

**HEEoE/GMC Enhanced Monitoring Visit to the Acute Care Pathway**

**Colchester Hospital University NHS Foundation Trust**

**Visit Report**

**10th December 2015**

<p><b>HEEoE representatives:</b></p>	<p>Prof Bill Irish, Postgraduate Dean            Dr Alys Burns, Head of Education and Quality for Secondary and Tertiary Care, Deputy Postgraduate Dean            Dr Jonathan Waller, Deputy Postgraduate Dean – Head of Education &amp; Quality            Prof John Howard, Head of Education &amp; Quality for Primary &amp; Community Care, Postgraduate GP Dean / Deputy Postgraduate Dean            Prof John Saetta, Foundation School Director            Dr Ian Barton, Head of School of Medicine            Dr Chris Maimaris, Head of School of Emergency Medicine            Susan Agger, Senior Quality Improvement Manager            Jessica Lichtenstein, GMC Head of Quality Assurance, Education and Standards Directorate            Emily Saldanha, GMC Education Quality Assurance Manager            Mr Craig Steele, GMC Enhanced Monitoring Associate            Carol Kelsall, Patient &amp; Public Voice Partner            Agnès Donoughue, Quality Coordinator</p>
<p><b>Trust representatives :</b></p>	<p>Mr Frank Sims, Chief Executive            Dr Angela Tillett, Medical Director            Dr Peter Bishop, Director of Medical Education            Dr Teshk Shawis, College Tutor – Medicine            Dr Kim Sinnamon, Foundation Training Programme Director            Dr Duncan Field, Foundation Training Programme Director            Dr Abdul Abbas, Emergency Medicine Education Lead (Interim)            Dr David Gannon, Divisional Director – Emergency Medicine            Dr Daniel Stanciou, Clinical Lead Emergency Medicine            Dr Charles Bodmer, Divisional Director – Medicine            Dr Ram Seesaurun , AD Ops Emergency Medicine            Sharon Wyatt, Education and Development Manager            Mrs Diane Leacock, Non Executive Director            Mrs Barbara Stuttle, Director of Nursing            Dr Shane Gordon, Chief Operating Officer            Mrs Julie Fryatt, Director of HR and OD</p>

<b>Number of trainees &amp; grades who were met:</b>	<p>Foundation Trainees: 10 FY2s &amp; 28 FY1s</p> <p>15 CMTs/GPSTs/ACCS Acute Trainees (Medicine)/ 16 ST3s+ (all acute medical specialties)</p> <p>1 ACCS / 4 Trust Middle Grade Doctors (Emergency Medicine)</p>
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<b>Purpose of visit :</b>
<p>This visit was organised to review progress with the Trust Quality and Performance Review (QPR) Action Plan following HEEoE's visit in June 2014. In addition, progress with the action plans put in place following the Foundation School visit to the Trust in July 2015 and the Schools of Medicine, General Practice and Emergency Medicine most recent visits was assessed. This visit included GMC and PPVP representation so as to provide external benchmarking, and was organised jointly with the Schools of Medicine, Foundation, General Practice and Emergency Medicine in order to capture all of the strands of the acute care pathway. The visit also aimed to support the Trust in finding solutions to the longstanding issues identified relating to workload, gaps in rotas, escalation policies, out of hours supervision, patient tracking and the trainee voice. HEEoE is seeking reassurance that the quality of the training environment is not compromised following the adverse findings of the CQC reports and the recent organisational changes within the Senior Management structure of the Trust.</p>

**Background:**

It was noted that the Trust has remained in special measures imposed by the CQC for the past two years. There have been recent changes to leadership within the Trust with the appointments of a new Chief Executive and Director of Medical Education. The Medical Director and Trust Team are fully engaged with education and training and committed to providing a high quality learning environment. However, it was acknowledged that the Trust is challenged in terms of recruitment and retention of staff particularly in the Emergency Medicine Department, and that consequently it relies heavily on the use of locums.

<b>Strengths:</b>
<ol style="list-style-type: none"> <li>1. HEEoE acknowledged the effort made by the Trust to respond to the pressures resulting from the requirements imposed by the regulators.</li> <li>2. The engagement of the senior management team with education and training is welcomed. In particular, the commitment from the Chief Executive, Medical Director and Director of Medical Education to finding solutions was evident.</li> <li>3. The engagement of the junior doctors across levels and grades was palpable and a reflection of the positive ethos within the Trust, adopting a sense of community to solve issues. Trainees reported evidence of improvement and recognised the constructive impact of the changes being undertaken.</li> <li>4. There were examples of good supervision and the, commitment and approachability of the consultant body are commended. The high consultant presence at weekends is welcomed.</li> </ol>

5. The Trust is commended for its joint training programme with the University of Essex for clinical and educational supervisors. The Trust is making good progress with the identification of time for educational activities in job plans.
6. The establishment of a Trainee Forum at the Trust is welcomed.
7. The engagement of the Trust with the Chief Resident programme is beneficial, especially the active involvement of the Chief Residents in finding solutions to improve the trainee experience in Care of the Elderly and engagement with the Hospital at Night initiative.
8. The Trust is commended for the approach taken to supporting trainees in difficulty, in particular the pastoral support delivered.
9. The creation of the Task Management System is an example of an innovative solution which demonstrates good practice. The Trust is commended on the use of mobile devices (phone and ipads) carried by members of the team and the multi-professional approach, in particular the crucial involvement of the night matron in delivering the process. It is suggested that this could be disseminated as an example of good practice.
10. The trainees met reported very good and well organised handover practices with multi-professional input in this and a range of activities.
11. The escalation pathways were reported as robust.
12. Good training opportunities and examples of excellent teaching were noted, in particular in cardiology, O&G, gastroenterology, respiratory and care of the elderly which could be disseminated to other specialties.
13. The Trust is commended for its involvement in mock PACES and for the delivery of the Royal College of Physicians PACES examination. This is an activity that positively distinguishes Colchester from other trusts and the postgraduate centre should be recognised for its ongoing support.
14. The Higher Observation Unit in the EAU provides an environment for the safe management of critically ill patients. The Critical Care Outreach team is of a very high standard.

#### Significant Concerns:

1. The multiplicity of the various IT systems to support the care of patients is an area of significant concern. Trainees met by the visiting team experienced difficulties with the array of systems they need to use and the problems with wi-fi coverage on site.
2. There are still issues with patient tracking, in particular between the Emergency Medicine Department and EAU. There were reports of problems with input of data in real time and the use of an unstable excel spreadsheet which crashes at least once a day, sometimes with loss of data. This is a serious patient safety concern with reports of patients being lost on the system and not attended to over the weekend.

3. There were reports of the Emergency Medicine Department ceasing to manage patients when they have been handed over to the medical team. There were also reports of basic tasks not being carried out, for example requests for X-rays.
4. Some of the middle grade staff in the Emergency Medicine Department lacked the confidence to make clinical decisions such as discharging patients which increased the number of referrals to medicine.
5. Handover from the Emergency Admissions Unit to the wards is suboptimal so that patients can appear on the ward without communication from the EAU. This is a particular problem when a patient is transferred to a ward late on a Friday as the patient may not be seen by the medical team until the following Monday.
6. Medical trainees reported concerns at the variable quality of the middle grade locums in the EAU and the Emergency Medicine Department, which is a potential risk to patient safety.

#### **Requirements:**

1. The Trust is required to review its various IT systems with a view to rationalising them, and to engage and involve trainees in finding solutions as the current arrangements have the potential to compromise patient safety.
2. The Trust is required to ensure that patient tracking happens in real time. Solutions must be put in place to replace the use of the unstable excel spreadsheet.
3. The appropriate management of patients by the relevant clinical teams must be instituted, in particular the problems highlighted in the Emergency Medicine Department.
4. The Trust must ensure a documented management plan is in place before patients are moved from EAU to the wards.
5. The Trust must address the issues identified around the quality of locums in the EAU & Emergency Medicine Departments since the reports received suggested that there may be associated significant patient safety concerns. The regular use of locums should be monitored formally and feedback to the individual locum doctors and their employing agencies should be given when appropriate.

#### **Areas for Development:**

1. The need to respond to an increased workload resulting from the rapid rise in population and the implications for the delivery of education and training.
2. Issues were reported by FY1s around supervision in surgery between 5pm – 8pm with a lack of formal handover and clarity relating to the process.
3. The Emergency Medicine doctors met reported continuing service pressures and concerns around rota gaps in Emergency Medicine.

4. It was reported by trainees that the rota generally worked well, however a lack of holiday planning led to considerable confusion.
5. The high workload in Respiratory Medicine, EAU, and EM impacts negatively on the release of trainees to teaching sessions.
6. The middle grade doctors in emergency medicine reported difficulties in obtaining teaching on a consistent basis.
7. Trainees reported that the feedback and learning from SIs is variable.

#### **Recommendations:**

1. The steep rise in attendances to the Trust has not been accompanied by a similar rise in staffing levels. There should be an expansion of all medical staff especially senior decision makers (consultants and middle-grades) and a review of the distribution of all clinical staff activity. We recommend the Trust reviews the delivery of clinical activity and is advised to adopt a multi-professional approach.
2. The Trust must ensure that the delivery of training in the Emergency Medicine Department is not adversely affected by service pressures and that the balance between training and service is respected. The rotas of the junior tier should be looked at and modified to allow a better arrangement, and the junior doctors should be involved in the design of such rota system.
3. There should be greater control of the allocation of leave to ensure that this an equitable distribution and the impact on the rota is minimised.
4. Arrangements should be developed to ensure trainees are able to attend training activities such as clinics and formal teaching, particularly when they are in busy placements such as the EAU, Respiratory Medicine and Emergency Medicine Department. It is suggested that these learning opportunities should be formally timetabled.
5. A consistent middle grade teaching programme in the Emergency Medicine Department will help further the training of middle grades. The formal allocation of SPA time in their timetable will assist the attendance at the teaching sessions and in their professional development.
6. The development of the SI reporting mechanisms needs to be continued with wider dissemination of the learning from them.

#### **Decision of Visiting Team:**

Despite the clear commitment to medical education in the Trust from Senior Management and the Trust significant concerns were identified at the visit. Since many of these are longstanding, the Trust is required to produce a further action plan with measurable outcomes and deliver a sustainable solution to these challenges within an acceptable timeframe. To this end, HEEoE requires the Trust to provide them with this action plan within one month of receipt of this report. HEEoE and the GMC will undertake a further joint visit in November 2016, although this is subject to the 2016 GMC survey results.

**Action Plan to Health Education East of England by:**

To be provided one month after receipt of the report; by 29<sup>th</sup> January 2016.

**Revisit:** Provisionally November 2016