. I would hope to see an improvement in the departments ranking in the GMC survey in 2015. I would suggest a further visit in the summer of 2015

Revisit: Summer 2015

Visit Lead: Dr Wilf Kelsall, Head of School of Paediatrics **Date:** 20th October 2014