

# Bart's Health NHS Trust

(Whipps Cross University Hospital)

Emergency Medicine

Risk-based Review (education lead conversation)



## Quality Review report

13 December 2018

Final Report

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## Quality Review details

<b>Training programme</b>	Emergency Medicine
<b>Background to review</b>	Multi-system concerns were discussed at the HEE Local Quality Operational Group regarding the learning environment within the emergency department and the subsequent impact some departmental issues were having on the training and service provided within the unit. It was therefore felt that an Education Leads Conversation (ELC) was required, with the Trust's Education Team supported by NHS Improvement and the GMC.
<b>HEE quality review team</b>	<ul style="list-style-type: none"> <li>• HEE Review Lead – Dr Sanjiv Ahluwalia, Postgraduate Dean North Central and East London</li> <li>• Deputy Postgraduate Dean – Dr Indranil Chakravorty, Deputy Postgraduate Dean North East London</li> <li>• Head of School – Dr Chris Lacy, Head of School of Emergency Medicine</li> <li>• NHSI Representative – Dr Cathy Cale, Regional Medical Director (London), NHS Improvement</li> <li>• GMC Representative – Samara Morgan, Principal Education QA Programme Manager, General Medical Council</li> <li>• HEE Representative – Lynda Frost, Head of Quality, Patient Safety and Commissioning, Health Education England (London)</li> <li>• HEE Representative – Tolu Oni, Learning Environment Quality Coordinator, Health Education England (London)</li> <li>• Observer – Andrea Dewhurst, Quality, Patient Safety and Commissioning Manager, Health Education England (London)</li> <li>• Observer – Ed Praeger, Quality, Patient Safety and Commissioning Deputy Manager, Health Education England (London)</li> </ul>
<b>Trust attendees</b>	<p>Meeting with:</p> <ul style="list-style-type: none"> <li>• Chief Medical Officer, Alistair Chesser</li> <li>• Medical Director, Heather Noble</li> <li>• Clinical Director, Imran Zia</li> <li>• Managing Director Education Academy, (EA) Lois Whittaker</li> <li>• Director of Medical Education Whipps Cross Hospital, Sujatha Thamban</li> <li>• Associate Director of Nursing, Julie Day</li> <li>• Independent Emergency Medicine Whipps Cross reviewer (Barts Hospital, Director of Medical Education), Mark Westwood</li> <li>• Associate Director of Quality, Stacey Forde</li> <li>• College Tutor, Tony Sebastian</li> <li>• Clinical Educator, Shabana Issa</li> <li>• Emergency Medicine General Manager, Josh Bhatt</li> <li>• Medical Education Manager, Vaishali Joshi</li> </ul>

### Conversation details

<b>GMC Theme</b>	<b>Summary of discussions</b>	<b>Action to be taken? Y/N</b>
	<p><b>Trust Introduction – Overview of Progress</b></p> <p>The Medical Director (MD) highlighted that Whipps Cross University Hospital (WXUH) had longstanding challenges, particularly related to emergency medicine department</p>	

	<p>staffing, clinical pathways and flow. While there had been a consistent focus on providing good education to junior doctors within the department, the need to maintain patient safety in busy conditions had strained the resources of junior doctors to learn and strained the resources of senior doctors to provide a learning environment. To mitigate the impact on the learning environment, the Trust reported that they had implemented an '<i>Emergency Department (ED) Educational improvement plan</i>' which focused on managing pressures within the emergency department and increasing the educational resources available to the junior doctors. The department had worked proactively to improve patient flow, effectiveness of ED Board rounds with the presence of senior leadership and held regular meetings with the Multi-Disciplinary Team (MDT) to discuss escalation protocols to facilitate onward flow of patients. The Chief Medical Officer (CMO) also added that the ED department took part in daily trust wide operational conference calls to manage flow and performance, which involved all directors of operations. as part of reducing winter pressures across Barts Health</p> <p>The Trust described a collaborative approach in finding a solution through the Educational Academy drawing upon the wider educational expertise across the hospital sites.</p>	
	<p><b>Educational Approach at the Whipps Cross University Hospital site</b></p> <p>The MD for Education Academy (EA) explained that the Trust had undertaken an internal, independent review of EM both within WXUH and the Royal London Hospital (RLH), led by Dr Mark Westwood, DME at St Bartholomew's Hospital. At WXUH two focus groups were held, the first with the Foundation Year 2 Doctors and General Practice Vocational Training Scheme (GP VTS) Trainees and the second with the Emergency Medicine (EM) Specialty Trainees. Following this the review team heard that a range of educational measures had been put in place.</p> <p>In addition, following the publication of "Securing the Future Workforce for Emergency Departments in England", launched by the Royal College of EM, the review team heard that the Trust had appointed two Clinical Educators on two PAs each, to provide visible clinical shop floor training to support the junior doctors. Their work was being overseen by the Trust Dean, who is also an EM Consultant.</p>	
	<p><b>Internal Review (Focus Group)</b></p> <p>The Trust reported the feedback from the two Focus Groups organised with current Trainees at WXUH site and facilitated by the DME from St Bartholomew's Hospital. The meeting included Foundation Year Two Doctors (F2), EM specialty trainees and GP VTS trainees.</p> <p>The junior medical workforce acknowledged a rich clinical case mix of patients offering opportunities for high quality training. The Clinical Educator (CE) indicated that patient flow within the emergency department was an area that required further improvement. The trust had implemented changes in the emergency medicine rota to improve trainees shift patterns. It was understood that, after the internal review, the WXUH DME had recommended changes in the rota to allocate trainees who wanted to rotate into different clinical specialty areas, particularly into emergency paediatrics. The WXUH DME also reported that work was underway around the general practitioner (GP) trainee rota to ensure good attendance at the GP training programmes.</p> <p>It was stated that while the junior doctors were clear that on occasions it would be necessary to undertake simple tasks such as baseline observations, ECGs and</p>	

	<p>venepuncture, that these tasks were being undertaken regularly during every shift. In addition, they were doing tasks which were not appropriate duties such as portering patients in terms of their curriculum requirements or stage of training.</p> <p>The DME (from SBH) reported that the internal review at WXUH had been replicated at the Royal London Hospital (RLH) for benchmarking and sharing best practice across sites. The DME (from WXUH) confirmed that there were regular Local Faculty Group (LFGs) meetings.</p>	
	<p><b><u>New Clinical Educator role</u></b></p> <p>The MD EA reported that a new CE role had been introduced into the department following a successful bid to RCEM for part-funding, to provide much needed clinical shop floor training, including providing feedback and workplace-based assessments.</p> <p>The Clinical Educators work two PAs each, providing a full day of support twice a week. The new CEs were expected to work closely with each other and had successfully covered seven sessions since their appointment.</p> <p>The review team heard of the series of changes that had been made since the appointment of the new CE role:</p> <ol style="list-style-type: none"> <li>1.) The CE reported that upon starting in the emergency department, it was felt that there was a very rich case-mix providing learning opportunities, however there was an apparent lack of appreciation amongst busy trainees in recognising these as learning opportunities. The CE had implemented a hashtag initiative and a display board which was intended to integrate learning from patient encounters during Board Rounds. The CE emphasised that the initiative had been put in place to assist junior doctors so that they recognised and took ownership of their own learning when interacting with senior doctors.</li> <li>2.) The CE reported that over the last seven sessions the department had completed sixty-three real-time workplace-based assessments, which included foundation, higher and GP trainees as well as Advanced Care Practitioner (ACPs).</li> <li>3.) The department had incorporated Acute Care Assessment Tools (ACATs), which involved assessing trainees as they participated in the process of patient management. It was understood that trainee feedback from the assessment considered, other competencies outside of the trainee's clinical remit.</li> <li>4.) The new CE role had been useful in assuming a mentorship environment for trainees who needed advice and support, particularly around preparing for their Annual Review of Competence Progression (ARCPs).</li> </ol>	
	<p><b><u>Workforce Strategy</u></b></p> <p>The Clinical Director (CD) acknowledged that workforce was one of the biggest challenges faced in the emergency medicine department at the WXUH site. The review team heard of the recruitment strategies that the Trust had implemented to tackle the issues around workforce shortages and retention.</p>	

<p><b><u>Consultants</u></b></p> <p>The CD informed the review team that there were in post three FRCEM qualified consultants, supported by two locum consultants and a paediatric EM Consultant with one further EM consultant joining in November 2018 and another joining pending passing the final component of his FRCEM exam in March / April 2019. The review team heard that the Trust also had a Paediatric Consultant returning from maternity leave in February 2019.</p> <p>From October 2018 it was heard that an additional number of locum junior doctors and registrars have been sourced to complement the existing staffing model and to help meet demand over the weekend.</p> <p>The Trust reported that job descriptions had been written for a further four ED consultants which were being submitted to the RCEM for approval.</p> <p>The review team noted the Trust's intention to build a sustainable consultant workforce within the department.</p> <p>When asked about the consultant turnover within the department over the last three years, the CD and MD highlighted that the high turnover of consultants at WXUH site had been largely connected to external factors (including long term career goals, personal or family reasons) which were beyond the control of the department. It was extremely rare that the reason for leaving was related to the working environment.</p> <p>However, it was noted that the Trust had taken steps to resolve the issue. In recognising that consultant workforce retention was a prevalent concern within the WXUH, the review team advised that the Trust undertook a robust analysis of consultant turnover covering a three-year period to capture the factors influencing the high consultant turnover.</p> <p>As a response to how the Trust intends to make working at the emergency medicine department an attractive proposition to help retain staff: the CE highlighted that the learning environment was positive, and that the consultant bodies' clinical work was also found to be good for training. The retention of a substantive consultant workforce however, was noted to be linked with good job planning.</p> <p>The CD reassured the review team that the aim for the Trust was to ensure sustainable job plans. The review team heard that the Trust was happy to follow RCEM recommendations, as per exploring how the department could structure their workforce for the future.</p> <p><b><u>Middle Grade Doctors</u></b></p> <p>The CD reported that the establishment was funded for 13 WTE substantive middle grade doctors. However, the review team heard that the establishment had 7.5 WTEs substantive middle grades doctors.</p> <p><b><u>Advanced Care Practitioners (ACPs)</u></b></p> <p>The review team heard that the Trust had introduced two ACPs on site, one of whom was reported to be accredited next year and plans were underway to recruit more ACPs. The CD reported appointing educational supervisors for the ACPs in line with RCEM recommendations. With regard to the RCEM Medical Training Initiative (MTI), it was understood that the Trust had two vacancies and were looking to fill through</p>	<p>Yes, please see EM1.1a</p>
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	<p>overseas recruitment.</p> <p><b><u>Education Fellow</u></b></p> <p>The review team was informed that there was a simulation fellow in the department who had a specific role and remit in terms of delivering education and simulation.</p> <p><b><u>Physicians Associates</u></b></p> <p>It was understood that the department had plans underway to develop more roles for PAs who are nearing the completion of their training programmes.</p> <p><b><u>Nursing Workforce</u></b></p> <p>The Associate Director of Nursing (ADN) reported that a workforce strategy had also been developed for the senior leadership team. The emergency medicine department was equipped with two matrons and nurse educators and there were plans underway to ensure the barriers to future recruitment in to other bands were eliminated and capitalise on the overseas recruitment drive. It was understood that the Trust was currently at a 34% vacancy rate, which was highlighted as being an improvement when compared with two years ago. It was reported that the competency framework had been implemented to enhance the development of band five nurses into more senior roles.</p> <p>The ADN suggested that the Acute Assessment Unit (AAU) was popular and would have a waiting list for nurses aspiring to train in the coming year.</p> <p>When asked about the department structure in terms of educational leadership the College Tutor (CT) informed the review team that the department frequently held weekly training for its trainees. It was understood that the training programmes were specifically designed for core and GP trainees. The CD also indicated that all trainees were allocated an educational supervisor.</p>	<p>Yes, please see EM1.1b</p>
	<p><b><u>Cross Site Working</u></b></p> <p>The CMO at WXUH highlighted that the Trust had established a good track record for developing its trainees. The CMO also stressed that cross site working and involvement had been a notable advantage for the education academy.</p> <p>The review lead acknowledged the Trust's ability to undertake challenging problems. More noticeable was that Bart's Health NHS Trust was recognised to have robust group model and a wider range of expertise that could be brought forward to bare difficult challenges.</p>	
	<p><b><u>Patient Safety</u></b></p> <p>The review team heard that sepsis management within the emergency department had significantly improved by 90% and that the longstanding systemic issues which had led to an increased number of Serious Incident (Sis) relating to patient deterioration were resolved. It was understood that the department had undertaken a robust morbidity and mortality review, which culminated in reduced mortality and cardiac arrest rates within the hospital. The MD reported that Patient Safety was heading in the right direction at WXUH.</p>	

	<p><b><u>Friends and Family Test (FFT)</u></b></p> <p>The review team heard that there was an issue with reporting Friends and Family test (FFT) data due to a change in provider. It was recognised that complaints were received, however the number of responses were noted to have been reduced and the approval ratings were good.</p> <p>The CD informed the review team that there had been a decline in the number of complaints that involved trainees. It was reported that the Trust kept a monthly record of clinical governance meetings where complaints and SIs raised were discussed and shared across the wider MDT at the site.</p>	
	<p><b><u>Workload</u></b></p> <p>The review team heard that since the rota redesign exercise began in April 2018, there had been no Exception Reporting (ER) in the department.</p> <p>The CD reassured the review team that the Trust planned to reduce front door workload and overcrowding in the emergency medicine department.</p>	

### Next steps

<p><b>Conclusion</b></p>
<p>The review team thanked the Trust for facilitating the review and its efforts in preparing all of the materials presented to the team.</p> <p>The review team commended the work done at Whipps Cross University Hospital. The system approach the Trust had taken to address the longstanding cultural issues within the emergency medicine department was recognised to have a greater effect than any isolated educational intervention.</p> <p>However, HEE remains concerned that:</p> <ul style="list-style-type: none"> <li>• Workload requires further improvement</li> <li>• Consultant Workforce Retention will require consistent effort and innovative job plans</li> <li>• Patient Flow in Emergency Department will need to improve</li> <li>• Educational Leadership will need further support in coordinating trainee allocations and curriculum coverage</li> </ul>

## Requirements / Recommendations

Mandatory Requirements			
Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
EM1.1a	It is recommended that the Trust puts in place a robust workforce strategy that will facilitate substantive consultant retention.	<p>The Trust is required to undertake a qualitative analysis of the consultant workforce turnover covering a four-year period in emergency medicine.</p> <p>It is expected that the Director of People's Strategy (DPS) will work closely with the emergency medicine department in establishing the staffing (numbers and skill-mix) needed for a safe and sustainable department (workforce strategy). This will also include a review of the consultant job plans, with a view to improving recruitment and retention.</p> <p>Progress will be evidenced in the February 2019 submission of Trust's outlined Action Plan to Health Education England (HEE).</p>	<b>R6.1</b>
EM1.1b	The Trust is advised to support the departmental leadership to oversee the delivery of education in the context of a balanced workload and curriculum coverage.	<p>The Trust needs to appoint a dedicated educational lead who will oversee the coordination of training programmes for all cohorts of trainees within the department.</p> <p>This will be evidenced by the provision of commensurate recruitment and plan for February 2019 and a schedule of departmental education activity mapped to the relevant curricula.</p>	<b>R2.1</b>

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 Indranil Chakravorty

Date:

04 March 2019

### **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.