Health Education England

Barking, Havering and Redbridge University Hospitals NHS Trust

Emergency Medicine (foundation and general practice)

Risk-based Review (focus group)

Quality Review report

14 November 2019

Draft Report

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Quality Review details

Background to review	This risk-based review was planned as a result of a number of on-going concerns around the level of clinical supervision that had impacted on the quality of emergency medicine training being delivered for foundation and general practice trainees at King George Hospital. The KGH site was not recognised for higher training in emergency medicine and hence there were no higher EM trainees. The review was to assess progress since the last quality intervention and to determine whether there was a requirement for the department to remain under General Medical Council (GMC) Enhanced Monitoring.	
Training programme / learner group reviewed	The review team met with four trainees from foundation and general practice emergency medicine.	
Quality review summary	Health Education England (HEE) thanked the Trust for the work done to prepare for this review and for ensuring that the trainees were released from their duties to attend. HEE also thanked the trainees for their attendance and participation in the review.	

Quality Review Team			
HEE Review Lead	Dr Indranil Chakravorty Deputy Postgraduate Dean Health Education England (London)	**Foundation School Representative**	Dr Keren Davies Foundation School Director Health Education England (London)
School of Emergency Medicine Representative	Dr Jamal Mortazavi Deputy Head of School of Emergency Medicine Health Education England (London)	**HEE Representative**	Andrea Dewhurst Quality, Patient Safety and Commissioning Manager Health Education England (London)
School of Medicine Representative	Dr Catherine Bryant Deputy Head of School of Medicine Health Education England (London)	**General Medical Council Representative**	Samara Morgan Principal Education QA Programme Manager (London)
General Medical Council Representative	Dr Alistair McGowan Enhanced Monitoring Associate	**Lay Representative**	Jane Gregory Lay representative

Findings

1. Learning environment and culture

HEE Quality Standards

1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive learning experience for service users.

1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.

1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).

1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.

1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.

1.6 The learning environment promotes inter-professional learning opportunities.

Ref	Findings	Action required? Requirement Reference Number
EM (FD&GP) 1.1	**Patient safety** The review team heard that the trainees felt comfortable about patient care when the consultants and higher medical trainees (Queen's site) were supportive. The only concern that the trainees had regarding patient care was when staffing levels across all professions within the emergency department were reduced; the trainees felt that in these instances there was the potential for patient care to be compromised.	Yes, please see EM (FD&GP) 1.1
EM (FD&GP) 1.2	**Serious incidents and professional duty of candour** The trainees did not report any concerns around professional duty of candour.	
EM (FD&GP) 1.3	**Appropriate level of clinical supervision** In terms of clinical supervision, the review team heard that there was consultant presence within the emergency department except between the hours of 02.00 and 08.00. It was reported that when no consultant was present, supervision was provided by Trust grade or locum doctors. The review team also heard that the consultants were extremely involved and supportive and the trainees had no concerns round the level of clinical supervision received from consultants. The trainees further reported that there were no concerns about the level of consultant supervision during night shifts and that the consultants were always willing to provide advice or review a patient. It was also noted that there were Trust grade doctors at the level of specialty training four (ST4) to provide advice and support to the trainees.	
EM (FD&GP) 1.4	**Responsibilities for patient care appropriate for stage of education and training** The review team heard that the trainees had not experienced any difficulty in discussing patients with the consultants. The review team heard that there had not been an occasion when the trainee had been asked to make a decision that they were uncomfortable with or not competent to do so; the trainees confirmed that there was safe clinical decision making.	
EM (FD&GP) 1.5	**Rotas**	

	It was noted that the difficulty around staffing levels on night shifts was in relation to last minute rota vacancies due to sickness. There had been occasions when there had been only one foundation or general practice trainee on-call overnight in the emergency department majors as a result of unexpected absence and sick leave. However, the trainees confirmed that the consultant supervision received had been excellent and that they had not felt unsupported.	
EM (FD&GP) 1.6	**Induction** The trainees reported that they had not received a site-based induction or been given the opportunity to visit the King George Hospital emergency department prior to their first shift. The trainees advised that the Trust and department induction took place at Queen's Hospital. The trainees commented that if there had been an orientation session at King George Hospital this would have eliminated their feelings of anxiety and this would have resulted in the trainees feeling confident with department processes from their first shift.	Yes, please see EM (FD&GP) 1.6
EM (FD&GP) 1.7	**Handover** The review team heard that the trainees were informed who the supervising consultant was if they started work at 08.00 as part of the handover process. However, the trainees advised that as handover took place every 12 hours that if they commenced work at 11.00 that they were not always informed on arrival of who the supervising consultant was. The culture of clearly identifying members of staff, their grade, roles and responsibilities were not shared within the team, nor identified in any notice board. This frequently created confusion amongst trainees in escalating clinical decisions/ requesting senior reviews. The review team heard that the board round at King George Hospital was consultant led, held every 12 hours and involved a review of all emergency medicine patients.	
EM (FD&GP) 1.8	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** In terms of referrals from the emergency department to the medical department, the trainees confirmed that they would refer to the acute medical registrar on-call either face-to-face or via a telephone call. The trainees advised the review team that, unless the treatment plan was straightforward and clear, most referrals were discussed with the emergency medicine consultant in advance of the referral being made. The trainees advised that they had been informed of the process for referring patients during the department induction; the process was noted to be the same for both King George Hospital and Queen's Hospital.	
EM (FD&GP) 1.9	**Protected time for learning and organised educational sessions** The review team heard that the trainees were always released to attend teaching sessions and that there had been no issues with regards to allocation of study leave.	
EM (FD&GP) 1.10	**Organisations must make sure learners are able to meet with their educational supervisor on frequent basis** The trainees did not report any issues with regards to their ability to meet with their educational supervisor.	

2. Educational governance and leadership

HEE Quality Standards

2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.

2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.

2.3 The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.

2.4 Education and training opportunities are based on principles of equality and diversity.

2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

EM (FD&GP) 2.1	**Effective, transparent and clearly understood educational governance systems and processes** When asked about the Datix reporting process, the review team heard that these were initially sent to the educational supervisors before being submitted. It was noted that not all the trainees met with had received feedback from incidents raised through the Datix reporting system. The review team heard that the department held "round table" meetings when there was reason to review whether there had been any harm to a patient; these meetings did not replace the mortality and morbidity meetings. It was reported that all staff involved in the patients' care should be invited to attend the round table meeting but that this was not always the case. The review team heard that there had been occasions where the trainees had not been invited to attend and other occasions where the trainee was the sole representative for the emergency medicine department. The trainees reported that there was a lack of clarity and consistent approach with regards to the management of the round table meetings and that this had caused confusion.	Yes, please see EM (FD&GP)2.1
EM (FD&GP) 2.2	**Impact of service design on learners** The review team heard that there was no emergency medicine consultant at King George Hospital between 02.00 and 08.00. For day shifts, it was noted that one consultant started their shift at 08.00 and one consultant started their shift at 14.00. It was noted that the team worked across both King George Hospital and Queen's Hospital. The trainees commented that there were a significant number of staff members who were unknown to them and that staff members did not always introduce themselves to trainees. This had created uncertainty as to who the higher emergency medicine trainees and consultants were. The review team heard that it was important for the trainees to have clarity on roles, particularly for handover and escalation. The review team heard that the trainees would find a staff picture board helpful.	Yes, please see EM (FD&GP)2.2
EM (FD&GP) 2.3	**Appropriate system for raising concerns about education and training within the organisation** The review team heard that the trainees felt comfortable raising concerns with either the nurse or consultant in charge. However, the trainees commented that there had been instances when non-clinical concerns had been raised and that this had not resulted in visible improvements.	

	However, the review team heard that a trainee rep had attend a faculty meeting and had raised concerns on behalf of the foundation and general practice trainees. The trainees advised that they were aware of the process for exception reporting and that there had been occasions when they had submitted exception reports. The trainees advised that exception reporting was not a frequent occurrence. The review team heard that the trainees had received responses from their educational supervisors when exception reports were raised. It was noted that the trainees occasionally chose to work beyond their hours but that they were encouraged to leave on time.	
EM (FD&GP) 2.4	**Systems and processes to make sure learners have appropriate supervision** The review team heard that there had been occasions when a single foundation or general practice trainee was responsible for covering paediatric emergency medicine. However, the trainees advised that there would also be a higher emergency trainee and a consultant there to support the trainee and to manage the patients. There was no expectation for the trainees to work outside of their knowledge base. However, the review team heard that the trainees had not received an induction to paediatric emergency medicine. The review team expressed concerns around this, particularly given that some trainees might not have worked in paediatrics since medical school. The review team heard that the paediatric team was supportive and helpful to the trainees; it was also noted that paediatric emergency medicine was located next to emergency medicine 'majors light' and that this co-location had provided additional support for the trainees.	Yes, please see EM (FD&GP)2.4
EM (FD&GP) 2.5	**Organisation to ensure access to a named clinical supervisor** The trainees confirmed that they had access to a named clinical supervisor and there were no concerns reported about the level of supervision received.	
EM (FD&GP) 2.6	**Organisation to ensure access to a named educational supervisor** The review team heard that all trainees had been allocated an educational supervisor. The trainees reported that although they felt supported by their educational supervisors, the level of learning opportunities available during a shift could vary depending on whom the trainee was working with. It was heard that the trainees had learnt a significant amount from the emergency medicine higher trainees.	

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 to achieve the learning outcomes required.

3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.

3.3 Learners feel they are valued members of the healthcare team within which they are placed.

3.4 Learners receive an appropriate and timely induction into the learning environment.

3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

EM (FD&GP) 3.1	**Behaviour that undermines professional confidence, performance or self-esteem** The review team heard that trainees had not experienced behaviour that had undermined their professional confidence. However, it was recognised that communication was essential within the emergency medicine department and that when there was a lack of communication between the medical doctors and the nursing staff this could result in frustration. The review team heard that there was greater pressure to meet the four-hour waiting time target at King George Hospital than at Queen's Hospital. This had resulted in bed managers putting pressure on the nurse in charge who, in turn, would then put pressure on the trainees. The review team further heard that there could be long waits for patients, and, at times, this wait had resulted in irritability from patients and their relatives towards the trainees. This was felt to be a particular issue for King George Hospital because the trainees were visible to patients and relatives when they were at the desk. The trainees reported that they had not been concerned about their personal safety as there was always security next to the desk.	
EM (FD&GP) 3.2	**Academic opportunities** With regards to teaching, the trainees confirmed that they were released to attend their teaching sessions. Emergency medicine teaching took place every two weeks on a Tuesday and all King George Hospital trainees attended. The review team heard that this teaching was consultant or specialist nurse led. The review team also heard that the emergency medicine department was supportive of trainees attending the general practice vocational training scheme (GP VTS) teaching that took place on a Wednesday afternoon. The GP trainees reported that their night shifts had been arranged around these teaching sessions so that they were not required to work a night shift the day before, or the day of, the teaching. The review team heard that the trainees were impressed with the flexibility for study leave and annual leave.	
EM (FD&GP) 3.3	**Access to study leave** The review team heard that all study leave requests were granted and that no issues had been encountered with regards to this. The review team further heard that the emergency medicine department was extremely supportive of study leave, even when requests were submitted with short notice.	
EM (FD&GP) 3.4	**Regular, constructive and meaningful feedback** The trainees reported that they had not always received feedback or a debrief session when there had been an unexpected patient death and that when asked to provide a written statement by the rota coordinator, there had been a lack of clarity on what the trainees were supposed to include in the statement.	

4. Supporting and empowering educators

HEE Quality Standards

4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.

4.2 Educators are familiar with the curricula of the learners they are educating.

4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression. **4.4 Formally recognised educators are appropriate supported to undertake their roles.**		
	N/A	

5. Developing and implementing curricula and assessments

HEE Quality Standards **5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.** **5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.** **5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.**		
	N/A	

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.**		
	N/A	

Good Practice and Requirements

Good Practice
The review team highlighted the approach and flexibility displayed by the emergency medicine department as an area of good practice. The feedback from trainees was extremely positive and the teaching opportunities were highly rated. The scheduling of night shifts around teaching sessions to ensure that trainees were not required to work a night shift the day before or day after GP VTS teaching was also praised.
The review team highlighted the supportive and approachable nature of the consultant body as an area in which the department had improved. The round table discussions on concerns were also described as positive learning experiences for the trainees and something that, with improved organisation, should be encouraged to continue.

Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
EM (FD&GP) 1.1	The Trust is required to ensure that staffing numbers are in accordance with the Royal College of Emergency Medicine and NHS London standards and should demonstrate appropriate at all times and that that there is a contingency plan for managing absences.	Please provide evidence that rotas and staffing numbers are compliant with the standards RCEM recommendation about managing sickness and absence and that a robust contingency plan is in place to manage absences by 01 March 2020.	R1.7
EM (FD&GP) 1.6	The Trust is required to provide details of the induction and/or orientation of the emergency medicine department for trainees expected to work at King George Hospital.	Please provide details of the induction programme by 01 March 2020.	R1.13
EM (FD&GP) 2.1	The Trust is required to ensure that there is a clear SOP document covering round table meetings. This should include the criteria for a round table, chairing responsibilities, communication standards, attendance, support for the trainee and feedback.	Please provide this guidance document by 01 March 2020.	R1.17
EM (FD&GP) 2.2	The Trust is required to develop a standard operating procedure for handover within the emergency medicine department to ensure that trainees are clear on who is in charge. The Trust may wish to consider a poster board with staff pictures, job titles and responsibilities.	Please submit a copy of the standard operating procedure by 01 March 2020.	R1.8 and R1.10
EM (FD&GP) 2.4	The Trust is required to ensure that all foundation and general practice trainees receive requisite training to provide proficiency in assessment of a sick child and resuscitation before starting on paediatric emergency medicine.	Please provide evidence that a suitable training programme is in place and that there is a procedure to ensure that trainees undertake this training prior to working in paediatric emergency medicine by 01 March 2020.	R1.13

Minor Concerns Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**

Recommendations These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.		
Rec. Ref No.	**Recommendation**	**GMC Req. No.**

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
The review team agreed to recommend to the General Medical Council (GMC) that this department be de-escalated from GMC Enhanced to routine monitoring.	HEE / GMC
HEE would like to return to undertake a sustainability check on the emergency medicine department across both King George Hospital and Queen's Hospital to reassure HEE and the GMC on progress. It is requested that this on-site review take place in spring 2020 and that the Trust-grade doctors are also invited to participate.	HEE / Trust

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Indranil Chakravorty, Deputy Postgraduate Dean, HEE London (north central and east London)
Date:	12 December 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.