NHS
Health Education England

Kingston Hospital NHS Foundation Trust

Emergency Medicine

Risk-based Review (on-site visit)

Quality Review report

13 June 2018

Final Report

Developing people for health and healthcare

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Quality Review details

Background to review	Health Education England (HEE) conducted a quality review of the emergency medicine department at Kingston Hospital NHS Foundation Trust in January 2015, which resulted in 29 actions in relation to various concerns raised, including bullying and undermining (B&U). By 2016, there were still 27 open actions, and HEE received further concerns raised by the trainees indicating that the issues around bullying and undermining (B&U) remained. Therefore, HEE conducted an Urgent Concern Review (on-site visit) on 17 May 2016 to meet with the trainees and the trainers to assess any progress that the Trust had made to address these issues. A further Risk-based Review (on-site visit) was arranged as a follow-up review to assess progress since 2016 and to ascertain whether there were still any instances of B&U which would have impacted on trainee experience.
Training programme / learner group reviewed	Emergency Medicine
Number of learners and educators from each training programme	The quality review team met with the following trainees: • Foundation year 2 (F2) x 2 • Acute Care Common Stem (ACCS), including ST1 and CT1 levels • Specialty trainees at level 4 and 5 (ST4/5), including those currently training less than full-time (LTFT) The quality review team also met with five clinical and educational supervisors, the Director of Medical Education, Medical Education Manager, Guardian of Safe Working Hours, Emergency Medicine College Tutor, Clinical Director, ACCS College Tutor, Medical Director.
Review summary and outcomes	The quality review team wanted to thank the Trust for accommodating the quality review and for obtaining feedback from the general practice (GP) trainees in advance of the review as these trainees were working night shifts and were not able to attend. The quality review team was pleased to hear that a number of areas had been working well in the emergency medicine department, as listed below: • The quality review team congratulated the leadership in the emergency medicine (EM) department, particularly the Specialty Tutor and Clinical Director, for the significant positive changes since the previous reviews. • All of the trainees commended the emergency medicine rota coordinator. • The quality review team heard from the foundation year 2 trainees (F2s), and Acute Care Common Stem (ACCS) trainees that the EM department at Kingston Hospital NHS Foundation Trust had provided a highly supportive teaching environment; this report was also supported by electronic feedback submitted by the general practice (GP) trainees. • The reported consistency of the middle grade night cover appeared to the quality team to be robust and allowed the higher trainees to provide supervision in a safe environment. • The quality review team heard of innovations in the department such as the emergency medicine guidance website https://www.kingstoned.org/

and the 'clinical pearl of the day', where trainees had been provided with suggested reading materials to aid their learning experience.

- It was reported that the department had developed a dedicated simulation training room which had provided trainees with dedicated simulation sessions. The quality review team recognised the progress made in terms of overall teaching in the department since the previous reviews.

However, the quality review team also heard of a number of areas for improvement:

- It appeared to the quality review team that the local faculty group (LFG) meetings needed to be embedded in the department, with reliable trainee representation, a SMART-style agenda and confidential information omitted from the minutes; and that schedules needed to be disseminated to the trainees appropriately and in a timely manner.
- The quality review team heard of occasions where NHS "Smartcards" had been left active in the computers when not being used, limiting access to workstations and delaying completion of documentation There were also instances of trainees' smartcards being used inappropriately by other staff, making the trainee vulnerable to information governance issues. The quality review team stated that this needed to stop immediately.
- The lack of workstations was highlighted by the trainees which affected workload significantly.
- Trainees reported that educational supervision meetings where being conducted in a shared consultant office and on occasions during shop floor clinical sessions. It was reported that private space was needed to facilitate educational supervision meetings to ensure that these occurred appropriately and within the supervisor's protected SPA time.
- It was recommended that allocation of educational supervisors needed some form of specialisation depending on training programme/post specialty.
- The quality review team heard that the rota for the higher trainees could be improved and that there was a need to involve the higher trainees with rota changes, as well as ensuring engagement with the Human Resources department and the Guardian of Safe Working Hours Champion.
- The changes in medical admission were highlighted as a way in which EM trainees could be involved with service developments and leadership skill development.
- It was recommended that the Trust develop educational leadership roles for the department's consultants in ultrasound, quality improvement project and management portfolio.
- The quality review team heard that the Trust needed to delineate supporting professional activity (SPA) time to accommodate the specific assessment requirements of the emergency medicine curriculum - especially the Extended Supervised Learning Episode (ESLE) as supernumerary to clinical work, and the Acute Care Assessment Tool (ACAT).

Quality Review Team			
HEE Review Lead	Dr Chris Lacy, Head of the London School of Emergency Medicine	**External Clinician**	Dr Wendy Matthews, Consultant in Emergency Medicine

	Health Education England		Higher Training Programme Director for North West London Imperial College Healthcare NHS Trust
Deputy Postgraduate Dean	Dr Jo Szram, Deputy Postgraduate Dean for South London Health Education England	**Foundation Representative**	Dr Keren Davies, Director of North East Thames Foundation School
GP Representative	Dr Judy Roberts, General Practice Programme Director Health Education England	**Lay Representative**	Robert Hawker, Lay Member
HEE Representative	Adora Depasupil, Learning Environment Quality Coordinator for South West London and Surrey Quality, Patient Safety & Commissioning Team Health Education England, London and Kent, Surrey and Sussex		

Educational overview and progress since last visit – Trust presentation summary

The quality review team wanted to ascertain the quality of the educational and clinical governance for the trainees at the time of the review, specifically in relation to how the trainees reported any concerns around the support provided by the emergency medicine (EM) department. The Director of Medical Education (DME) stated that the department, at the time of the review, had provided teaching on serious incident (SI) reporting as part of induction presentation provided to the trainees. The quality review team heard that regarding SI reporting and feedback, a full investigation was conducted and trainees were provided with timely support and feedback. The DME stated that the process usually took a long time to complete, but that the initial feedback to any trainees that may have been involved usually happened earlier on in the process. The quality review team heard that the Trust utilised Datix electronic reporting forms, which automatically generated e-mail communication to the SI investigator as well as to the trainee involved through Trust e-mail.

The DME reported that there was previously no dedicated local faculty group (LFG) meeting for EM and Acute Care Common Stem (ACCS) trainees, but that the department had implemented one where the educational supervisors were able to meet with the trainees. The DME acknowledged that there had been issues with the rota which meant that not all trainees were able to attend the scheduled LFG meetings, but that the Trust had sent a newsletter to all trainees to ensure updates had been disseminated to all of the trainees.

Furthermore, the DME explained that surveys had been sent to the foundation trainees and that the results were received a day prior to the quality team review, which had led to a local action plan to be devised by the Specialty Tutor (ST) and the Clinical Director (CD) as the department's educational leads. The quality review team was informed that the results and action plan was then going to be discussed with the trainees during the week following the quality review.

The quality review team was informed that there had been changes to the infrastructure of the department, such as the development of a simulation training room, and the DME stated that these changes had t resulted in a more supportive and cohesive environment for the trainees. The EM ST stated that the training environment and experience had improved, but that there was still room for further progress. For instance, the EM ST indicated that there was still a need for a more unified approach by the consultants when providing clinical supervision in the department. The CD stated that at the time of the review, there were ten consultants in post, where nine were substantive members and one was a locum consultant. The CD reported that the department was established for 13 consultant posts and that there was a 'live' advertisement out at the time of the review to recruit to these posts, as well as a locum advert, to ensure that the department was able to appoint and train the most suitable candidate to the vacancies.

The quality review team heard that there was a challenge with implementing a cohesive team in relation to the middle grade doctors; the Trust had budgeted for 18 posts, but at the time of the review there were six

permanent non-training grades and two trainees. The Trust stated that due to a huge cohort of locums used to cover the gaps in the middle grade doctor establishment, the two trainees may have felt isolated and that there may have been some difficulty with providing robust trainee support. It was reported that the department had been working with Human Resources (HR) department in relation to revising job descriptions, offering secondment posts to develop and maintain competencies and looking at F3 rotations to move doctors internally in order to support the middle grade tier doctors.

The Trust reported that one consultant often worked the night shift as part of the job plan and the quality review team heard of good cover within the last seven months prior to the visit. The Trust also reported that some middle grade doctors had requested to work nights and so the night shifts had been adequately covered. However, the Trust reported that they had received foundation year two trainee (F2) feedback prior to the visit indicating that there had been an issue with one of the Trust grade doctor's lack of support from 20:00 to midnight.; the Trust explained that this issue was to be addressed urgently.

The Guardian of Safe Working Hours (GSWH) stated that the EM department had not been flagged in relation to trainees finishing shifts late and that there had only been one exception report received since August 2017. The GSWH also stated that there was junior trainee forum and that junior and some higher EM trainees had attended, but not frequently. The Trust stated that when the trainees did work late, they were either paid overtime or were provided with time off in lieu, depending on what the trainees preferred.

The Trust acknowledged that due to the demanding nature of the EM department, some F2s may find the junior trainee rota too challenging, so the department was in the process of reviewing the rota again. In terms of workload support, the quality review team heard that the physician associate's (PA)'s working pattern was being reviewed in order to move toward a 24-hour service cover, to provide further support to the EM team including the trainees. The ST also reported that the department had advanced care practitioners (ACPs) – one had been fully accredited and another was due to qualify within the month of the review. The quality review team heard that the ANPs worked in majors under direct supervision by the consultants. The ST explained that there had been no issues in terms of supervising the ANPs and the trainees, and that there had always been support for PAs in the department.

In terms of job planning, it was reported that the foundation trainees had three named educational supervisors (ES) and one additional clinical supervisor (CS). The quality review team heard that all consultants in the department had been allocated 2.5 SPAs including personal professional development based on the Trust job planning guidance, and that 0.5 PA had been allocated for Acute Care Common Stem (ACCS) educational lead.

The SD reported changes in the department such as the expansion of the resuscitation unit. The quality review team heard that the physical space had increased to also accommodate friends and families. Furthermore, the quality review team heard that there were now six beds and a sofa chair with curtains to protect patient dignity and to allow the clinical staff to have private conversations with the patients. The CD further reported that four paramedics and three senior nurses had been designated as the resuscitation unit team leaders. The CD reported positive feedback from all doctors, including EM trainees, about this initiative which had made a huge improvement to their working experience It was also reported that general practice (GP) trainees had been rostered to the resuscitation unit in order to gain a different experience within EM.

The CD reported that information technology (IT) remained to be an issue within EM – for instance there were still not enough computers in the department. However, the CD reported that the department had received approval to purchase five additional new computers as part of the EM rebuild project. Additionally, the governance issue with staff leaving their Smartcards inserted on the computers when they were not in use still remained, despite the Trust being visited by Care Quality Commissioning (CQC) prior to the review. Therefore, the CD stated that the induction presentation now included an extra slide dedicated to this matter to ensure that all staff, including trainees, were informed of the importance of ensuring that Smartcards were used appropriately in line with Trust information governance policies.

When asked how the paediatric emergency unit was covered, the CD stated that it was usually attended by a junior trainee, a higher trainee and a consultant. The quality review team heard that at night, there were typically two higher trainees on duty in the whole department and six other doctors, including ACCS trainees.

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	**Patient safety** There were no reports of patient safety issues by the foundation year 2 trainees (F2s) as all stated that they usually discussed patient cases with a consultant and a higher trainee. However, the trainees indicated that patient safety issues had the potential to arise, on occasions when the F2s felt that there were certain individuals whom they could not speak to, or they were not listened to and if they subsequently were not able to receive clinical supervision from an alternative senior clinician. The ACCS and specialty trainees at level 4 and 5 (ST4/5) indicated that there were no serious patient safety concerns. However, they reported that they had submitted Datix reports earlier in the year of the review but there was a delay in receiving feedback. Furthermore, one of the trainees stated that at the time of the review they still had not received feedback from a Datix report they had submitted in March 2018. All of the trainees stated that they would bring their relatives to Kingston Hospital for minor injuries, paediatric emergency, and frailty/elderly care but not for a condition that may require specialist care– such as a stroke - as they would rather have their relatives seen in a tertiary referral hospital rather than be subject to transfer delays.	Yes, please see EM1.1 below
EM1.2	**Appropriate level of clinical supervision** The F2s stated that although the overall clinical support was good and that most of the senior clinicians they had worked with had been highly supportive regarding providing clinical supervision, there had been occasions where they had noticed that a couple of the senior clinicians were not actively contributing to clinical decision-making. For example, the F2s indicated that if there was one sick patient and another who was close to breaching at the same time, a couple of the senior clinicians would not proactively make a decision regarding which patient to prioritise. Similarly, the ACCS and ST4/5 trainees reported that the clinical supervision provided by the consultants was variable – some were described as pro-teaching and allocated patients to the trainees, whereas others were described as service provision-focused	

	and therefore prioritised discharging patients to avoid breaching the four-hour target, as opposed to prioritising education and training. However, the ACCS and ST4/5 trainees described the majority of the consultants as approachable and engaged in clinical work particularly with the junior trainees.	
EM1.3	**Rotas** All of the trainees that the quality review team met with described the EM trainee rota as anti-social and exhausting as it had been set as one in two weekends. It was noted that if one started at 12:00, the finishing time was 22:00; and in the height of the pressure, some of the consultants would ask the ACCS trainees to stay late although they were then allowed to leave early during the next shift. The quality review team heard that the F2s were always encouraged to leave on time, but that the ACCS and ST4/5 trainees were either offered overtime pay or time off in lieu (TOIL) for staying late. The ACCS and ST4/5 trainees reported that if they opted for TOIL, the department granted it straight away so it did not get "lost" in the system, especially due to the busy nature of the EM department. The CD stated in relation to the middle grade rota, that although the trainees were not involved with designing the rota, they were consulted and so the CD created a bespoke rota for them. It was noted that the middle grade doctors had different job plans and that some of them worked exclusively on night shifts. It was reported that there were previously 18 clinicians to manage a middle grade rolling rota, but at the time of the review the rota had been changed to eight clinicians including the three trainees. The CD stated that this rota structure was more realistic to fill than the previous one and that the less-than-full-time trainees covered each other. However, it was indicated to the quality review team by the ST4/5 trainees that the rota was not accommodating for all trainees, especially in terms of less-than-full-time training and with work-life balance. The ACCS and ST4/5 trainees also reported that the previous issues with the locum doctors had been resolved; it appeared to the quality review team that the department was proactive in managing lower levels of competence to ensure that the rota was consistently supported by competent clinicians, especially at night. All of the trainees were highly complimentary of the rota coordinator and stated that they were able to easily arrange swapping shifts, annual leave and study leave, even at short notice. The F2s also reported that prior to the review, that they had spoken to their fellow trainee colleagues and received similar feedback. The quality review team heard that the ST had been actively asking the F2s for feedback and the trainees felt that the engagement with them had been excellent and felt that the issues they raised were being addressed by the department. Furthermore, the F2s indicated that they felt that real thought had been put into helping the trainees to adjust their body clocks appropriately, for instance, by including late shifts in the rota. The educational supervisors acknowledged that the rota structure was demanding but it was noted that the ST and CD ensured that the trainee rotas were checked regularly and that trainees were able to book annual leave or study leave when requested. Additionally, the quality review team was informed that at times the ST had volunteered to cover shifts in order to release trainees for teaching sessions.	Yes, please see EM1.3 below
EM1.4	**Handover** The F2s stated that that there was a strong culture in EM that they were able to handover patients accordingly, except for one middle grade doctor whom the F2s described as difficult to work with and was resistant to accepting handovers. However, the F2s stated that as this had been raised before and that they felt that the department had acknowledged this as an issue and consequently was being addressed at the time of the review. The F2s also reported that all consultants, except for two, led the handover sessions well and discussed patient cases, especially when the trainees had specific questions about them. The Head of School stated that the F2s would have the opportunity to have a private and confidential conversation after the review with the selected quality review panel members to confirm the names of these	

	individuals, for the quality team to address urgently and privately with the Trust executive team. The quality review team heard that the consultants used discretion and that depending upon the numbers of consultants that were covering a given shift, the consultants in charge (CiC) sometimes swapped shifts to prevent task overload or to assume other pre-planned duties as the need arose. The CD reported that this was to ensure that senior support was maintained in the department It was reported that the handover sessions were held at 08:00, 12:00, 15:00, 17:00 and 22: 00. The quality review heard that the CiC would ideally not be seeing patients directly but would be providing clinical advice, where trainees presented patients to the consultant, organised a plan and got the plan expedited. The quality review team heard that the CiC also supported both the paediatrics emergency and resuscitation unit at the same time, which had been noted by the CD, and so there had been attempts to allocate two CiC at any one time where feasible, to ensure additional support was provided.	
EM1.5	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The F2 trainees described the EM training environment as very good, supportive and enjoyable, that allowed exposure to various clinical experiences. The quality review team heard that the F2s were always able to discuss patient cases with the senior clinicians. Furthermore, the F2s stated that majority of the EM consultants went the extra mile when providing clinical support and advice, especially at the beginning of their rotation in EM when they were less confident. The F2s acknowledged that due to the nature of the 24/7 service in EM, there had been some occasions when access to senior support had been challenging, especially in the paediatric emergency unit, where the F2s were not expected to make independent decisions about paediatric patients. Therefore, the F2 trainees indicated that there had been occasional delays in the system but reiterated that they did not feel that there had been any patient safety issues. The F2s described the quality of teaching in EM as very good and were highly complimentary of the way the resuscitation unit team worked in the department. They stated that their experience in the unit had been enjoyable and valuable to their learning. It was also reported that the ST and CD as educational leads had been receptive to involving the F2s with quality improvement project (QIP) opportunities; for instance, with implementing a secure messaging application. The ACCS and ST4/5 trainees indicated that they were able to be involved with QIP days by proactively seeking QIP opportunities and because it was a requirement of their curriculum. The CD stated that audit work was underway to review how QIP was being supported, based on the Royal College curriculum requirements in order to for QIP support to be formalised. The quality review team heard that the ultrasound (US) machine was broken at the time of the review and the ST4/5 trainees indicated that they were not sure how they could get their workplace-based assessment signed off in relation to US training. In terms of completing their management portfolio, the ACCS and ST4/5 trainees stated that they could complete some aspects, such as managing complaints and organising teaching programmes.	Yes, please see EM1.5 below
EM1.6	**Protected time for learning and organised educational sessions** The F2s indicated that the rota had incorporated their teaching needs and that they were able to attend the dedicated F2 teaching sessions, as well as the protected departmental teaching sessions on a weekly basis. The F2s reported that they were scheduled to attend five foundation programme teaching days distributed over five consecutive days during their second full month in post. The quality review team heard that this schedule of teaching had worked extremely well and was much preferred by the F2s as it was easier to attend with a 24/7 rota. The ACCS and ST4/5 trainees reported that their regional teaching sessions were protected and that they were always released from duty in order to attend. However, it	

	was reported that the local teaching for specialty and ACCS training was also scheduled on the same day. The quality review team heard that the local teaching sessions had been changed, so that every other two weeks, ACCS and specialty trainees were able to attend the four to five hours-long protected educational sessions held on Friday. The ACCS trainees further reported that they were also encouraged to attend the junior teaching sessions as well, but that the sessions had been cancelled four times due to bank holidays. It was reported that there were also educational opportunities for GP trainees who were able to attend the junior trainees teaching session scheduled every Tuesday, which had recently been introduced prior to the review. To ensure that GP trainees were able to get a broad experience in the various areas of the EM department, the educational leads reported that one minors shift a week had been added into the GP trainees' rota. The ST stated that as a response to the Clinical Commissioning Group (CCG) visit that took place prior to the review, the GP trainees were also allocated to the paediatric emergency unit in order to obtain paediatric emergency exposure.	
EM1.7	**Adequate time and resources to complete assessments required by the curriculum** The F2s were highly complimentary of the electronic learning resource that had been made available to them, which was accessible at home and on their personal mobile phones. The quality review team was informed of the Kingston Hospital EM handbook online: https://www.kingstoned.org/ which the trainees described as a very good, easy to navigate online learning resource which outlined the different patient pathways and clinical protocols, including ambulatory guidelines and antibiotics advice. The ACCS trainees indicated that some consultants provided answers to their clinical queries in a teaching way such as through completing a procedure with them, or by providing a material to research which the trainees called 'clinical pearl of the day'. The educational supervisors also reported that they had been working with the Trust library services to provide academic books for the trainees that covered the topic of the month, as well as the latest interest and updates in the field of emergency medicine for the trainees to have access to. The ACCS and ST4/5 trainees, however, indicated that they had had challenges with getting their workplace-based assessment signed off through Acute Care Assessment Tool (ACAT) & Extended Supervised Learning Episode (ELSE) as they felt that the consultants on duty rotated nearly every two hours. Although the ACCS and ST4/5 trainees indicated that there was willingness from the consultants to sign off their assessments, there was frequently not enough time to complete these as the consultants were usually busy in the department delivering to the demands of the EM service.	Yes, please see EM1.7 below
EM1.8	**Access to simulation-based training opportunities** The CD reported on the development of the simulation room and simulation-based training. The quality review team heard that the educational leads had introduced one hour of theory-based training and one hour of simulation-based teaching every Thursday. The CD stated however that as the regional training days were also scheduled on Thursdays, the higher trainees were not always able to attend the simulations sessions and so the educational leads had added an additional simulation day every Friday as additional teaching opportunity. It was heard that there was no working ultrasound in the department at the time of the review due to the current one breaking; the higher trainees were concerned that they would not be able to complete the relevant assessments required in their curriculum.	Yes, please see EM 1.8 below
EM1.9	**Organisations must make sure learners are able to meet with their educational supervisor on frequent basis** The quality review team heard that the specialty trainees had some challenges when arranging meetings with their educational supervisors due to a lack of private meeting rooms available. It was reported that some ES were better at providing feedback and finding a private space to meet and discuss with the trainees than others.	Yes, please see EM1.9 below

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	**Impact of service design on learners** The F2s reported that the four-hour target in accident & emergency (A&E) had placed a great deal of pressure on all staff to make quick decisions – especially on some of the bed managers, which had been passed on to other staff members including the nurses, locally employed doctors and doctors in training. The quality review team heard that there was one occasion when one of the F2s was managing a complex patient at night and a higher trainee was providing clinical advice, but the bed manager put a lot of pressure on the trainees to pick either a surgical or a medical team to refer the patient to before a solid decision was made – in order to avoid breaching the four-hour A&E target. The F2s reported of a positive change in terms of patient triaging and clerking. The quality review team heard that previously the junior trainees triaged patients in A&E, but recently before the review, the consultant or higher trainee on duty would now triage and refer patients that had been in the department for nearly four hours to the appropriate medical or surgical team. The F2s stated that this had resulted in better patient flow and fewer inappropriate referrals generated. Additionally, the F2s stated that the new system meant that the EM junior trainees completed full patient clerking with the medical junior trainees – instead of completing two separate clerking – which avoided duplication of work, and the F2s stated that their learning experience had improved as a result. The educational supervisors reported that this way of working had started recently, initially as a pilot and was creating a more collaborative working environment between the EM team and the medical and surgical teams. The CD hoped that by August 2018 the process would be approved as a streamlined process where the medical, surgical and EM team would be working together as one team under the new Acute Division. The trainees stated that patient records at the Trust had been stored and recorded electronically which they found useful. However, the trainees indicated that there was room for improvement with the IT system at the Trust. It was reported that the lack of available computers in EM department had resulted in some delays in completing their work – such as recording and updating electronic patient records. The trainees also indicated that the computers in EM department were generally older and therefore printing clinical forms could take some time to be completed. Additionally, the ST4/5 trainees stated that the generic log-in profile had restricted access, so they had to log-in with their personal user account through the Smartcards. Due to these issues, the trainees indicated that a culture within the department had developed where some staff members had deliberately left their Smartcards inserted (and taped into) the computers, even when not in use to avoid re-logging in and waiting for the system to load. However, the trainees stated that they were aware that the department was in the process of resolving these issues, especially as the department was visited by the	Yes, please see EM2.1 below

	Care Quality Commissioning (CQC) prior to the review which had also highlighted this issue.	
EM2.2	**Appropriate system for raising concerns about education and training within the organisation** It was indicated to the quality review team that the F2s were not aware of a local faculty group (LFG) meeting in the department, but that they had been informed by the CT that the department was in the process of holding formal, regular ones. However, the F2s stated that they had a nominated trainee representative from their cohort of trainees whom they were able to provide feedback to. Additionally, the F2s did not feel that this had hindered them from providing feedback on their training experiences as they felt that the CT had directly asked them for feedback. The ACCS and ST4/5 trainees indicated that the LFG schedules had not been well disseminated – that the LFG meeting held the day before the review was communicated to them with very short notice. Additionally, the ACCS and ST4/5 trainees indicated that communications regarding LFG meetings were usually sent through Whatsapp, in the midst of an existing conversation. The quality review team heard that one of the ST4/5 trainees was able to attend the LFG meeting and by default represented the trainee body, as this trainee happened to be at work during the time that the LFG meeting was conducted. It was indicated to the quality review team that the trainees were able to raise concerns with consultants individually but because there was no robust LFG meeting in place, the trainees felt that what they raised in relation to education and training was not always properly recorded and followed up with an action as service provision typically took priority. The ST stated that there were several means of communication in the department regarding the LFG meetings, including sending mass e-mails to trainees through Trust e-mail, personal e-mail, department-dedicated e-mail, and through Whatsapp. The CD added that there was a new noticeboard in the department that was installed prior to the review in case anyone had missed the communication e-mail. However, the CD acknowledged that the LFG schedules were not currently posted on the noticeboard but that it was part of the department's local action plan to inform the trainees in advance.	Yes, please see EM2.2 below
EM2.3	**Organisation to ensure time in trainers' job plans** The Director of Medical Education (DME) stated that the educational supervision time was recognised in the consultant job plans, but that additional teaching time such as simulation sessions depended on the individual consultants, if they had spare time at a given week. The quality review team heard that there was a designated Band 7 Simulation Nurse Lead in post, as well as a simulation tutor and administrative support and so the DME felt that the department was moving in the right direction. However, the DME also stated that teaching time within the department was not a recognised specific supporting programme activity (SPA) time in consultant job plans.	

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	**Behaviour that undermines professional confidence, performance or self-esteem** The F2s described the culture that had been set by the educational leads and the majority of the consultant body as good and positive and also described the overall EM	

	department as a pleasant environment to work in. The F2s spoke highly of the ST and stated that they did not feel that there was a level of hierarchy in the department and that they felt part of a team working with the senior clinicians. The F2s further stated that they did not feel that there was bullying & undermining (B&U) culture in the department, but as stated previously that there were specific consultants whom the trainees described as clinically sound, but who the trainees felt were not receptive to their feedback or concerns. The ACCS and ST4/5 trainees commended a number of EM consultants as clinically sound and good educational supervisors, and that there were no issues with B&U. However, the ACCS and ST4/5 trainees reported that they did not always feel supported as much by some of the consultants in relation to the referral of patients to a specialist team. Additionally, the ST4/5 trainees stated that they did not always feel valued as members of the EM team and that there was a clear focus on service provision and this pressure was often placed in the department by some of the bed managers in order to avoid breaching the four-hour target, especially at night.	Yes, please see EM3.1 below

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.

EM4.1	**Access to appropriately funded professional development, training and an appraisal for educators** The quality review team heard that the educational supervisors provided supervision support to all levels of training across the EM department, including GP trainees. The quality review team heard that all educational supervisors attended the mandatory supervisor's courses including modules that covered how to manage trainees in difficulty. The ST stated that the Trust would seek which senior clinicians - including trainees in their final year - who had an interest in an educational supervisor role and those clinicians would be sent to various educational supervisor courses as part of their professional development. The ST also stated that the Trust required all of the educational supervisors for foundation trainee levels to complete regular Annual Review of Competence Progression (ARCP) training. The quality review team heard that all educational supervisors had been accredited and appraised.	Yes, please see EM4.1 below
EM4.2	**Sufficient time in educators' job plans to meet educational responsibilities** The ST4/5 trainees were under the impression that there was not enough supporting programme activities (SPA) time in the consultants' job plans to do additional planning in relation to EM training during the day time. It was noted that the ST wanted to implement an on-call type approach where a trainee can meet with the supervisors at least one morning or afternoon to discuss assessments.	
EM4.3	**Access to appropriately funded resources to meet the requirements of the training programme or curriculum** Some of the educational supervisors reported that some meetings had taken place in vacant clinic rooms, or in the shared consultant office built on the side of the corridor in the EM department. The ST stated that there was now a simulation room with an available computer to be utilised for simulation training.	

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.

EM5.1	**Opportunities for inter-professional multidisciplinary working** The F2s stated that overall, they had good working relationships with the higher trainees and middle grade doctors, physician associates and nurses. However, one of the F2s also reported an occasion where one of the middle grade doctors during a night shift had a clear focus on seeing patients quickly which had led to some of the F2 feeling frustrated. Additionally, the F2s reported that when the workload was heavy and the nurses were transferring patients during this time, this had resulted in leaving a section of A&E empty for a significant period of time; especially as the EM department had been expanded which meant that there were more patients for the nurses to see. However, despite of this, the F2s reported that they were aware that some of the other nurses would rather work in EM as opposed to working in the other wards of the Trust.	
EM5.2	**Appropriate balance between providing services and accessing educational and training opportunities** The F2s felt that the intensity of workload in EM was manageable for what would normally be expected and therefore had allowed them to access educational and training opportunities. The F2s also indicated that during the times when the intensity of workload had increased, that the consultants would ensure that the F2s were consistently supported and were not working beyond their scheduled working hours.	

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.

EM6.1	**Learner retention**	

	The F2s stated that they were able to gain good and varied clinical exposures and that they would recommend their training posts at Kingston Hospital to their friends and colleagues with no reservations. The ST4/5 trainees stated that they would not recommend their training posts to ST4 trainees at the time of the review, and suggested that the department carefully needed to review the allocation of educational supervisors based on the trainee's individual learning needs, as well as rota and local faculty meeting arrangements to make them feel part of the team. The quality review team heard that the ACCS teaching at Kingston Hospital was very good, the environment was friendly and the ACCS trainees enjoyed their job in the EM department; therefore, they stated that they would recommend their training posts to their peers.	
EM6.2	**Transition to employment** The F2s indicated that they felt supported by the EM department to develop the skills that they required for the roles that they wanted to take in the future.	

Good Practice and Requirements

Good Practice
The quality review team congratulated the leadership in emergency medicine (EM) department, particularly the Specialty Tutor and Clinical Director for the significant positive changes since the previous reviews.
All of the trainees commended the emergency medicine rota coordinator.
The quality review team heard from the foundation year 2 trainees (F2s), and Acute Care Common Stem (ACCS) trainees that the EM department at Kingston Hospital NHS Foundation Trust had provided a highly supportive teaching environment; this report was also supported by electronic feedback submitted by the general practice (GP) trainees.
The reported consistency of the middle grade night cover appeared to the quality team to be robust and allowed the higher trainees to provide supervision in a safe environment.
The quality review team heard of innovations in the department such as the emergency medicine guidance website https://www.kingstoned.org/ and the 'clinical pearl of the day' where trainees had been provided with suggested reading materials to aid their learning experience.
It was reported that the department had developed a simulation room, which had provided trainees with simulation training.
The quality review team recognised the progress made in terms of overall teaching in the department since the previous reviews.

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
N/A	None	None	N/A

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
EM1.1	The Trust is required to ensure that trainees receive timely feedback from Datix reports and review the delays in receiving timely feedback.	The Trust to report back on response times for Datix reports submitted by trainees in the last 6 months and ensure this is regularly monitored and reported in the LFG minutes.	R1.3
EM1.3	The Trust to ensure that the higher trainees (ST4-6) are involved with designing the rota.	The Trust to work with the higher trainees, with advice from the Human Resources department and the Guardian of Safe Working Hours on rota review, with evidence from LFG minutes on outcome and future actions based on trainee feedback.	R1.12
EM1.5	The Trust to develop leadership roles for US, QIP, and management portfolio.	The Trust to work with consultants to assign educational lead roles in US, QIP and management to different supervisors, to fulfil the responsibility across the whole cohort. Evidence in LFG minutes of these appointments.	R4.1
EM1.7	The Trust to ensure trainees can complete their workplace-based assessments in a timely manner.	The Trust is to ensure that the consultants have protected SPA sessions to enable them to complete the ACAT & ELSE RCEM curriculum requirements in a timely manner. This is to be monitored through the LFG minutes.	R3.7
EM1.8	The Trust to ensure that there is a replacement working ultrasound in the department due to the current one breaking.	Higher trainees should have access to a working ultrasound as a matter of urgency and availability for triggered assessments for their portfolio sign off, with evidence from trainee survey or LFG minutes.	R1.19
EM1.9	The Trust is required to ensure that educational supervision meetings are formally scheduled between trainees and trainers and that these occur in a private space.	Meetings should be done in a private space, and time protected as well as appropriately scheduled without delays, during the supervisor's SPA time with evidence of meetings in the form of a trainee survey and LFG minutes.	R1.19
EM2.2	LFG meetings need to have regular schedules, and disseminated appropriately to the trainee.	Trust to provide copies of communications sent to trainees with details of the trainee representative, upcoming meeting dates with sufficient notice and evidence that feedback is provided to trainees.	R2.7
EM3.1	The Trust to ensure that the potential issue of undermining by bed managers due to the four-hour target pressures is addressed urgently.	The Trust must ensure that a culture of supporting doctors in training is promoted and visible to all trainees. Feedback given to managers in a timely fashion and relayed to trainees with evidence of discussion on this theme at LFG.	R3.3

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions**	**GMC Req. No.**

EM2.1	Smartcards need to be used appropriately in line with Trust policies and procedures and need to be removed when not in use.	Trust to confirm that all staff have been reminded of their Information Governance responsibilities, and that the number of workstations has been discussed at local faculty group (LFG) with feedback to trainees on outcome from discussions with IT.	R2.1
EM4.1	The Trust to develop cohorts of trainers that can develop appropriate specialise knowledge of the curriculum requirements to enable them to more effectively supervise the various different trainee groups (F2, ACCS, GPVTS, & higher trainees),	The ST to consider assigning educational supervision roles to more specialised cohorts of educational supervisors who have attended appropriate regional faculty training days and School ARCPs regularly.	R4.1

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
None	N/A

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Chris Lacy
Date:	10 July 2018

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.