School of Postgraduate Emergency Medicine Visit to
Southend University Hospital NHS Foundation Trust

Friday 17th April 2015

<table>
<thead>
<tr>
<th>HEEoE representatives:</th>
<th>Trust representatives:</th>
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<tbody>
<tr>
<td>Mr Chris Maimaris</td>
<td>Mr Neil Rothnie</td>
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<tr>
<td>Dr Aly Burns</td>
<td>Professor John Kinnear</td>
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<td>Ms Susan Agger</td>
<td>Dr Henna Jaleel</td>
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<td>Mr Pawan Gupta</td>
<td>Dr Caroline Howard</td>
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<td>Dr M Hemavathi</td>
<td>James Currell</td>
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<td>Ms Wendy Kingston</td>
<td>Mrs Katie Palmer</td>
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<td>Dr Claire Willis</td>
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<td>Dr Violeta Nedelcu</td>
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<td>Dr Dalip Kumar</td>
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<td>Head of School for Emergency Medicine &amp; Visit Lead</td>
<td>Medical Director</td>
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<td>Deputy Post Graduate Dean</td>
<td>Associate Medical Director</td>
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<td>Senior Quality Improvement Manager</td>
<td>Director of Medical Education</td>
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<td>ST3/DRE-EM Training Programme Director</td>
<td>Interim College Tutor and Clinical Lead</td>
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<td>College Tutor and Consultant in EM, Luton &amp; Dunstable NHS Foundation Trust</td>
<td>General Manager, Emergency Medicine and Acute Medicine</td>
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<td>Patient and Public Voice Partner (Lay Representative)</td>
<td>Medical Education Manager</td>
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<td>Consultant in Emergency Medicine</td>
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<td>Consultant in Emergency Medicine</td>
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<tr>
<td>2 x FY2, 1 x GPST</td>
<td>6 non training grades (4 middle grades. 2 trust doctors)</td>
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<td>1 ST4, 1 ST3</td>
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Purpose of visit:

The School of Emergency Medicine carried out an inspection visit on 09 July 2014 and recognised progress in addressing the major areas of concern regarding training at Southend University Hospital NHS Foundation Trust identified at a previous visit on 21 November 2013. A revisit was recommended for July 2015. However, the Quality Performance Review visit by HEEoE on 03 December 2014 raised a number of continuing concerns with regards to the training environment in the emergency department which related to staffing levels, undermining and monitoring equipment. A recent targeted visit by the School of Medicine in March 2015 also identified concerns regarding interface between Acute Medicine and the Emergency Department. It was therefore decided to bring forward the revisit to assess the concerns raised by the above visits and in particular the requirements and recommendations that were identified in the July 2014 EM School visit:

- The trust to develop a new model of staffing to ensure sustainability
- Additional support to the current ED consultants for their educational role
- Implement a clear strategy with replacing consultant staff.
- Review junior rota and working patterns
- Implement mandatory requirements for teaching and study leave
• Support International Medical Graduates (IMG’s) by targeted induction

• Maximise clinical experience, exposure and learning opportunities such as through the ‘RAT’ process

Further background Information:

The ED attendances have stabilised at 91,000 annually, out of which 26% are children. There is an established primary care service provided by GPs within the emergency department operating between 08:00 – 00:00. There are 2 GPs present, 1 triaging the patients as they enter the department and other attending to their needs. On average they see between 60-90 patients a day and these numbers are included in the total attendances. There is also a well-established Emergency Nurse Practitioner service operating between 08:00-02.00 and at weekends working overnight. The department has just appointed its first Advanced Clinical Practitioner. There is better flow of patients in the department as the GP heralded patients go directly to AMU (medical), SAU and Early Pregnancy Unit while capacity exists.

The medical staffing of the department has been reviewed; there are currently 4 WTE permanent consultants. The hospital is shortly planning for a 5th permanent appointment and the services are augmented by 2 long-term locums. The board has approved and resource has been identified for the expansion of consultant numbers up to 8 permanent appointments (9.6 WTE) over the next 2 years and it will be subject to the ability to recruit appropriate consultants. The current consultants and locums provide consultant presence on the shop floor between 08:00-22:00 during weekdays and 10.00 - 17:30 at weekends. In addition to the existing established training posts (4 SpR’s, 2 ST3, 1 DRE-EM, 1 ACCS, 3 GPST and 6 FY2’s) the department is staffed with 12.6 WTE senior middle grades and 11 junior middle grades, for example clinical fellows and LAS. This is a considerable expansion compared to last year’s visit. The department is relying on recruiting International Medical Graduates from various sources through agency. The junior rotas have been revised so there are now 2 junior doctors and 2 middle grades on at night; one of the 2 middle grade doctors is at least a senior middle grade at night. Dr Howard and Dr Willis have been supported to carry out the enhanced appraisals for the non-trainees and the 2 new permanent consultants that have now been in post for several months are assisting with the junior grades of trainees.

Strengths:

• No concerns were expressed by any of the trainees about patient safety in the department.
• The trainees reported no incidents of bullying or undermining by any of the staff within the emergency department.
• We have heard from the consultants and confirmed by the trainees that there is a robust induction programme consisting of 2 protected full days of teaching and these take place 4 times a year (August, December, February and April) with each new intake of trainees.
• There is a robust protected weekly teaching programme taking place on Wednesdays consisting of 2 ½ hours teaching for the junior grades and 1 ½ for the middle grades, coordinated by one of the trainees and facilitated by consultant presence throughout the teaching hours. The junior teaching programme starts with a moulage scenario in the resuscitation room and progresses to teaching in the seminar room. Trainees praised both the induction and teaching programmes.
• Recommendations 1 and 2 from the visit in July 2014 have been met. The rotas have been revised and are satisfactory. Mandatory inductions and weekly teaching programmes have been enhanced and should be sustained.
• Every trainee and non-trainee doctor of the emergency department has been assigned a named clinical
supervisor who is accessible to them and who they see both initially and at the end of their placement. The trainees confirmed that they are able to get their workplace-based assessments done by a mixture of consultants and middle grades. The trainees are very satisfied with the career advice and progression and feel that they are well supported in their training by their trainers.

- The department has secured funds from a central budget for the mandatory courses (ALS, ATLS and APLS) to be paid through the trust and not through the individual study budgets. This has been very welcomed by the trainees.

- Clinical supervision by consultants on the shop floor has improved considerably. Trainees see consultants on the shop floor throughout their hours and they are accessible for advice and management of patients. There are hand-over rounds at 08:00hrs and 15:00hrs done by consultants. Referrals to other specialities have improved with appropriate pathway and escalation system from ED to other specialities.

- All junior doctors are expected to carry out audit which is allocated to them and assistance given. They present their audits at appropriate departmental meetings and information is published in the seminar room which includes the results of the audits.

- The trainees reported that their clinical experience has improved considerably especially compared from last year. Some of the trainees we had spoken to had worked in the hospital over the 2-3 years and have reported a huge and positive change.

- The rapid, assessment and treatment (RAT) system has been revamped to include a middle grade and junior grade doctors, a nurse and a PA and operates from 08:00 till 21:00. The middle grades are audited on their leadership skills and junior trainees are assisting if found to have the appropriate skills are allowed to lead RAT assessment. Consultants carry out auditing and reviewing the RAT teams providing feedback to those participating. This system has been found to be contributing to learning and training experience of all doctors.

- We heard that there is a new NEWS scoring system which was introduced in the department to identify sick patients and senior nurses are reporting patients who require fast tracking for urgent treatments.

- The department has been upgraded and there is a new paediatric area with a new paediatric waiting area operating 09:00 – 21:00.

- The ST3 Paediatric Emergency Medicine training has been made easy by allowing the ST3 trainee to spend focussed time in the paediatric emergency department treating children.

- The new monitoring equipment has been installed and all staff have been trained in its use.

**Areas for Development:**

- The targeted induction into the NHS for IMG’s as a Trust wide initiative has not yet been established. However Professor John Kinnear has a prototype developed as part of a Masters course and he is hoping as he steps down from his DME role that he will be able to roll this out to the IMGs from ED over the next 6 months.

- Recruitment to paediatric EM nurses has improved but there are still vacant posts and recruitment remains ongoing. Links and cross working between EM and paediatrics is being established to better support this service and student paediatric nurses rotate to the paediatric emergency section of the department. Out of hours children are treated within the main department.

- The interface with other speciality departments has improved. There is an agreed protocol for referring patients from ED to all other specialities by junior doctors. An escalation policy is bought into action if there are difficulties with referring patients from ED to other specialist teams. ED middle grades and consultants will intervene and refer to higher grades of specialists to resolve these agreements. The Medical Director confirmed that the trust is
discussing at Clinical Directors Forum level about how to improve referrals both from ED to specialty and inter specialty referrals. Overall the junior trainees were satisfied with the system in place in the ED although isolated cases have been reported of refusal of referrals including by consultants from other specialities, and there was reference to a ‘them and us’ culture between departments.

- Middle grade non trainees especially those newly appointed were not aware of regional SAS teaching programme. They should be encouraged and be given opportunity to attend. Some of the permanent staff specialists may benefit from additional training and periods of secondment in core EM competencies.

**Significant concerns:**

There were no areas of significant concern.

**Requirements:**

1. The Trust and EM Department needs to sustain the momentum and progress in developing its medical staffing levels. There is considerable expansion in the middle grades and the department is expected to recruit into 4 more WTEs. There has also been an expansion of permanent consultant appointments. These achievements need to be consolidated and resource maintained, and in particular should aim to increase permanent consultant staff numbers to 8 within 2 years to allow extended hours of clinical supervision 7 days a week
2. The Trust must maintain the additional support given to current consultants in their educational roles and this should be maintained.
3. The Trust and EM Department need to sustain the progress towards repairing the reputation of the Department within the trainee community, which it is addressing through established solutions such as LS course support funding and fixed CPD time, as well as developing and investing in the training environment.

**Recommendations:**

1. The trust needs to continue its efforts to improve the culture around inter speciality referrals and the interface with EM, in particular referrals from ED to other specialities, including the involvement of consultant staff on call whenever there are conflicts or problems with the referral system.
2. The Trust should ensure that the targeted induction into the NHS for IMG’s is implemented over the next 6-9 months.
3. Non-trainee staff specialists and middle grades should be given the opportunity to attend the regional SAS teaching programme and the night safe programme.
4. Middle grade doctors should be encouraged to attend the departmental clinical governance meetings to help them develop an understanding of the system to improve patient safety on the shop floor.

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

30 October 2015

**Revisit:** 3 years

Visit Lead: Chris Maimaris  
Date: 21 April 2015