

Multi-Professional Deanery

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SENT BY EMAIL

**School of Paediatrics**

**Visit to the Ipswich Hospital NHS Trust 4<sup>th</sup> February 2013**

**Visiting team:** Dr Wilf Kelsall, Head of School of Paediatrics  
Ms Susan Agger, Senior Deanery Quality & Academic Training Manager  
Dr Amit Gite, Trainee representative

**Departmental Overview**

We were pleased to receive an update on the department from Dr Jackie Buck, the outgoing tutor and Dr Chris Yale, the Clinical Director. Since we last visited, there have been a number of changes at consultant level, with the retirement of a senior colleague. His replacement has been on maternity leave. The department were unable to appoint a locum to cover his duties. The existing consultants have covered much of the work. The acute consultants Dr Fernando and Dr MacDonald have taken on more traditional consultant roles with no middle grade duties. As in my previous report, recent external visits to the department have highlighted the small number of consultants.

**Trainee Feedback**

We met a representative group of tier one and tier two paediatric trainees. They were also able to provide us with direct feedback from our colleagues. They were all very positive about the department; they felt that they received excellent clinical training. As before, they were valued

members of the team who were well supported by excellent consultants. They confirmed that they received appropriate induction on commencing the post. Their educational supervision was very well-organised. They received appropriate training and were able to attend multidisciplinary sessions in child protection and safeguarding.

### **Conclusion**

1. Ipswich is an outstanding department for paediatric training.
2. The existing consultants are excellent role models for paediatric trainees.
3. The organisation of the tier 1 and tier 2 rotas allows trainees to maximise their clinical training and access study leave.
4. There is an excellent structured teaching programme which is consultant delivered.
5. There are clearly improved working relationships with the community paediatric service.
6. The associate specialist is once again highlighted for her commitment to the department and her support of training.

### **Recommendations**

1. The 'consultant faculty meetings' should be more formalised, and the discussions regarding trainee's progress should be formally recorded.
2. The trust as a matter of urgency needs to review the staffing structure of the department. The current 7.2 full time equivalent consultants deliver outstanding training and clinical service. All are seen as excellent role models by trainees. This service though is not sustainable. As previously highlighted, Ipswich is very light on consultant numbers given the size of the department, and workload in the neonatal unit, children's' assessment unit, emergency department, and outpatient department.
3. The supervision on the neonatal intensive care unit remains problematic for trainees, nursing staff and parents. Over the course of a week, trainees may well be supervised by up to 4 different consultants. The appointment of further consultants to allow for consistency provision on the neonatal unit will improve training and deliver more efficient and cost effective clinical care.
4. Trainees describe frequent examples where they are called to assess a child in the Emergency Department just before they will breach the four hour waiting period. This means that they have difficult decisions to make regarding further management in terms of transfer to the children's' assessment unit, admission to the wards, or discharge. The trust needs to review the links between the paediatric and emergency department as a matter of urgency. The current arrangements are inefficient and potentially create some issues around patient safety. With the current difficulties in recruitment to Emergency Medicine, the time would seem to be right to review the CAU unit in Ipswich. At present, the hours of opening are restricted to 12 hours on weekdays and 6 hours on weekends. The deficiencies in this service have been highlighted in other recent reviews of the department. There

would seem to be an excellent opportunity to move paediatric care out of the Emergency Department which will enhance the local services, improving training and patient safety. The appointment of additional consultants to lead ambulatory paediatrics and the Children's Assessment unit would enhance training in Ipswich.

It would be useful to receive written feedback on these recommendations in 6 months.

**Report dictated by Dr Wilf Kelsall, Head of School of Paediatrics, February 2013**

CC:

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