

Barking, Havering and Redbridge University Hospitals NHS Trust

Emergency medicine

Multi-professional Review (on-site visit)



Quality Review report

11 April 2018

Final Report

Developing people
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healthcare

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Quality Review details

Background to review	<p>The Multi-Professional Review (on-site visit) was undertaken to ascertain the progress that had been by the Trust to address the issues that were raised at the previous Risk-based Review (on-site visit) of emergency medicine, that was undertaken by Health Education England in October 2017. At the previous review, significant concerns were raised regarding the clinical supervision that was provided to the junior trainees based in the emergency department at King George Hospital. Following this, an education lead conversation took place with the Trust, Health Education England and NHS Improvement in December 2017 and regular updates were provided by the Trust.</p>
Training programme / learner group reviewed	<p>Emergency medicine</p>
Number of learners and educators from each training programme	<p>The review team initially met with the senior management team, which included: The Matron for the emergency department, the Skills and Undergraduate Non-Medical Manager, the Deputy Chief Nurse, the Director of Medical Education, the Assistant DME, the Head of Medical Education and Training, the Deputy Head of Medical Education and Training, the Specialty Lead for the emergency department and the Divisional Director for acute and emergency medicine.</p> <p>The review team then met with trainees working within the emergency department at both sites, at the following levels:</p> <ul style="list-style-type: none"> - Foundation year 2 (Both sites) - GP trainees specialty training year 1 & 2 (King George site) - Specialty Training Year 3 (Queens Site) <p>The review team also met with nursing students in their final year of training. However, they team was disappointed that they were unable to meet with any of the Advanced Nurse Practitioners based within the department.</p>
Review summary and outcomes	<p>During the course of the on-site visit, the review team was informed of a number of areas that were working well in relation to the training environment within the emergency department, as outlined below:</p> <ul style="list-style-type: none"> - The review team noted the huge improvement that had been made regarding the training environment within the emergency department at King George Hospital. At the previous Health Education England Risk-based Review in October 2017, there had been concerns raised regarding the level of supervision that was available for the foundation and GP trainees and the amount of locums working within the department, as opposed to more substantive middle and senior grades. The review team ascertained that there had been a significant improvement in the level of support and supervision provided to trainees and that trainees were able to escalate any concerns effectively. The review team acknowledged that this improvement had taken place during an extremely difficult winter period and recognised the challenges the department and Trust had faced. - The review team noted that in light of the progress that had been made in relation to the training environment provided to Foundation and GP

trainees, further consideration would be given to the recognition of training for higher trainees at the King George Hospital site, if such progress continued. It was noted that a further review was likely to be undertaken to continue to monitor the progress being made, in order to ascertain whether the department was suitable for higher Emergency Medicine trainees.

- The review team congratulated the Trust on the support provided to non-training grade doctors in the department and the middle grade and Trust grade development programme that was in place.
- The senior management team reported that the advanced care practitioners (APCs) were well supported and were able to access the e-portfolio of the Royal College of Emergency Medicine. However, the review team was disappointed that they were not able to meet with any of the ACPs within the department, which they felt would have given more granularity and further context to the review.

However, the review team was also made aware of some areas for improvement:

- The review team noted that despite the significant improvements that had been made in regard to ensuring there were more substantive consultants and middle grade doctors, there were still a significant number of locums working in the department, which they felt was not sustainable in the long term. It was felt that the work being undertaken by the Trust to increase the retention rates needed to continue.
- The review team heard that the rapid assessment and treatment (RAT) system that was in place on the Queens site was inevitably put under pressure when the department was extremely busy, which led to potential patient safety issues. Although no specific patient safety incidents were reported by trainees, it was indicated that such issues could arise when the workload in the department was high.
- The trainees were not aware of the Local Faculty Group that took place within the department and although the review team was pleased to hear that such meetings had started, they felt further work needed to be undertaken to ensure they were fully embedded within the department.

Quality Review Team

HEE Review Lead	Dr Chris Lacy Head of the London Specialty School of Emergency Medicine	Deputy Postgraduate Dean	Dr Indranil Chakravorty Deputy Postgraduate Dean, Health Education England, North East and Central London
Foundation School Representative	Dr Keren Davis, Director of North East Thames Foundation School	NHS Improvement Representative	Dr Emma Whicher Regional Medical Director, NHS Improvement
GP Representative	Dr Naureen Bhatti Head of School of General Practice (North Central and East London)	GP Representative	Dr Huma Vohra GP Trainer Health Education England
Healthcare Representative	Kathryn Jones Dean of Healthcare Education, Health Education England	Healthcare Representative	Julia Gamston, Emergency Nurse Practitioner, Imperial College Healthcare NHS Trust

Lay Member	Ryan Jeffs Lay Representative	Scribe	Elizabeth Dailly Deputy Quality, Patient Safety and Commissioning Manager
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Educational overview and progress since last visit – summary of Trust presentation

The review team thanked the Trust for accommodating the review and in particular the significant efforts that had been made by the medical education team to facilitate the process.

The review team acknowledged the significant pressure the Trust and department had been under during the winter months. During these months, the Trust reported that there had been executive ownership, presence and visibility within the emergency department and that senior management had provided support within the department, working on the shop floor.

It was noted that since the previous Health Education England (HEE) Risk-based Review in October 2017, when concerns regarding the clinical supervision provided to Foundation and GP trainees based within the emergency department at King George Hospital had been raised, the Trust had taken a number of steps to address the issues.

Firstly, the Trust reported that the number of substantive consultants in the department had increased and that at the time of the review, there were 11 substantive consultants working across both sites (Queen's Hospital and King George Hospital), nine of which were accredited and on the specialist register as emergency medicine consultants and two who were specialist paediatric consultants. Additionally, the review team was informed that there were 10 long-term locum consultants, the majority of which were the Trust's in-house bank staff, who had all worked within the department for at least a year, as opposed to being employed on an ad-hoc basis.

The review team was informed that there was consultant presence in the emergency department at Queen's Hospital 24 hours a day, seven days a week, which ensured that clinical supervision and support was provided to trainees. The Trust further stated that such consultant presence was also in place at King George Hospital and had been for the 14 months preceding the review. It was reported that the locum consultants undertook the resident on-call shifts out of hours, but that there was always a substantive consultant on-call who was non-resident, to ensure that adequate clinical supervision was provided.

The Trust further expressed that since the previous Review, one of the senior consultants who was previously based at Queen's Hospital had been based at the King George Hospital site for three days each week, to provide further teaching and support for the trainees within the department. Additionally, the specialty tutor and educational lead had also been spending one day per week in the department, not to undertake clinical work but to provide educational sessions and answer any questions the trainees had. Furthermore, the specialty lead was based within the department every Friday. This ensured that adequate clinical supervision and support was provided to the trainees, in addition to dedicated educational sessions and pastoral support.

The Trust reported that there were also a large number of non-training grade doctors at middle grade level working across both emergency departments. To ensure the retention of staff, the review team was informed that the middle grade doctors were undertaking the Trust grade development programme that had been implemented.

The review team noted that there were a large number of trainees and non-training grades at both sites, who required educational supervision and was subsequently informed that all of the substantive consultants and long term locum consultants were signed off as educational supervisors.

The review team was informed that the department had been visited by a number of regulators during the months preceding the review, including: NHS Improvement, the Care Quality Commission and the Health and Well-being Board, all of which had given the department positive reviews.

The review team heard that the governance system in relation to serious incidents was robust. It was reported that everyone within the department was encouraged to raise serious incidents, which were then dealt with at a divisional level. The Matron reported that such incidents were discussed at the quality and safety meetings that took place, the monthly divisional meeting and monthly local meetings, to ensure that lessons were learned from the incidents by all staff within the department, including those who were not directly involved. Furthermore, the review team was informed that any incident forms that had been submitted were reviewed on a daily basis and that they were then escalated to the governance officer if necessary, to be discussed at the governance meeting. Following this, any necessary feedback to staff involved was then provided and a root-cause analysis of the incident was undertaken.

The Medical Educational and Training Manager reported that they had met with the trainees on a weekly basis, who had provided excellent feedback regarding the posts at King George Hospital. The review team was

informed that the trainees had indicated they received excellent support, were able to attend teaching sessions and were not having to work beyond their rostered hours.

The review team was informed that the Trust had employed two Advanced Care Practitioners (ACPs) who were completing their RCEM accreditation and four ACP trainees who were in the process of completing their masters, who were predominantly based within the emergency department at Queen's Hospital. It was reported that they all had a consultant supervisor and were undertaking the e-portfolio for the Royal College of Emergency Medicine.

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>The trainees reported that the quality of care provided to patients in the emergency departments at both sites was often excellent, but felt that this was often dependent on how busy the department was. The trainees felt that when the departments were stretched beyond their capacity, this had a negative impact upon the quality of care provided.</p> <p>The review team was informed that a rapid assessment and treatment (RAT) system was in place, to ensure patients were triaged and prioritised efficiently. In particular, the trainees were extremely complimentary of the nursing staff within the emergency department at King George Hospital and reported that they prioritised patients well, especially when the department was extremely busy. However, the review team was informed that when the department was extremely busy, the RAT system and members of staff triaging patients were under a lot of pressure, which raised potential patient safety concerns. Although no specific patient safety instances were raised, the trainees reported that the high workload and pressure led to less robust and accurate triaging decisions being made. They reported there were often considerable delays to patient care and treatment, with frustrated patients making the working environment more stressful.</p> <p>The review team was informed that there were significant nursing shortages in the department at King George Hospital, which they felt had a negative impact upon patient care and often resulted in delayed treatment. The trainees indicated that the</p>	

	<p>department was trying to recruit to the vacant posts, but that at the time of the review had been predominantly unsuccessful.</p> <p>When asked whether they would be happy for their family to be treated at the emergency department in King George Hospital, the trainees reported that it was dependent on a variety of factors, such as the time of the day, which members of staff were available and how busy the department was.</p>	
EM1.2	<p>Serious incidents and professional duty of candour</p> <p>The trainees indicated that they felt able to raise any patient safety concerns they had, either via the Datix system or with any of the consultants within the department. However, they reported that there were many situations where the long waiting times delayed patient care and ideally a Datix form should have been submitted.</p> <p>The trainees were all aware of the governance meetings that took place within the department and indicated that if their workload allowed, they attended.</p>	
EM1.3	<p>Appropriate level of clinical supervision</p> <p>The trainees reported that they received a good level of clinical supervision and that they could always access someone senior within the department to escalate any concerns, as there was consistent consultant presence within both emergency departments, every day of the week. The GP and foundation trainees further stated that they were always allocated a middle grade doctor, who they could approach for advice. Even when the department was extremely busy, the trainees indicated that they could always access support and advice.</p>	
EM1.4	<p>Responsibilities for patient care appropriate for stage of education and training</p> <p>The trainees confirmed that they were not expected to work beyond their particular level of competency.</p>	
EM1.5	<p>Rotas</p> <p>The GP trainees reported that they alternated between being based at Queen’s Hospital and King George Hospital. The review team was informed that although the trainees did not spend an equal period of time at each site, they tended to undertake four-six week blocks at each site, as opposed to moving between the two sites frequently, to give them a sense of continuity, which they felt was beneficial. This was echoed by the foundation trainees, who stated that they were due to undertake a block at King George Hospital, followed by a set period of time based at Queen’s Hospital. However, the amount of time the trainees’ spent at each site varied, and the review team heard that some trainees had more time allocated to Queen’s Hospital than others. Furthermore, the trainees indicated that some of their on-call shifts out of hours were at Queen’s Hospital during their block at King George Hospital.</p> <p>The trainees based at King George Hospital (KGH) reported that they had received their rota in advance of starting their placements. The review team was informed that although the trainees were able book annual leave easily during the week, they often struggled to secure annual leave for on-call shifts at night and at weekends and had to swap shifts with their colleagues in order to be able to take leave.</p> <p>The trainees reported that their rota also included information regarding which consultant was undertaking each shift, which the trainees found beneficial, as it ensured they knew which consultant was available.</p> <p>The review team was informed that the trainees generally finished their shifts on time and therefore had not had to submit any exception reports.</p>	<p>Yes, please see EM1.5a</p> <p>Yes, please see EM 1.5b</p>

EM1.6	<p>Induction</p> <p>The trainees confirmed that as they worked across two different sites, they had received departmental inductions at both emergency departments, in addition to their Trust induction, which were of a high standard. However, the review team was informed that it would have been beneficial for the departmental induction to have included how the computer system at each site worked during the departmental inductions, as no information was provided before the trainees started their post.</p>	Yes, please see EM1.6
EM1.7	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>When discussing how the trainees rotated through the various clinical areas of the emergency department, the trainees reported that when they were based at King George Hospital, they typically received limited exposure to the minor injuries unit, as due to how busy the unit was, more senior doctors tended to be based there. The review team was informed that even if the trainees were supposed to be based within the minor injuries unit and it was specified in their rota, they were often reallocated to majors on the day.</p> <p>The GP and foundation trainees indicated that they spent the majority of their rotation in the majors unit and also received limited exposure to the Resuscitation unit.</p>	Yes, please see EM1.7
EM1.8	<p>Protected time for learning and organised educational sessions</p> <p>When discussing workplace based assessments, the trainees reported that at both sites, they were easily able to complete their case-based discussions. However, the trainees indicated that due to the busy nature of the departments and the high workload, they sometimes found it difficult to complete other workplace based assessments, which needed a consultant to be formally present to observe them. The review team was informed that there was a small group of consultants who were extremely approachable and helpful when the trainees needed to complete any assessments.</p>	
EM1.9	<p>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</p> <p>All of the trainees the review team met with confirmed that they had a named educational and clinical supervisor and that they were able to meet with them regularly.</p> <p>The nursing students reported that at the beginning of each placement, they met with their mentors in order to set their objectives for the placement. The review team was informed that during such meetings, the learners were informed of what opportunities were available for them to access in each placement, which they found beneficial.</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 were unaware of the Local Faculty Group meetings that took place within the department on both sites and reported that they had not attended any.</p> <p>The nursing students the review team met with confirmed that they felt able to escalate any concerns they had to the ward manager and that if they had any issues, they were able to feed this back to their point of contact at the University as well.</p>	Yes, please see EM1.2
EM2.2	<p>Impact of service design on learners</p> <p>The trainees reported that when they referred patients from the emergency department to the urology team, the team would not accept patients unless they had had a CT KUB scan. The review team was informed that it was difficult to get such scans completed out of hours which created difficulties when trying to refer patients.</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>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>When asked about the interaction between themselves and other departments within the hospital when trying to refer patients from the emergency department, the trainees indicated that this was often a source of friction. The trainees reported that sometimes when they tried to refer a patient to the surgical or medical team, the accepting team did not feel that it was a justified referral and therefore refused to accept the patient. The review team was informed that such referrals at King George Hospital were done by the junior trainees in the emergency department to the junior trainees in the other team and that when referrals were not accepted they then escalated this to the higher trainees in the team they wanted to accept the patient.</p> <p>At Queen's Hospital, the trainees reported that this varied and that when they referred patients to the medical team, this was often done directly to the medical higher trainee on-call.</p>	
EM3.2	<p>Access to study leave</p> <p>The GP trainees confirmed that they had been able to take any necessary study leave, which was similarly confirmed by the emergency medicine trainees based at Queen's Hospital, who stated they had had all of their study leave approved.</p> <p>The foundation trainees reported that all of their mandatory study days had been incorporated into their rota which they were able to attend. However, the trainees reported that there were instances when they had booked study leave whilst in their previous placement, that was due to occur whilst in their next rotation. Although the study leave had been approved when they initially booked it, the trainees indicated that when they then rotated and moved to their next post, the department was not aware of their pre-booked study leave, which then had to be requested and approved again. On</p>	Yes, please see EM3.2

	occasions this meant they therefore could not give sufficient notice of their study leave and this could be refused.	
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4. Supporting and empowering educators

HEE Quality Standards

4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.

4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.

5. 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.

EM5. Opportunities for interprofessional multidisciplinary working

1 The trainees reported that they had good working relationships with the multi-professional workforce within the department and were particularly complimentary of the nursing staff.

6. Developing a sustainable workforce

HEE Quality Standards

6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.

6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.

6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.

6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.

6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

EM6. Learner retention

1 The nursing trainees the review team met with confirmed that they were planning on taking full time jobs at the Trust. However, it should be noted that the jobs were on the general wards at the Trust as opposed to being in the emergency department.

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Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The review team was informed of the Trust grade development programme that had been introduced, to attract and retain middle grade Trust doctors.			

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 to ensure that information regarding how the IT systems in the emergency departments function is included in the trainees' departmental induction	The Trust to confirm this now takes place and submit the induction materials, demonstrating that trainees are provided with information regarding the IT systems used.	
EM1.7	The Trust to ensure that trainees receive adequate exposure to the various clinical areas within the emergency department, including: the minor injuries unit, the resuscitation unit, majors and the paediatric unit.	The Trust to submit copies of the trainees rota, demonstrating they receive such exposure to the various clinical units within the emergency department and trainee feedback, through Local Faculty Group meeting minutes, confirming that this takes place.	
EM 1.5a	The Trust to ensure that trainee rotas allow for consolidation of clinical experience and support and avoid unnecessary cross-site working for ad-hoc nights.	The Trust to submit copies of the junior doctor rotas demonstrating trainees are allocated to sites in blocks avoiding ad-hoc cross-site night shifts.	
EM1.5b	The trust to ensure that trainees are able to book appropriate periods of annual leave during the out of hours periods without having to swap shifts.	The Trust to provide a copy of their annual leave request guidelines and ensure trainees are able to take their entitled annual leave in whole week blocks without having to swap shifts with colleagues.	

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.

EM1.2	The Trust to ensure that all trainees are aware of and invited to attend the Local Faculty Groups that take place at both departments.	The Trust to submit registers from the LFG meetings, demonstrating that there is trainee attendance.	
EM3.2	The Trust to review the process and system in place for booking study leave and ensure that when trainees book study leave that is due to take place in their next rotation, this is carried over and so does not need to be re-requested.	The Trust to outline the arrangements that are in place regarding trainees booking study leave in advance that is due to take place in their next rotation. The Trust to provide trainee feedback demonstrating that this issue has been resolved.	

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

Requirement	Responsibility
N/A	

Signed

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

Date:

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.