

Multi-Professional Deanery

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SENT BY EMAIL

School of Paediatrics

Revisit to Basildon and Thurrock University Hospitals NHS Foundation Trust

1st March 2013

Visiting Team: Dr Wilf Kelsall, Head of School of Paediatrics
Dr Matthew James, Training Programme Director
Dr Amit Gite, Trainee Representative

Background

This revisit follows a School visit to Basildon in December 2012 that was triggered following concerns raised by the CQC and an East of England Risk Summit. The December visit made 12 recommendations which were detailed in the previous report.

Meeting with Trainees

We met with a representative group of trainees that included both Paediatricians and General Practitioners. The trainees were very positive about the changes that have occurred over the last few months and felt that there had been improvements in both their training and the clinical service. They confirmed that managing patient flow was much more straightforward now that the capacity of the unit has been raised to between 20 and 24 beds/cots. They were very positive that teaching is

now being led by consultants and it was easier to complete workplace based assessments. They confirmed that there was a consultant presence at all handovers including the neonatal unit. Handovers occurred during the standard working shifts and did not overrun. They highlighted the continuing challenges around the review of patients in the children's assessment unit and the Emergency Department. Time targets were challenging but developments have been put in place to improve patient flow and assessment and they were particularly positive about the rapid assessment medical clerking tool. The GP trainees were able to confirm that 'hands-on' neonatal resuscitation skills are now part of the neonatal induction programme.

Meeting with Dr Van Meijgaarden (Clinical Director) and Dr Sam Mukherjee (Clinical Tutor)

Dr Mukherjee confirmed the progress made since the last visit in his letter of the 27th February (Appendix 1). Dr Van Meijgaarden confirmed that the department is now coping better with a capacity of 20/24 cots or beds. The reduction in capacity has led to better working within the department, better engagement with the surgical specialties and an enhanced community service. She highlighted the work that was on-going between the Department of Paediatrics and the Emergency Department to look at patient flow. This continues to be subject to high level discussions and plans. Dr Rawal is leading on this for the Paediatric Department. The Trust recognises the difficulties in the current arrangements and is looking to develop a unified service. She was able to confirm that there has been an excellent response to the recent advertisement for 3 new paediatric consultants. Plans are well developed for the incorporation of these posts into the running of the department which will enhance the service and lead to improvements in training, specifically addressing trainee attendance in Outpatient clinics.

Conclusions

1. There has been a significant improvement in the quality of the clinical service and training in Basildon over the last three months.
2. Dr Van Meijgaarden and Dr Mukherjee are showing tremendous leadership in moving things forward. They have the backing of the Trust board and I understand that a significant investment in the Department has been agreed.
3. Within the Department, the reorganisation of the management structure has led to more dedicated support and this will be enhanced with the restructuring of the women's and children's directorate.
4. Nursing leadership on the wards has been strengthened with a supernumerary Band 7 nurse lead on every shift. Trainees were very positive about this development and felt that the wards run much more smoothly. Participation in handovers is also appreciated.
5. Trainees report improved training in all areas with better clinical supervision; consultants are always present at handover and are always available throughout the day and into the early evening. Educational supervision has improved as has consultant leadership of teaching. Neonatal induction now includes a proper practical hands-on experience.

6. The Department has developed the role of the senior trainee and we were very impressed by Dr Kilali Ominu-Evbota who has shown excellent leadership liaising well between trainees and the tutor.

Recommendations

1. The Paediatric and Emergency Departments along with the Trust must continue to review the films assessment unit and the flow of patients from the Emergency Department. The respective time targets are challenging, particularly because of capacity issues in the Assessment Unit. We understand that this is subject to an on-going high level review which is led for the Paediatric Department by Dr Rawal. Trainees should be involved in these discussions as well.
2. Teaching. Whilst there has been a definite improvement in consultant leadership, there are a number of issues that still need to be addressed.
 - i. Trainees should be released for the ST1-3 training days. These dates will be circulated and the Specialist Training Committee will debate the attendance requirements.
 - ii. The Department should strive to deliver more MRCPCH teaching focused at the level 1 paediatricians. Similarly, there should be more consultant input into the clinical MRCPCH training to support the senior trainee. We would anticipate that the appointment of further consultants should improve these aspects of training.
3. There is a consultant presence now at all handovers. The handovers need to be conducted in a way as to be constructive and educational and not confrontational or intimidating. Where there are discussions regarding alternative patient management strategies, these should be focused in such a way as to be educational rather than 'threatening'.
4. Trainee attendance at outpatient clinics is a priority. We would hope with additional consultant appointments and with improved staffing levels on the tier one and tier two rotas that this should improve.
5. The Department should continue to review its staffing structure. It is unlikely that we will be able to fill all tier one and tier two posts on every occasion. Gaps will be inevitable. Over the next six months gaps are appearing because of maternity leave. We would urge the department to continue to look at the appointment of Acute Care Consultants who participate in the tier two middle grade rota. There will be further discussions about the MTI initiatives, but these will not solve the on-going staffing issues. We would suggest that you liaise with Dr Turner in Colchester, Dr Clements in Bury St Edmunds, and Dr Shan Mullah Lingam in Luton who have most experience in organising rotas and appointing Acute Care Consultants.

We were very pleased with the progress that has been made in Basildon over the last three months. The drive and commitment of Dr Van Meijgaarden and Dr Mukherjee supported by full Trust engagement has significantly improved the situation in the Paediatric Department. We plan to revisit in July/August 2013 before the next batch of trainees leave the Department.

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



Appendix 1
BTUH.pdf



Appendix 2.pdf

CC:

Visiting Team

Ms Claire Panniker, CEO

Dr Stephen Morgan, Medical Director

Dr Birgit Van Meijgaarden, Clinical Director

Dr Johnson Samuel, Clinical Tutor

Dr Samudra Mukherjee, College Tutor

Ms Corinne Cobb, Postgraduate Centre Manager

Mrs Jackie Biggs, interim manager of Paediatric department

Dr Vipin Datta, TPD

Dr Andrea Turner, TPD

Dr Amit Gite, Trainee Representative

Professor John Howard, Deputy Postgraduate Dean (GP)

Dr Jonathan Waller, Deputy Postgraduate Dean (quality)

Professor Simon Gregory, Postgraduate Dean