

Barking, Havering and Redbridge University Hospitals NHS Trust

Emergency Medicine

Risk-based Review (Focus Group)



Quality Review report

03 July 2019

Final Report

Developing people
for health and
healthcare

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Quality Review details

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| Background to review | <p>This risk-based review was planned following the release of the General Medical Council National Training Survey (GMC NTS) 2018 results and the subsequent risk-based review (on-site visit) to Gastroenterology on 11 December 2018. The review on 11 December 2018 highlighted a number of concerns with regards to the acute medical on-call rota and the relationships between trainees and consultants within the emergency medicine department.</p> <p>This focus group will assess progress made by the Trust since the date of the last review on to assure Health Education England (HEE) London that there are no continuous risks to trainees or patient safety but more importantly to determine the impact of the culture of learning on the emergency higher trainees who were unable to attend the focus group review held on 02 April 2019.</p> |
| Training programme / learner group reviewed | Emergency Medicine |
| Quality review summary | <p>The review team heard of a number of areas that were working well within the emergency department, particularly around the ability of trainees to have their work-based assessments (WBAs) completed alongside the clinical educator through time allocated booking system.</p> <p>The review team did hear of areas for concern within the department. These centred around the design of the rota, time made available to trainees to attend teaching sessions, relationships and cross working across departments, belittling behaviours and staff facilities.</p> <p>Each of the areas above are detailed in full within the report below, with actions referenced to areas where required.</p> |

Quality Review Team

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|---------------------------|--|--------------------------------------|---|
| HEE Review Lead | Chris Lacy, Head of the London Specialty School of Emergency Medicine | GMC Representative (observer) | Samara Morgan, Principal Education QA Programme Manager Education and Standards Directorate, GMC |
| Lay Member | Jane Gregory Lay Representative | HEE Representative | Ed Praeger, Deputy Quality, Reviews and Intelligence Manager, HEE |
| HEE Representative | Paul Smollen, Deputy Head Quality, Patient Safety and Commissioning, HEE | | |

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 |
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| EM1.1 | <p>Patient safety</p> <p>The higher trainees indicated to the review team that there were often difficulties in cross working with a number of personnel within the surgical department, which the trainees felt could cause a potential patient safety issue through the delay in treatment this caused. The higher trainees also reported difficulties in making referrals to some medical registrars but emphasized that relationships with most medical registrars were on the whole good and met professional standards despite the high workload.</p> | Yes, please see EM1.1 below |
| EM1.2 | <p>Serious incidents and professional duty of candour</p> <p>When asked if any of the trainees had been involved with a serious incident at work, all of the trainee's present indicated that they had not. The trainees all highlighted that there were round table events available to discuss serious incidents, but indicated that when they had been unable to attend a round table event, that no feedback of discussions had been made readily available to them.</p> | |
| EM1.3 | <p>Appropriate level of clinical supervision</p> <p>When asked about the levels of clinical supervision the trainees received, all of the trainees present highlighted that they had never had a problem in contacting either a consultant or higher trainee if required. The trainees confirmed that this was true for both in and out of hours. The trainees reported there was a consultant present 24/7 on the shop floor to support clinical decision making.</p> | |

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| EM1.4 | <p>Rotas</p> <p>The trainees all highlighted to the review team that although they felt the rota to be compliant, they felt that they were working too many nights and weekends.</p> <p>The trainees highlighted to the review team that they would work weekend blocks of three weekends in a row, effectively amounting to 21 weekends throughout the year (1 in three weekend rota)</p> <p>When asked if they had discussed this with colleagues, the trainees explained that they had taken this issue to their local faculty group (LFG) meeting and that the Trust had produced and distributed a survey to gather further thoughts on the issue from other trainees. The trainees indicated that they had not seen any action or improvement from the Trust on this issue since the release of the survey.</p> <p>The trainees further explained that the rota had not changed for a considerable amount of time and that during the week it was mainly made up of locum or bank staff and not trainees.</p> <p>When asked by the lay representative if the trainees received sufficient breaks from service throughout the working day, the trainees explained that they did receive the correct amount of time for breaks but did not feel that these were of sufficiently high quality due to the lack in facilities (number of kettles, microwaves etc.) available to them.</p> <p>When asked if the trainees filled in and submitted exception reports, the trainees indicated that they rarely did, but felt that they rarely had to. The trainees did highlight that they did not fill in exception reports due to missed educational opportunities.</p> | Yes, please see EM1.4 below |
| EM1.5 | <p>Induction</p> <p>The trainees indicated to the review team that whilst they had a departmental induction, that clinical management guidelines were not covered.</p> <p>The trainees also highlighted that although they knew that there were two chief registrars within the Trust, they were unsure of who they were and felt that introducing them during inductions would be beneficial.</p> | Yes, please see EM1.5 below |
| EM1.6 | <p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The EM HST trainees indicated to the review team that there was a general lack of learning available to HST trainees through the consultant group due to consultants managing the ‘shop floor’ rather than concentrating on the teaching opportunities. The trainees felt that a number of the consultants lacked the motivation to teach. This being said, the trainees also highlighted that the department had a number of very committed and talented consultants who were more than happy to teach the trainees.</p> <p>The EM HST trainees highlighted the lack of bedside teaching and management of patients as negatives for the post.</p> <p>The foundation trainees also highlighted the lack of interaction with the higher trainees as being a missed opportunity in terms of teaching and mentoring available to them. However, they commented that they felt they had exposure to a wide range of clinical presentations and had direct clinical support from consultants to enhance their learning.</p> | Yes, please see EM1.6 below |
| EM1.7 | <p>Protected time for learning and organised educational sessions</p> <p>When asked about protected time for personal development, the trainees highlighted they had had to fight for an improvement in the four hours they received every three</p> | |

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| | <p>months. The trainees now reported that they were receiving approximately four hours every three weeks.</p> <p>The trainees highlighted they did not receive quite enough ultrasound time as they would have wanted but did not indicate that this was adversely effecting meeting curriculum requirements.</p> | |
| EM1.8 | <p>Adequate time and resources to complete assessments required by the curriculum</p> <p>When asked about the trainees work based assessments (WBA) and their ability to get them done, the trainees all highlighted to the review team that this was generally not a problem and that they were able to book themselves into sessions with the Clinical Educator for full or half day sessions to complete their WBAs if required. They thought the Clinical Educator model was of great benefit for WBA completion</p> | |
| EM1.9 | <p>Organisations must make sure learners are able to meet with their educational supervisor on frequent basis</p> <p>When asked if the trainees had met with their educational supervisors, all of the trainee's present indicated that they had and that this had happened early on in their post.</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.

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| EM2.1 | <p>Impact of service design on learners</p> <p>When asked about the service design in the department, the trainees explained to the review team that there was little to no flow of patients out of the emergency department (ED) due to Trust capacity issues, with a high number of patients being returned to the ED when discharges failed. The trainees left that there was a lack of suitable patient pathways available in the Trust.</p> <p>The trainees further explained the pressures that the department would face during winter pressures due to the lack of flow, with large queues of patients forming and little space to see patients. The trainees highlighted that there was no pressure from senior management on trainees to move patients in cases such as this and that all escalation policies were strictly adhered to. The trainees explained to the review team that they felt that the Trust management of the ambulatory care and clinical decision unit could be stronger.</p> | <p>Yes, please see EM2.1 below</p> |
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| | The trainees also highlighted that when patients were transferred to the Queen's Hospital site from the King George site due to technical difficulties with their scanners, that the patients were often not transferred back due to the use of private ambulances and budget restraints related to this. | |
| EM2.2 | <p>Systems to manage learners' progression</p> <p>When asked if the trainees felt any of the consultants in the department to be good role models, all of the trainee's present indicated that there would be a number of consultants they deemed as good role models and indicated that they would happily contact the consultants in question if they saw fit.</p> <p>The foundation trainees highlighted the lack of middle grades and the lack of interactions with higher EM trainees as being a possible progression limitation within the role.</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.

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| EM3.1 | <p>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</p> <p>The trainees highlighted to the review team that within the staff room designated to the EM trainees, that there was no kettle and no hot water available. The trainees also highlighted that there was no fridge, seats were often broken and that there were no windows. The trainees indicated that the staff room made available to the nursing staff was of higher quality and that at the King George site, there was a single staff room for all staff.</p> <p>When asked about their personal safety at work, the trainees highlighted that they had good amount of security and that it was often used.</p> | Yes, please see EM3.1 below |
| EM3.2 | <p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>When asked about their relationships and interactions with other teams within the hospital, the trainees identified the surgical department as somewhere where there were often interpersonal issues, which often meant that work was delayed, and where trainees felt belittled.</p> <p>The foundation trainees did highlight that this was less of a problem at their level due to all referrals having to pass through a consultant before being put to the surgical teams.</p> <p>When asked if this kind of relationship existed with any other departments within the hospital, the trainees recognised that it would sometimes happen with the medicine on call team but left that this was more isolated incidents with particular medicine middle grades rather than the team as a whole.</p> <p>The trainees all agreed that the nursing staff, consultants within the ED and their own peer group were all approachable and professional.</p> | Yes, please see EM3.2 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.

N/A

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 interprofessional multidisciplinary working

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When asked about the opportunities the trainees received for interprofessional multidisciplinary working, the trainees indicated that they didn't have that a great amount of opportunity, but also recognised that it was not something that they had actively pushed for.

EM5.2 Appropriate balance between providing services and accessing educational and training opportunities

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When asked about the training opportunities that the trainees received, the trainees highlighted the rota design and long days to be limiting factors in them being able to attend the training sessions held on Thursdays.

When asked about departmental teaching, the trainees all highlighted that they were largely unable to attend this due to the rota limitations but when on shift they were released.

Yes, please see EM5.2 below

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.

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| EM6.1 | <p>Learner retention</p> <p>When asked by the panel if the trainees would recommend the post to a friend or colleague, the majority of trainee's present indicated that they would happy recommend the position and that they left the range of experience on offer was a considerable factor in this.</p> <p>The trainees did recognise issues with the post, with the rota design being a major factor, but highlighted that overall it was a good post and would be happy to recommend the department to friends and family.</p> | |
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Good Practice and Requirements

Good Practice

Health Education England (HEE) recognises the ease of which trainees were able to have Work Based Assessments completed with the aid of the Clinical Educator. This was reportedly through being able to book time slots with the Clinical Educator in advance. HEE recognises this as a good practice and encourages that this continue.

Immediate Mandatory Requirements

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

Mandatory Requirements

| Req. Ref No. | Requirement | Required Actions / Evidence | GMC Req. No. |
|--------------|--|--|--------------|
| EM1.1 | The Trust is to explore potential delays in referrals occurring between the ED and surgical departments. | The Trust is to provide evidence showing a robust investigation into the referral procedures between the two departments, highlighting the causes and solutions to any potential referral delays. This evidence is to be provided by the 1 December 2019. | R1.17 |
| EM1.4 | The Trust is to investigate options around how the trainee rotas can be altered to provide a more sustainable pattern for weekend and out-of-hours working | The Trust is to provide HEE with evidence of this investigation, including feedback from trainees, as to how the rota can be changed to allow for a more sustainable pattern for weekend and out-of-hours working. This evidence is to be provided by the 1 December 2019. | R1.12 |
| EM1.6 | The Trust is to ensure that HST trainees receive more opportunities for case-based | The Trust is to provide HEE with evidence that these opportunities are available to | R1.15 |

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| | shop floor reflection with consultants to embed learning | trainees. This could take the form of teaching rounds, 5min case presentations, reflection on learning at handover, etc. HEE recommends using the clinical Educator to lead on this. This evidence is to be provided by the 1 December 2019. | |
| EM3.1 | The Trust is to make improvements to the staff facilities that are available to the trainees, as HEE feels that these are in need of upgrading urgently | The Trust should provide evidence of changes to be made to the staff facilities to HEE within by the 1 December 2019. | R3.2 |
| EM3.2 | The Trust is to investigate the belittling behaviour reported by EM trainees when dealing with members of the surgical department. | The Trust is to provide evidence showing that Trust guidelines and procedures around bullying and undermining have been communicated to both departments. This evidence is to be provided by the 1 December 2019. | R3.3 |
| EM5.2 | The Trust is required to ensure that trainees are able to attend departmental teaching programmes on a Thursday and are not limited in this fact by the rota or long days highlighted by the trainees. | The Trust is to provide evidence that shows that, where possible, trainees are able to regularly attend the Thursday teaching programme. This evidence is to be provided by the 1 December 2019. | R1.16 |

Recommendations

| Rec. Ref No. | Recommendation | Recommended Actions / Evidence | GMC Req. No. |
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| EM1.5 | The Trust is recommended to sign post clinical guidelines during the department induction, including summaries of common red flags and errors to be avoided. | Please provide HEE with an updated department induction programme that includes the recommended criteria. | R1.13 |
| EM2.1 | The Trust is recommended to involve trainees more in-service design projects to improve flow of patients through the Trust e.g. Ambulatory care and Clinical Decision Unit | Please provide trainee feedback highlighting that they have been involved more in-service design projects, especially around the flow of patients through the Trust. | R2.3 |

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

| Requirement | Responsibility |
|-------------|----------------|
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Signed

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

Chris Lacy, Head of the London Specialty School of Emergency Medicine

Date:

20/08/2019

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.