

# Royal Free London NHS Foundation Trust

## Emergency Medicine

### Urgent Concern Review (on-site visit)



## Quality Review report

20 July 2017

Final Report

## Quality Review details

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<p><b>Background to review</b></p>	<p>The Urgent Concern Review (on-site visit) of emergency medicine at the Royal Free London (Barnet Hospital) was primarily instigated by the marked deterioration in the red outliers received by the Trust in the 2017 General Medical Council National Training Survey (GMC NTS). In particular, a number of concerns were raised by the foundation doctors and red outliers were received in: overall satisfaction, clinical supervision, clinical supervision out of hours, reporting systems, workload, teamwork, handover, supportive environment, adequate experience, curriculum coverage and feedback. Red outliers were also received in relation to the higher trainees, for reporting systems and handover. Following this, Health Education England felt it was necessary to explore the reasons behind the deterioration in the GMC NTS results and establish whether the learning and training environment was suitable for trainees.</p>
<p><b>Training programme / learner group reviewed</b></p>	<p>Emergency Medicine</p>
<p><b>Number of learners and educators from each training programme</b></p>	<p>The review team met with nine trainees at foundation level (F2), two higher specialty training year five (ST5) and a general practice (GP) trainee, who were all completing or had completed placements in emergency medicine.</p> <p>The Trust Liaison Dean and Dean of Healthcare Professions also met with two groups of nursing staff in emergency medicine including two matrons.</p>
<p><b>Review summary and outcomes</b></p>	<p>Health Education England would like to thank the Trust for accommodating the Urgent Concern Review and ensuring all sessions were well attended.</p> <p>The quality review team identified the following areas that were working well:</p> <ul style="list-style-type: none"> <li>• The review team was informed by all levels of trainees that the consultants within the department provided a good level of support and supervision to both the trainees and Trust grade doctors.</li> <li>• The foundation trainees noted and recognised that they received excellent support from the nursing body within the department, who were all reported to be approachable. The trainees felt that there was strong leadership from the senior nurses.</li> <li>• The review team was informed that the trainees saw a high volume and diverse range of cases and pathologies which gave them valuable experience.</li> <li>• All of the higher trainees the review team met confirmed that they were able to complete their work-base placed assessments easily.</li> <li>• The foundation trainees were grateful for the recent changes that had been made to the rota, and felt that overall they had been positive and gave them more flexibility.</li> <li>• The review team was informed that a recent Schwartz round was used as a vehicle to create a more cohesive team working environment.</li> </ul> <p>During the course of the review, the team noted the following areas for improvement:</p> <ul style="list-style-type: none"> <li>• The review heard that a combination of factors, especially over the winter months, had led to significant workload pressures and that the trainees found the workload extremely onerous.</li> <li>• The review team heard that many of the consultants within the department did not have sufficient Supporting Professional Activities (SPA) time allocated within their job plans, for the number of trainees they were responsible for.</li> </ul>

- The foundation trainees noted that the handover system in place for patients moving from the Emergency Department (ED) to the Clinical Decision Unit (CDU) was not sufficiently robust and that there was a risk that patients could be lost once they were removed from the electronic first net system.

### Quality Review Team

<b>HEE Review Lead</b>	Dr Chris Lacy, Head of the London Specialty School of Emergency Medicine, Health Education England	<b>Foundation Representative</b>	Dr Dan Farrar, Foundation School Director, North Central and East London Foundation School
<b>Trust Liaison Dean</b>	Dr Andrew Deaner, Trust Liaison Dean, Health Education England North Central London	<b>External Clinician</b>	Dr Paul Holmes, Consultant in Emergency Medicine, St George's University Hospitals NHS Foundation Trust
<b>Dean of Healthcare Professions</b>	Louise Morton, Dean of Healthcare Professions, Health Education England North central and east London	<b>Scribe</b>	Matthew Howard, Quality Support Officer, Health Education England

### Educational overview and progress since last visit – summary of Trust presentation

The review team heard that with effect from 1 July 2017, following a restructure, Barnet Hospital had its own CEO and Medical Director. There is a DME specifically for Barnet, currently this role is a job share between Dr Louise Schofield and Mr Joyti Saksena. The Clinical Director covering the emergency department is currently a Royal Free Hospital Consultant in Emergency Medicine.

The Trust reported that there were staffing issues within the department, especially in relation to the number of consultants. The review team was informed that at the time of the review, senior medical staffing consisted of six whole time equivalent (WTE) consultants, one part-time locum consultant (2 days a week) plus the Clinical Director. In terms of recruitment plans, the Trust indicated that there was a rolling advert to actively recruit to three posts with a fourth post to also be advertised in September 2017, as another consultant was due to leave the department.

One of the Foundation Training Programme Directors (FTPDs) stated to the review team that the GMC NTS results, specifically the feedback from foundation trainees, had been surprising as internal feedback collected from the trainees, had overall been positive and the trainees had reported that they felt supported. The review team acknowledged that the College Tutor and the team at Barnet Hospital were genuinely concerned about the NTS findings and were keen to improve the situation moving forward.

The review team noted that there appeared to be conflicting priorities between the consultant body and some members of the senior management team in terms of the importance placed on education and teaching.

Unfortunately, due to the visit having been arranged at short notice, the review team was unable to meet with the Clinical Director.

The Divisional Director of Nursing advised the review team that the department has two senior, experienced Matrons in post who provide high quality consistent leadership. She was also pleased to report that the department had a low vacancy rate amongst the nursing team. The review team heard that extra Band 7 nursing staff were allocated at nights to provide expert nursing review to aid decision making and improve flow.

Additional emergency nurse practitioner cover was provided on busy evening shifts. The department also has plans to develop advanced nurse practitioner roles.

## Findings

### 1. Learning environment and culture

#### HEE Quality Standards

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.

1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.

1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.

1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.

1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.

Ref	Findings	Action required? Requirement Reference Number
EM1.1	<p><b>Patient safety</b></p> <p>Overall, it was reported by the trainees that there were no specific instances where it was felt that patient safety had been compromised, though it was also noted that this was in some cases because a member of the wider medical team had intervened to resolve a clinical issue before the patient had the chance to decline.</p> <p>The review team was informed by the foundation trainees of a specific incident where a particular patient had come into the department from a nursing home four days in a row, presenting with delirium which was thought to have been a possible urinary tract infection (UTI), but the patient was subsequently found to have a fractured neck of femur which was initially missed.</p>	
EM1.2	<p><b>Serious incidents and professional duty of candour</b></p> <p>The review team heard from the College Tutor that the serious incident (SI) reporting process in place was not as robust as it could be and was a work in progress.</p> <p>Some of the educational supervisors indicated that historically complaints and SIs were investigated by the old Service Line Lead, but that this role had subsequently been replaced by a Clinical Service Lead in an attempt to reduce some of the management hierarchy. However, the review team was informed that the previous service lead was still doing this work but was having to utilise continuing professional development (CPD) days to do so.</p>	
EM1.3	<p><b>Appropriate level of clinical supervision</b></p>	

	<p>The College Tutor confirmed that consultant supervision was available between 8am-11pm Monday to Friday, plus for a further eight hours across Saturday and Sunday.</p> <p>The review team heard from the foundation year 2 (F2) trainees that support from the higher trainees in the department was variable. It was reported that there had been occasions where some higher trainees had refused permission for foundation trainees to take a second break during a 12-hour shift. It appeared to the review team, that this culture was often prevalent, due to the busy nature of the department.</p> <p>It was also noted by the foundation trainees that although the Trust grade doctors were more flexible in terms of granting breaks for example, the clinical leadership and supervision they provided was variable.</p> <p>It was reported by both foundation and higher trainees that concerns had been raised about the competency of some of the middle grade doctors, which was particularly an issue out of hours when there were no consultants present within the department. The review team heard from the College Tutor that the rota had been modified to accommodate this, and ensure such middle grade trainees had extra support.</p> <p>It was reported by the foundation trainees that out of the current consultant cohort there was one consultant that the F2s would have reservations about seeking advice from, due to questions over clinical competence, and this had been escalated.</p> <p>It was reported by the higher trainees that the consultants were very approachable and supportive. However, in relation to leading the department, it was felt by the trainees that sometimes, when more than one consultant was on the shop floor, it was not always clear who was in charge, though this was not reported to be an issue out of hours.</p>	
EM1.4	<p><b>Rotas</b></p> <p>The foundation trainees reported that the previous rota in place, was felt to be onerous primarily due to the pattern and timing of shifts. The review team was informed by some of the F2s that they had worked two consecutive sets of 11 and that this had coincided with preparation for interviews for their next posts.</p> <p>The foundation trainees indicated that they were grateful for the recent changes that had been made to the rota, and felt that overall they had been positive and gave them more flexibility. It was also reported that the appointment of two clinical fellows had helped to lighten the workload. However, the trainees felt that the 2pm-2am weekend shifts negatively impacted upon their ability to maintain a good work-life balance</p> <p>The review team heard from the higher trainees that their rota was initially light on night shifts but the shift pattern included nine, eight hour shifts in a row. The trainees further commented that subsequently, this had been adjusted to include double the number of night shifts and shifts every one in three weekends, which they felt was more workable. It was also reported by the higher trainees that there was a two tier rota in operation with some of the middle grades having opted to stay on the 'old' rota.</p> <p>The review team heard from the foundation trainees that each shift was supposed to comprise of three F2 doctors and two middle grades. However, in practice there were instances where the department was only staffed by three trainees and this would negatively impact on the waiting times for patients.</p>	
EM1.5	<p><b>Induction</b></p> <p>The review team heard from the foundation trainees that they had all received a departmental induction, which covered items such as rota structure and the relevant clinical pathways in place within the department. However, the trainees reported that they received no formal introduction to the clinical decision unit (CDU).</p>	
EM1.6	<p><b>Handover</b></p>	

	<p>It was reported to the review team by the higher trainees that there was only a morning patient handover carried out at 8am. In the evening, prior to the departure of the consultant on shift, there would typically be a consultant to higher trainee handover but these would generally not include other department team members.</p> <p>The foundation trainees reported that a new clinical decision unit (CDU) had been introduced, which had become an extension of the emergency department (ED). The review team heard that the CDU was utilised to avoid breaching the four hour waiting target and there were instances in which patients were transferred to the CDU without having been reviewed by someone in the ED. The foundation trainees also stated that when transferred to the CDU, patients came off the electronic white board (first net system) and the trainees would then lose visibility of them from the ED. Nursing staff concurred that it can sometimes be difficult to access appropriate and timely medical review. It was also highlighted that the CDU did not have the same level of equipment available as the ED, such as cardiac monitors.</p>	Yes – see EM1.6 below
EM1.7	<p><b>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</b></p> <p>It was reported by the higher trainees that certain consultants in the department were more proactive in regards to involving the trainees in interesting cases and providing learning opportunities on the shop floor. Furthermore, the trainees commented that some consultants were more aware of their curriculum requirements.</p>	
EM1.8	<p><b>Protected time for learning and organised educational sessions</b></p> <p>The review team heard from the higher trainees that formal teaching had not been provided for the first six months of their placement. Having escalated this to the College Tutor, this was subsequently addressed and a formal teaching rota was introduced which was consultant-led. The trainees were also able to attend the regional teaching sessions, which took place on a Tuesday afternoon for an hour or two.</p> <p>It was reported by all foundation trainees that formal teaching took place every Thursday afternoon, which was split between one hour of general teaching and two hours of emergency medicine F2 specific teaching. The trainees further indicated that the sessions were well protected.</p>	
EM1.9	<p><b>Adequate time and resources to complete assessments required by the curriculum</b></p> <p>All of the higher trainees the review team met with confirmed that they were able to complete their work-based placed assessments without difficulty.</p>	

## 2. Educational governance and leadership

### HEE Quality Standards

2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.

2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.

2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.

2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.

EM2.1	<p><b>Systems and processes to make sure learners have appropriate supervision</b></p> <p>It was reported that at Barnet Hospital the consultant service was running well below full strength for a site seeing in the region of 120,000 new patients per annum. The review team heard from the consultant body that current staffing consisted of six whole time equivalent (WTE) consultants with one part-time locum consultant (two days a week) plus the Clinical Director. In terms of recruitment plans, at the time of the review, there was a rolling advert to actively recruit to three posts with a fourth post to be advertised from September when one of the consultants was due to leave the department.</p>	Yes – see EM2.1 below
EM2.2	<p><b>Systems to manage learners' progression</b></p> <p>The review team heard that the College Tutor was instrumental in supporting an active local faculty group (LFG) which incorporated trainee representatives for each grade providing feedback into the LFG.</p>	

## 3. Supporting and empowering learners

### HEE Quality Standards

3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.

3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.

EM3.1	<p><b>Behaviour that undermines professional confidence, performance or self-esteem</b></p> <p>The review team heard from both foundation and higher trainees that at times there had been a strained relationship between the higher trainees and the second block of foundation year two trainees, regarding the higher trainees' style of clinical supervision and the general work throughput of the foundation trainees. The review team ascertained that the culture between the two groups was not conducive to a positive learning and training environment.</p>	Yes – see EM3.1 below
EM3.2	<p><b>Timely and accurate information about curriculum, assessment and clinical placements</b></p>	

	It was noted by one of the trainers that the new August rota was only distributed in July, which was felt to be late notice for the trainees.	
EM3.3	<p><b>Regular, constructive and meaningful feedback</b></p> <p>The review team heard from the higher trainees that the hospital had a culture of openness and they highlighted how for example, positive as well as negative feedback was shared.</p>	
<h4>4. Supporting and empowering educators</h4>		
<p><b>HEE Quality Standards</b></p> <p><b>4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.</b></p> <p><b>4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.</b></p>		
EM4.1	<p><b>Access to appropriately funded professional development, training and an appraisal for educators</b></p> <p>The review team heard from one of the ED consultants that service pressures meant it had been difficult to take leave to attend, for example, conferences. Moreover, they found that they often undertook extra clinical shifts, at the expense of being involved in research projects.</p>	
EM4.2	<p><b>Sufficient time in educators' job plans to meet educational responsibilities</b></p> <p>The review team heard that many of the consultants within the department did not have sufficient Supporting Professional Activities (SPA) time allocated within their job plans, for the number of trainees they were responsible for. Specifically, the review team heard from the clinical supervisors that the consultant body had responsibility for 13 foundation doctors, up to four ACCS trainees, one GP trainee, between four and six higher trainees plus two clinical fellows and 11 middle grade doctors. On top of this, the review team heard from the College Tutor that they had been approached to be an appraiser for up to a further five non-emergency medicine trainees.</p>	Yes – see EM4.2 below
<h4>5. Developing and implementing curricula and assessments</h4>		
<p><b>HEE Quality Standards</b></p> <p><b>5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.</b></p> <p><b>5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.</b></p> <p><b>5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.</b></p> <p><b>5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.</b></p>		
EM5.1	<p><b>Opportunities for inter-professional multidisciplinary working</b></p> <p>All foundation trainees reported to the review team that they recognised that they received excellent support from the nursing staff within the department, who were reported to be approachable. The trainees also felt that there was strong leadership</p>	



	<p>from the senior nurses. The review team was informed that a Schwartz round was used as a vehicle to create a more cohesive team working environment.</p> <p>The nursing staff acknowledged that they do not always get to know the foundation trainees as well as they might due to turnover and the comparatively short time that trainees are in the department. They recognise some of the challenges that new trainees might experience and are keen to support foundation trainees. They wondered whether there might be value in enabling nursing staff to engage with trainees induction.</p>	
EM5.2	<p><b>Appropriate balance between providing services and accessing educational and training opportunities</b></p> <p>The review team heard from one of the ED consultants that Barnet Hospital was historically good at supporting those trainees finishing up their training as they could offer a good balance of learning opportunities alongside service provision, which assisted in plugging any gaps in the trainees' portfolios.</p> <p>In relation to management opportunities for their portfolios, the review team heard from the higher trainees that they actively had the opportunity to undertake formal projects in this post.</p>	

## Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date

### Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

### Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
EM1.6	The Trust is required to review and strengthen the handover system for patients transferred to the Clinical Decisions Unit (CDU), ensuring that patients are transferred appropriately with clear, accurate care plans and no patient is lost in the hospital without receiving timely medical review.	<p>The Trust must submit evidence of its handover protocol, clearly demonstrating the pathways for patient transfer from the emergency department to CDU.</p> <p>This item should be reviewed at Local Faculty Group (LFG) meetings, with minutes and trainee feedback submitted as evidence.</p>	R1.14
EM3.1	Undermining behaviour needs to be tackled by the Trust to ensure that staff work together with mutual respect.	The Trust should consider setting up inter-department medical focus groups to facilitate better understanding of the pressures that each group works under.	R3.3

		The Trust should consider embedding more initiatives, such as the Schwartz round initiative that has been introduced, in order to create a more cohesive day to day team working environment.	
EM4.2	The Trust is required to provide evidence that all consultants in the department have job plans and that these job plans contain appropriate supporting professional activities (SPA) time for all of their educational responsibilities. This should reflect all their educational roles, specifically the roles of clinical and educational supervisors for both trainees and non-training grades.	The Trust is required to provide evidence that educational supervisors have adequate SPA time in their job plans to undertake educational activities.	R4.2

### Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
EM2.1	We recommend that you accelerate the ongoing search for the additional three emergency medicine consultants as soon as possible as the Trust is already under resourced at this level with a further two consultants due to leave through resignation and retirement.	The Trust to provide a plan of action regarding this item, including recruitment timescales.	R1.7

### Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility

### Signed

By the HEE Review Lead on behalf of the Quality Review Team:

Dr Andrew Deaner

Date:

28 September 2017

**What happens next?**

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.