

Warm Regards
Tony

From: Jayaram Ravi (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Sent: 20 September 2016 14:13
To: Chambers Tony (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)
Subject: Thank you

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Tony

Thank you for finding the time to come to meet with us yesterday. I am sure you will have seen that as a group of consultant paediatricians we are passionate about our service and only want to do what is best in terms of being able to provide a safe and effective service. We do genuinely feel that many decisions regarding our service are being made with no input from us and, when communicated, are presented to us as a fait accompli (e.g. hospital at home, Babygrow, the “pause” for the 9th post, feedback from the RCPCH review) and the effect of all this is that I have a group of colleagues who do not feel that they are listened to or valued by the Trust and, consequently, fear that our relationship with senior management is breaking down. Morale amongst us is exponentially decreasing yet we continue to strive and go the extra miles to keep things afloat. The cause for this is multifactorial and maybe I as lead for the department have to take some responsibility for not communicating onwards to the team although I personally have had to actively dig on many occasions to find out what is happening at a more senior management level.

I think the point that Steve was trying to make was about being not involved in decision making processes and communication generally and I do not think he was trying to cause trouble deliberately. We had just come from a meeting with Kevin Eccles where we had been presented with potential plans that, to be honest, were far from what the aims of Babygrow had originally been and that would have been (in our opinion) a kick in the teeth for all the people who have run marathons, raced ducks, baked cakes and bathed naked in baked beans for the appeal. As a result he was perhaps less restrained than he might otherwise have been.

I hope that meeting with you yesterday will have been the first step towards turning this situation around; it was however somewhat demoralising to be told that on the one hand the decision to hold off the 9th appointment had been made based on the best available evidence but then at the same time to hear that neither yourself nor Ian had read the case for why this was needed; it seemed not to make sense to us and we are still struggling to understand this. The 9th appointment, like the 8th post, is essentially a general paediatric post – which is exactly the same as all the other consultant posts in our department. We felt that this person should take a lead in neonates – but one of us has always had this role (Steve currently holds this responsibility), and will continue to need to do so whether or not we increase to 9 consultants. We need at least 9 hospital consultant paediatricians for the reasons outlined in the business case. You asked whether we just wanted 9 because the other Paediatric units in the area have increased, or are currently increasing, to 9 (or more) consultant posts. This is certainly not the case – we need 9 consultants in order to manage our current workload and to meet the quality requirements of the Facing the Future Standards that are recommended by our College as a pre-requisite for a viable, safe inpatient Paediatric department. The fact that other Paediatric units feel they need at least 9 consultants to meet these requirements (even though some are smaller than our department), emphasises the intense workload strain that we are currently experiencing and places us in a highly vulnerable position if the other Paediatric units in this area (and, increasingly, nationwide) are able to meet these standards yet we fail to do so.

I look forwards to meeting with you again soon to discuss this further, once you have had chance to look at this. In the meantime, we are exploring how we might work with 8 consultants in terms of