



The Royal College of
Emergency Medicine

EM-POWER: A Practical Guide for EM Clinical and Non Clinical Managers

Emergency

Medicine

Positivity

Opportunity

Wellbeing

Engagement

Retainment

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Scope

This guide provides practical information for Emergency Medicine (EM) clinical and non-clinical managers.

Reason for development

This forms the third of a 'suite' of sustainable working practice guides in EM.

Published guides include:

- **EM-POWER:** A Guide to Engage and Retain your Established EM staff, September 2018
- **EM-POWER:** A Wellness Compendium for EM, April 2019

Future guides will include:

- **EM-POWER:** A Practical Guide to Flexible Working and Good EM Rota Design
- **EM-POWER:** Returning to EM Clinical Practice, Skills Maintenance and Future Professional and Personal Development

Introduction

What is it about EM staff – dynamic, committed, they take ownership of their patients, great at managing flow, multi tasking, escalating and ramping it up. Do you understand your staff and what their motivations may be? Do you want to keep them engaged, productive and forward focussed? Do you know the best strategies to do this?

Leading the EM team can be amazing. If you do it well, patients will benefit, staff will love you and your service will outperform all expectations.

To do this well, however, takes skill. Balancing the needs of performance, your team and of each individual can be tricky, but if you do it well, the rewards in terms of satisfaction can be immeasurable.

Definition: an EM manager is anyone who has direct line management responsibility over EM staff. This includes Clinical Managers who may have titles such as **Lead Clinician** or **Clinical Director**. It also includes Non-Clinical Managers who may have titles such as **Service Manager** or **General Manager**.

So, how do you do it?

We hope the following pages give you some key insights into how to manage and lead your teams effectively whilst balancing the needs for your patients with the individual needs of your staff.

These pages describe an action focussed approach detailing the 'Super Seven' actions you need to take. Each group of actions is followed by a summary of the support you will need to make it happen and to develop yourself into an **EM-POWER MANAGER**.

YOUR SUPER SEVEN ACTIONS

- **ACTION 1: Get your patient processes right**
- **ACTION 2: Embed your processes with the right ED staffing and leadership**
- **ACTION 3: Get your culture and governance right**
- **ACTION 4: Consider your staff needs when planning rosters, planning inductions and making changes**
- **ACTION 5: Recognise diversity as a lever for innovation**
- **ACTION 6: Develop your flexible infrastructure**
- **ACTION 7: Coach for success**

Implement these changes to truly transform yourself into an EM-POWER MANAGER and transform your ED.

ACTION 1: Get your patient processes right

The key to getting your EM staff engaged is to make sure that as an EM Manager, you are patient focussed, first and foremost. To demonstrate this, your first action must be to get your patient processes right. To get your patient care and experience right you need good flow, with simple, tight reproducible processes twenty-four hours a day.

Use the expertise within your team to help establish the best processes for your unit or department. Just bear in mind that some 'traditional' practices may not necessarily be in your patients' best interests. Being deconditioned and disempowered when admitted to hospital may not benefit your patients long term. Instead, ambulating patients and keeping them safely out of hospital may be a better option.



Key resource

Please see [Are your patients fit to sit?](#) for more information which encourages frontline healthcare professionals and paramedics to put an end to patients lying down on trolleys and stretchers if they are well enough to sit and stand.

It is also important to learn from past experiences. If you are a new or experienced manager, the established staff in your team will have a wealth of experience on what has worked well in the past and what has not. Use this information in a targeted manner to guide decision making. However, do not be afraid to innovate and learn from other units.



Key resource

Please see [Under pressure: safely managing increased demand in emergency departments](#) for more information on safely managing increased demand in the Emergency Department (ED).

ACTION 2: Embed your processes with the right ED staffing and leadership

To bring your processes to life, you will need good operational leadership on the shop floor twenty-four hours a day. Hence investing time to develop your staffing model is key. A critical success factor will be how you develop and encourage your established, new and aspiring EM leaders as they will be instrumental in making your patient processes embed.

New guidance on staffing in the ED has been produced by the Royal College of Emergency Medicine. Use this detailed guidance to ensure robust 'in charge' and area leadership are in place to maximise quality and safety in your service.



Key resource

Please see [RCEM Workforce Recommendations 2018](#) for further information on consultant staffing in emergency departments in the UK.

Similarly, make sure that all your 'in charge' and area leaders are crystal clear on the expectations of them when they are in that role. And assist them by making sure the whole team is sighted on what you are trying to achieve operationally day by day – examples could be as follows:

- Do you want plans for patients made and delivered by two hours in their patient journey or two and a half hours?
- Do you want your staff to aim to see one patient every hour or one patient every half an hour?
- Is your departmental vision to have every patient seen by a clinician within one hour? Is this even realistic? What staffing and infrastructure changes will you need to make this happen?

Getting all your team on board and facing in the right direction in order to deliver outstanding patient care is tough. However, with clear sight, vision and determination, you can make this happen.

EM-POWER MANAGER – Support you will need

You will only be able to influence the flow within your own department. And as we know ED flow is dependent on so many other factors which collectively lead to Crowding and Exit Block.



Key resource

Please see [What should we do about crowding in emergency departments?](#) for more information on crowding and exit block.

To be an **EM-POWER MANAGER**, whilst transforming your service, you will need to beat the drum to encourage good practice within other areas of the organisation. This will take skill, timing and negotiation but knowing what best practice looks like both within and outside your department will help you highlight these innovations to others.

You will need the support of your own immediate managers and your organisation's leaders. Your organisation's medical lead (Chief Medical Officer or Medical Director) may need to enforce clear interprofessional standards to ensure smooth patient referral. And you will need to work alongside other professional colleagues and leads to ensure simple effective patient pathways exist to support these standards.



Key resource

Please see the [Rapid Improvement Guide to: The 6 As of managing emergency admissions](#) for more information on managing emergency admissions.



Key resource

Please see [SAEC](#) for more information on supporting organisations to achieve sustainable changes within their systems.

Your operations lead (Chief Operating Officer, Director of Operations) will need to work alongside colleagues to implement changes throughout the patient pathway from admission to discharge to reduce delays. Escalation processes will also need to be clearly mapped out, tested and agreed. These will be the key to managing surges in demand.



Key resource

Please see the [Red2Green](#) campaign for more information on reducing delays in the patient journey

And you will need the support of your business and finance teams to grow your team of ED staff and shop floor leaders (both medical and nursing) who can manage care and flow twenty-four hours a day. Writing a balanced and well-informed business case in line with the organisation's current thinking, can mean the difference between the presentation of a successful case or failure.

ACTION 3: Get your culture and governance right

Having the right culture in your ED is key. Staff will be working day and night managing ill, injured and vulnerable patients. They need to know that the culture within your unit or department is there to support them.

Of course, it is important to have good governance in place which puts quality and safety at its heart. However, for too long, the culture within organisations has been to blame rather than learn. Recent guidance seeks to redress the balance and put a robust but fair approach in place. This is what you must embody and promote within your department.



Key resource

Please see [A just culture guide](#) that encourages managers to treat staff involved in a patient safety incident in a consistent, constructive and fair way.

We also know the uncomfortable truth that, as in other specialties, bullying and undermining exist in Emergency Medicine and that this can be a key determinant of why staff leave or why they fail to continue in the specialty. We know that this bullying and undermining approach by senior or more established staff towards others can breed resentment and equally can result in harm or deleterious consequences for patients. Clear leadership will be required to stamp out behaviours of this kind within your department and organisation.



Key resource

Please see [Mentoring and Bullying](#) for more information on this.

ACTION 4: Consider your staff needs when planning rosters, planning inductions and making changes

How departments treat their staff is also a key marker of the culture within. This translates into issues around how departments organise their rotas and inform their staff of changes when they occur. Do they do this within a culture of respect and acknowledgement that their staff may have commitments outside of work or is it done without this recognition? In this context, make sure staff get their rotas on time.

EM rostering is a special skill. Clear acknowledgement needs to be given to the contractual terms and conditions staff are employed under before rotas are designed and made. Hence, hours limits and rest requirements must be adhered to.

However, a more nuanced approach should be taken in EM. Even though contractually staff can be rostered in a way according to their Ts & Cs, this may not necessarily be the best way to do it. Hence a more flexible and adaptable approach may be required.

Key resources



Please refer to [Training environments 2018: key findings from the national training surveys](#) for more information.

Please see [Fatigue, Shift work and Rotas](#) for more information.

EM-POWER MANAGER – Support you will need

To be an **EM-POWER MANAGER**, you will need the support of your organisation to develop bespoke rosters and job plans for individuals which use best practice guidance.

Emergency Medicine is a unique specialty due to the unscheduled nature of its demand, its variety and its acuity. Hence you will need the support of your organisation's medical lead and medical staffing department to ensure special provisions are made when rostering or job planning. This may include developing different tariffs for programmed activities for established staff in EM versus other specialties or negotiating SPA time for trainees in EM.

Some of these changes may require sustained negotiation within your organisation until they are fully realised. However, persistence is key. If you achieve these, you will be well on the way to becoming a true **EM-POWER MANAGER**.



Key resources

Please see [Rostering guidance – overview](#) for a comprehensive explanation of how contractual rules can be used most effectively.

Please refer to [TSC recommendations for SPA time for EM Trainees](#) for further information.

ACTION 5: Recognise diversity as lever for innovation

EM's strength is in its diversity. As staff develop, they may want to engage in a variety of activities which may on first view not have clear benefits to their role in the ED. This may include work overseas or for local charities. It may involve work performed for other organisations or with other healthcare providers.

Some of this work will be paid. However other elements of this work will be done due to interest, goodwill or for professional development.

Recognising the diversity of your workforce allows you to tailor how you manage them based on their needs. This may mean that for some, incorporating work which would have otherwise been done in their own time into their job plans as paid sessions will not only engage staff but will also motivate them to use this work to further innovate within your organisation. Think of it as a 'retention premium' for those individuals who you value and want to retain in your workforce.

And you will soon realise the added benefits when other colleagues in peer networks hear of your approach. They may also want to join, thus improving your ability to recruit new members to the team.

ACTION 6: Develop your flexible infrastructure

A further way to engage your staff is to allow them the flexibility to work in different ways and in different environments which then supports their individual needs.

Developing remote working offices for staff when they are on admin time to give them the headspace to get creative and innovate can lead to great things happening. Develop your IT infrastructure to allow access to virtual desktops so that they can access trust information in a remote environment which takes them away from the intense setting of the ED.

For ED staff, having consistent access to safe spaces where they can 'switch off' and decompress is also critical. This has led to the development of ED SPAs in some departments. Find out what works for your team and use your skills to negotiate access to these spaces or environments for them.

Key resource

Please refer to [The ED Spa. Wellness and Support in #Virchester. St.Emlyn's](#) for more information on safe spaces within an ED.



ACTION 7: Coach for success

Having a 'coach' – an experienced leader or confidante you can bounce ideas off to sense check that you are heading in the right direction is worth its weight in gold.

Think about this as part of your offer of a 'retention premium'. Your staff will find having a coach invaluable to talk about difficult situations at work and to figure out a way forward. They may also use this to guide their professional and career development.



Key resource

Please see [Coaching](#) for more information on an effective method to help individuals and teams to develop and enhance their leadership and management ability.

EM-POWER MANAGER – Support you will need

To be an **EM-POWER MANAGER**, you will need the support of your organisation in accessing bespoke coaching solutions both for your team but more importantly for yourself. Coaching can really help you maintain a clear head and keep your perspective when working within Urgent & Emergency Care. In this environment with its high patient numbers, surges in demands and intense scrutiny of 'performance' it is very easy to get sucked into the world of performance, numbers and breaches – and forgetting that there are patients at the centre of this maelstrom.

As a leader in this environment, people will be looking to you to role model the behaviours that you expect to see in them. This is one area where a 'do as I say, not as I do' approach will not work. Instead, you will need to treat those who work for you, with you and those you work for all with respect. This can often seem like an impossible balance however good professional coaching sessions on a monthly, six weekly or quarterly basis can help you reset, refocus and refresh your approach to leading and managing your service.

Remember – stay patient focussed and make sure this remains front and centre while also understanding and acknowledging other perspectives. A good way to start leading in a patient facing way is by using case studies in an illustrative manner in monthly business meetings with other clinical or non-clinical staff.

Key resource

Please see [Patients' Stories Videos](#) for more information regarding the use of the patient's voice as a continuous improvement tool.

Of course, when working as an ED Clinical or non-clinical lead, you will also need data at your fingertips in order to manage, monitor and track your service in terms of its quality and safety indicators. Use contacts within your organisation to get your 'best data' – that data which triangulates with what the patient and staff experience is, to tell the true story of what is happening in your service. This will help you to get to the root causes in order to target your quality improvement initiatives to the right area.





Key resource

Please see [Emergency Care Waiting Times](#) for more information and facts on ED data

Lastly, you will need your organisation's full support and backing to implement those changes to rotas, job plans and infrastructure which your team need. You need to champion a flexible approach to job planning with bespoke 'tariffs' for programmed activities (i.e. two hours per PA) and rotas (with annualisation and decreasing out of hours work for those on longer rotations or those more senior). You will need their support to agree increasing supporting professional activity time for staff as they progress in their careers from training to retirement and access to IT and infrastructure so that staff can use information remotely in order to allow 'off-site' working.

These seemingly small changes can make a big difference to how your staff feel when they are providing frontline patient care. Giving them the flexibility to work in a way and in an environment that suits them will provide them with valuable time to rest, recover and recuperate in preparation for their next shift on the shop floor.

Key resources

Please see [Amendment to the National Consultant Contract in Wales](#) for information on the full time consultant contract in Wales which typically has seven sessions for direct clinical care and three for supporting professional activities.

Please see [RCEM Supporting Professional Activities](#) for the Royal College of Emergency Medicine's position on what it considers an appropriate number of SPAs, to be included in the job plan of any advertised Emergency Medicine consultant post.

For information on the Training Standards Committee agreed minimum SPA time for trainees please see [TSC recommendations for SPA time for EM trainees](#).

Please see [Resources](#) for information from the Clinical Skills Managed Educational Network on remote access to training.

EM-POWER endnotes

So that's your SUPER SEVEN.

Below are a few more pointers which will help you weather the storm should the pressures in your ED increase.

- Make sure you have clear systems and processes in place so that with each rotation of staff, everything is planned, and systems have the ability to withstand any last-minute hiccups. Make sure all rotas, training events and leave are confirmed every 6 weeks. These arrangements can then be tracked in your weekly operational meetings.
- Make sure you have robust governance processes with clear track and trigger systems. Be inquisitive. Seek and find those low-level signals which if you triangulate them further, give you a heads up on a bigger issue. These may rock the stability of your service if they are allowed to grow. So, nip them in the bud early.
- If your staff have a lot of demands placed on them, you need to provide them with the equivalent level of support (proportionality is important as extreme demands on staff require herculean amounts of support from you). If you can't provide support in terms of staff or resources, make sure they have the flexibility and autonomy to work 'their way'. In addition, they mustn't be hauled over the coals if they use their initiative in a difficult situation and things do not go to plan - so context is important. Think about the demands being placed on your staff and ask yourself what support they have or need and whether they have the appropriate degree of flexibility to do it 'their way'.
- Appraisal discussions are key points at which individual needs can be picked up. At other times, be approachable and visible. Informal discussions are hugely important in helping you check in with your staff about how they are. Use the 'Ask twice' approach <https://www.time-to-change.org.uk/support-ask-twice-campaign> as staff may be reluctant to speak to 'their boss' about their true feelings in the first instance.
- Repeated signals from different people may be a way of identifying a wider team issue. Team meetings can help you gauge where your team are and whether they need help. This 'help' may be in

the form of subtle wellbeing information and signposting. Or it could be a social event to help raise team spirits.

- Other signals such as poor patient experience surveys, reports of poor shift or area leadership and poor performance may mean that rather than individuals being 'bad', they need guidance and development from those they trust in a way which really allows them to achieve their potential. A wider, more nuanced, reflective approach to professional development may be more appropriate rather than formal, didactic, skills-based training. These less structured, more creative, more reflective activities may help with the development of higher skills such as leadership, intuition and foresightedness. Some people just need headspace. And when they have this, they flourish.
- And when you see good things, celebrate them. All too often, the main contact point between EM staff and their managers is when things go wrong. You can change this by celebrating excellence and promoting good practice when you see outstanding things happening within your team.
- As an EM manager you are in a privileged position to take your team on an amazing journey. It will help you too as you develop into a more amazing version of your true self. Therefore, learn as a team. This will help you achieve great things - together.

If you treat an individual as he is, he will remain how he is. But if you treat him as if he were what he ought to be and could be, he will become what he ought to be and could be – Goethe.

About this document

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Acknowledgements

RCEM Sustainable working Practices Committee.

Review

Usually within three years or sooner if important information becomes available

Conflicts of Interest

None

Disclaimers

The College recognises that patients, their situations, Emergency Departments and staff all vary. This guideline cannot cover all possible scenarios. The ultimate responsibility for the interpretation and application of this guideline, the use of current information and a patient's overall care and wellbeing resides with the treating clinician.

Research Recommendations

None

Audit standards

None

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