

Barking, Havering and Redbridge University Hospitals NHS Trust (Queen's Hospital) Emergency Medicine Risk-based Review (on-site visit)



Quality Review report

17 October 2017

Final Report

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Quality Review details

Background to review	<p>The Risk-based Review (focus group) of emergency medicine at Barking, Havering and Redbridge University Hospitals was proposed in response to the results received by the Trust in the 2017 General Medical Council National Training Survey (GMC NTS)</p> <p>For emergency medicine at Queen’s Hospital, only one pink outlier was received for induction and a green was received for work load. It was noted that this was a significant improvement in comparison to 2016 when one red outlier and five pinks were received.</p> <p>For emergency medicine foundation year 2 trainees based at Queen’s Hospital four red outliers were received for: work load, team work, educational supervision and feedback. A further six outliers were received in relation to overall satisfaction, reporting systems, supportive environment, induction, adequate experience and curriculum coverage.</p> <p>Furthermore, following the repatriation of the higher trainees to Queen’s Hospital from King George Hospital, Health Education England felt it necessary to meet with all trainees, in order to understand the current state of the learning environment, especially for the junior trainees who were still based at King George Hospital.</p>
Training programme / learner group reviewed	<p>Emergency Medicine</p>
Review summary and outcomes	<p>There were a number of positive experiences highlighted by the trainees, regarding the emergency medicine department:</p> <ul style="list-style-type: none"> • Trainees at Queen’s Hospital indicated that they felt well supported during the day and that they could easily access senior review and advice. The foundation trainees were complimentary of the higher trainees based at Queen’s Hospital, who they reported provided good support and training opportunities. The trainees indicated that Queen’s Hospital provided good training opportunities, due to the diverse case mix. • The trainees based at Queen’s Hospital reported that they were able to attend their regional teaching days and that local, protected teaching sessions were also provided within the department that they could attend. The GP trainees confirmed that they were able to attend their regional GP teaching sessions. • All trainees indicated that they had met with their educational and clinical supervisors. • All trainees reported that despite the rota gaps, they did not feel coerced or pressured into working extra shifts, and that they typically were able to leave on time as there was always someone to handover to. • The higher trainees reported that when changes were made to their rotas and the shifts they undertook, they were consulted and involved in the process which resulted in a mutually agreeable rota being implemented. <p>However, there were also a number of areas of concern raised:</p> <ul style="list-style-type: none"> • The review team was informed that at Queen’s Hospital, there were often significant rota gaps which the Trust were trying to fill, which out of hours had a significant impact upon the trainees’ workload and often meant they could be stretched over night. It appeared to the review team that the department across both sites needed a higher number of substantive consultants.

- The foundation and GP trainees indicated that they felt a lot more supported when they were based at Queen’s Hospital as opposed to King George Hospital. The trainees indicated that the majority of the department at King George Hospital were staffed by locums, who frequently may not turn up and had little or no interest in providing teaching, support and supervision. The trainees reported that this resulted in them receiving less training opportunities and that they felt they were predominantly there for service provision. The trainees at King George Hospital reported that they found it harder to meet their portfolio requirements.
- The foundation trainees reported that the training experience they received at King George Hospital was poor in comparison to Queen’s Hospital, given the different pathologies and case mix that presented at the site as there were not as many acutely unwell patients.
- The trainees based at King George Hospital reported that it would be beneficial to have a consultant over-night within the department, as if the higher trainee was busy, they felt that not enough clinical supervision was provided.
- Trainees based at both sites reported that the quality of the locum doctors who worked in the department was variable and that the higher trainees felt that some needed to be closely supervised, which was difficult when the department was extremely busy.
- The trainees reported that there were significant issues with the rota coordination and that they were unable to swap their shifts with anyone in the department.

Three immediate mandatory requirements (IMRs) were issued, two of which were relevant to emergency medicine. The first was in relation to rota management, which was a prevailing problem throughout the different specialties under review. The review team was also informed by both the medicine trainees and those based in the emergency department, that when patients with type 2 respiratory failure presented to the emergency department there was often not enough cover from respiratory nurses who were trained to administer none invasive ventilation (NIV) and that the high dependency unit (HDU)/ and intensive care unit (ICU) outreach nurses had to attend the emergency department, which often resulted in a delay of the timely management of such patients, on occasion for up to two hours. There were also frequent instances where there was a deficiency in the availability of appropriate machines. The machines available in Respiratory ward were different to those available in HDU/ICU and therefore staff were not always available with appropriate training to safely use the machine. This issue was already subject to a previous IMR issued to the trust at an earlier visit.

Quality Review Team

HEE Review Lead	Dr Jamal Mortazavi, Deputy Head of the London Specialty School of Emergency Medicine	Foundation School Representative	Dr Keren Davies Director of North East Thames Foundation School
Trust Liaison Dean/County Dean	Dr Indranil Charavorty, Trust Liaison Dean, Health Education England North East London	GP School Representative	Joyti Sood GP Associate Dean Health Education England North East London

Scribe	John Forster Quality Support Officer Health Education England London and the South East	Trainee/Learner Representative	James De Boisanger, Trainee Representative
Lay Member	Robert Hawker, Lay Representative	Observer	Elizabeth Dailly, Deputy Quality and Reviews Manager Health Education England London and the South East
Observer	Ed Praeger Learning Environment Quality Coordinator Health Education England London and the South East		

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>Patient safety</p> <p>It was reported that although trainees were aware of how to report serious incidents and patient safety concerns through the Datix system, many of the trainees had not received feedback. The trainees also were unaware who to chase this up with. Some trainees felt that their reporting was sometimes acted on, as they had seen changes made, but that feedback was often non-existent.</p> <p>There were questions of quality raised regarding the locum support provided within the departments at both sites. As a result of this, the higher trainees felt that the locums required supervision overnight, which could be difficult when the department</p>	Yes, please see EM1.1 below

	<p>was busy. Raising concerns about locums had proven to be ineffective, as even after multiple reports, they remained employed in the department.</p> <p>One locum doctor was reported to be entirely focused on sending patients home in order to clear the department, leading to them often coming back a few days later because they did not always get the help they needed.</p> <p>The trainees reported that non-invasive ventilation (NIV) machines were now present in the emergency department, though there were no nurses based in the ED who were trained to use them. This meant that staff had to be brought in from the HDU, causing delays in timely patient care which impacted on patient safety. This was compounded by the fact that few people within the department knew where to find the required equipment. It was suggested that dedicated NIV trained nurses were needed to be based in the department.</p>	
EM1.2	<p>Appropriate level of clinical supervision</p> <p>The trainees reported that they felt well supported and that there was usually a consultant around during the day they could access for senior review and supervision.</p>	
EM1.3	<p>Responsibilities for patient care appropriate for stage of education and training</p> <p>None of the trainees reported that they were required to undertake procedures that they felt was outside of their competency level. The trainees reported that the hospital was a very good place for training, and there was a good case mix.</p>	
EM1.4	<p>Rotas</p> <p>Rotas were found to be an issue throughout the review, and emergency medicine was no exception to this. Rota gaps were very frequent, with trainees reporting that they constantly received emails about shift vacancies and rota gaps, though they stressed that despite this, they were not pressured to undertake extra shifts.</p> <p>It was heard that on an 11-person rota, there were four consistently empty slots, and that on the tier 2 rota, only 6 out of 30 slots were filled.</p> <p>The trainees reported that every shift was short of tier 2 doctors, and often all three shifts in a day were short staffed. It was reported that the department relied heavily on locum doctors to fill the gaps. While the quality of the locum staff could be very high, it was often variable.</p> <p>The trainees reported that shift-swaps were hard to do as it was difficult to avoid situations where rotas were non-compliant, such as a trainee working 6 days in a row. There were not enough trainees to swap effectively. The trainees reported that the training was very good and more trainees were needed.</p> <p>The trainees reported that they knew who the guardian of safe working hours was, should they need to get in contact. However, it was reported that there was a low level of exception reporting. The trainees also reported that they had had no difficulty in taking annual leave.</p> <p>The department (and the Trust as a whole) was reported to be chronically understaffed, leading to very high workloads for the trainees, and leading to the extensive use of locums, which had knock-on effects in other areas.</p>	
EM1.5	<p>Handover</p> <p>The trainees reported that there was always someone to take over to at the end of a shift, and reported no issues with the handover system.</p>	

EM1.6	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The trainees at Queen’s Hospital reported that there was a good case mix, and that training was good. The Queen’s trainees felt well supported by consultants. The foundation year 2 (F2) trainees reported that they felt well looked after, especially by the higher trainees and that there was a good focus on training. This did not seem to be the case at King George Hospital. The trainees reported that there was rarely an accessible consultant on at night, and that feedback was lacking. It was reported that the heavy reliance on locum doctors did not lend itself well to learning opportunities; a number of trainees had been told that by a particular locum that they were not here to teach them, just give them the clinical decisions with no or little explanation. Trainees reported that they felt more inspired working two days at Queen’s Hospital than they had for the two months they were based at King George Hospital.</p>	Yes, please see EM1.6 below
EM1.7	<p>Protected time for learning and organised educational sessions</p> <p>The trainees reported that training days were provided for, and that even on nights, they were let off to go on training days. The trainees reported that they had four hours of protected teaching every two weeks, but only if they were available on Thursday and were not due to undertake an on-call shift.</p> <p>It was reported that one consultant led the 3-hour sessions, with the help of two specialty training year 3 (ST3) trainees if shift patterns allowed. Each week was themed with a named consultant. The junior trainees also gave an hour talk in the session, and the topics clearly related to emergency medicine (EM).</p>	
EM1.8	<p>Adequate time and resources to complete assessments required by the curriculum</p> <p>The trainees reported that it was straightforward to get their workplace assessment completed, and that they had no problems doing this with the regular consultants. However, this was harder with the locum consultants.</p> <p>It was heard that there had been difficulty achieving portfolio requirements at King George Hospital, though this did not seem to be the case for Queen’s Hospital.</p>	
EM1.9	<p>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</p> <p>All trainees reported that they had met both their educational supervisor and their clinical supervisor. King George Hospital trainees reported that they had to travel to Queen’s to meet their supervisor; only indirect contact was available at King George.</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>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The trainees all reported that they were aware of exception reporting procedures, and were encouraged by the faculty to report. The trainees were aware of patient safety incident reporting procedures as well.</p>	
EM2.2	<p>Impact of service design on learners</p> <p>Trainees raised concerns about the lack of patient flow through emergency medicine, where medical patients had nowhere to go, though this was thought to be a wider issue with the Trust and the NHS as a whole.</p>	
EM2.3	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>The trainees on the whole indicated that they had had little reason to raise concerns, but were aware of the procedures if they needed to.</p> <p>The few issues that had been raised had either been ignored entirely, in the case of concerns about locum quality, or implemented with little to no feedback, in the case of reporting serious incidents. While the systems were in place, it was heard that feedback to the issues raised was lacking.</p> <p>The trainees reported that they did not have a designated trainee representative who attended each Local Faculty Group (LFG), as the rota was such that it was not possible for the same trainee to attend each meeting. Instead, the trainees indicated that they took it in turns to attend the LFG meetings, and that the trainees discussed the issues they wanted to be raised in their online messaging group beforehand.</p>	
EM2.4	<p>Systems and processes to identify, support and manage learners when there are concerns</p> <p>Some trainees reported that after discussion about the rota, there had been an increase in long shifts and a decrease in short shifts, which was what they had wanted. The trainees praised that their suggestions had been taken on board and implemented.</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>Regular, constructive and meaningful feedback</p> <p>The trainees reported that although they felt well supported, they would have benefitted from more regular constructive feedback. This was specifically raised by the trainees based at King George Hospital.</p>	
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4. Developing and implementing curricula and assessments

HEE Quality Standards

5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.

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.

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.

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.

EM4.1	<p>Regular, useful meetings with clinical and educational supervisors</p> <p>The trainees reported that in general their clinical and educational supervisors were helpful, though some disagreed, saying that it was very difficult to approach their educational supervisor, and that they often had to wait three weeks to schedule an appointment.</p>	
EM4.2	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>There was a clear split between trainees based at Queen's Hospital and King George Hospital in this regard. A number of trainees at King George stated that frequently locums did not care about providing training, and due to their prevalence in the department, the focus was squarely on clearing patients and service provision.</p> <p>It was reported that there was a greater educational focus in the emergency department at Queen's Hospital.</p>	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
N/A			

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.
EM1.1	Trust to review and strengthen the serious incident process. Trust to ensure that all trainees who submit Datix reports receive feedback, including details of how the issue has been dealt with.	Trust to submit outcome of serious incident process review, including details of how the policy will be strengthened.	R1.2
EM1.6	The Trust to ensure that locum consultants based at King George Hospital are aware of their responsibilities in relation to providing education and training to junior trainees based in the emergency department.	The Trust to confirm that this has happened and provide trainee feedback that this issue has been adequately resolved and monitor the issue through the Local Faculty Group.	R1.15

Recommendations

Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
	N/A		

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 Jamal Mortazavi
Date:	06 November 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.