QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

North Middlesex University Hospital NHS Trust

Emergency Department

Risk-based Review (focus group)

Quality Review report

1 December 2017

Final report

Developing people for health and healthcare

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Quality Review details

Background to review	A number of reviews had previously been undertaken by Health Education England (HEE) and the General Medical Council (GMC) in regard to the emergency department (ED) at North Middlesex University Hospital NHS Trust (NMUH) since May 2015. A trainee survey was conducted in September 2017 which highlighted that a number of issues remained to be unresolved. For instance, issues in regard to the clinical supervision, and overall culture in ED, particularly in paediatric emergency and resuscitation unit. Therefore, HEE conducted an Urgent Concern Review (on-site visit), accompanied by the GMC and NHS Emergency Care Improvement Programme on 23 October 2017 in order to investigate these issues. This led to HEE conducting a Risk-based Review (focus group) in order to gain further feedback from the trainees. HEE also felt that a Risk-based Review (focus group) was necessary in order to determine whether significant progress had been made to ensure that the educational and systemic issues highlighted had been addressed and solutions had been put in place to improve the trainees' learning environment and experiences.
Training programme / learner group reviewed	Emergency Department: • Foundation year two trainees (F2) x 6 • General Practitioner trainees (GP) x 3
Quality review summary	The quality review team wanted to thank the Trust for facilitating the Risk-based Review (focus group) to Emergency Department (ED) at North Middlesex University Hospital NHS Trust (NMUH). The quality review team also met with the Medical Education Manager (MEM), Director of Postgraduate Medical Education (DPME) for Royal Free Hospital, Head of Quality for Royal Free Hospital, and with the Interim Medical Director and Deputy Chief Executive Officer (MD and DCEO). The quality review team heard some of the progress that the Trust had made since the Urgent Concern Review (on-site visit) on 23 October 2017. The Trust reported that the DPME from the Royal Free Hospital had been assisting the Trust for approximately three weeks prior to the visit in the following areas: with implanting more robust teaching sessions, developing educational governance, ensuring that all trainees had been allocated an educational supervisor, to focus on clinical supervision and to understand where the F2s needed support the most. A number of areas that had been working well had been identified: • It was reported that the quality of clinical supervision provided to the trainees had improved significantly, particularly in the resuscitation unit in-hours and out-of-hours. • The quality review team was pleased to hear that the trainees all had access to educational opportunities, had been able to meet with their allocated educational supervisors regularly, and had been able to complete their assessments. • It was reported that the culture changed significantly and that trainees now felt more comfortable challenging inappropriate workload pressure. The quality review team was pleased to learn that there had been no reports of harassment which was a significant improvement since the last visit.

	• The trainees reported positive changes in the observation ward which ensured that this was now a safe area: patient pathways had been put in place, criteria for admitted patients had been implemented, there was now a named consultant who led ward rounds and can be approached by the trainees directly, as well as a junior doctor with a bleep that had been rostered to work for three days a week. • The quality review team learnt that serious incidents (SIs) had been discussed and learning events was beginning to be embedded in the department. However, there still remained a number of areas that needed significant improvement: • The quality review team learnt that the quality of clinical supervision in the paediatric emergency department still remained as a patient and trainee safety issue. • The quality review team learnt that the trainee rota had not changed and still remained as an issue and therefore access to teaching events had not significantly improved. However, the quality review team acknowledged that the Trust and Emergency Care Improvement Programme (ECIP) had been in the process of reviewing the rota in time for the next rotation of trainees. • It was ascertained that the role of the senior clinician/medical controller was not clear to the trainees. The quality review team suggested that the Trust would benefit from ensuring that this role was clarified and explained during induction, so trainees would know how this this role can help and support their learning experience and environment. • The quality review team recognised that although pressure had been taken off the trainees, overt focus on service delivery remained which had impacted on educational training. For instance, focus on education as a positive experience that makes a difference to patient care was still yet to emerge. • The quality review team learnt that clinical leadership remained highly variable and uncertain. However, the Trust reported that a clinical lead had been recruited and was due to commence in the role on Monday 4 December 2017.

Quality Review Team			
HEE Review Lead	Dr Chris Lacy, Head of the London Specialty School of Emergency Medicine	**HEE Representative**	Dr Sanjiv Ahluwalia, Postgraduate Dean, Health Education England, North Central and East London
HEE Representative	Dr Gary Wares, Deputy Postgraduate Dean, Health Education England, North Central and East London	**GMC Representative**	Jane MacPherson, Education Quality Assurance Programme Manager, General Medical Council
GMC Representative	Jessica Lichtenstein, Head of Quality Assurance, General Medical Council	**NHSI Representative**	Dr Emma Whicher, Regional Medical Director (London)
Scribe	Adora Depasupil, Learning Environment Quality Coordinator, Health Education England, London and the South East		

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
ED1	**Serious incidents and professional duty of candour** The quality review team heard that the senior management team (including the Interim Medical Director and Deputy Chief Executive Officer, and the Director of Nursing) had oversight of reported serious incidents (SIs) Trust-wide and had been able review them within the 48-hour timeframe through the Datix system. The Trust reported that a template for system alerts had been available at the time of the visit. However, the Trust acknowledged that their incident reporting system needed further development to ensure patient safety and learning opportunities had been captured and shared with all of the trainees. The Trust explained that the new system was to be implemented approximately in 6 weeks from the time of the visit. The Trust mentioned their plans of engaging with all staff members to focus on improving the department and patient safety by delivering video blogs, local learning seminars, and plans of simulated training. The Trust stated that staff had been reporting SIs which had been posted on a wall in the seminar room visible to all staff, including the medical trainees. The quality review team was informed that the two recent SIs reported through Datix were discussed in the morning on the day of the visit where staff had been able to share experiences and learn from the issues, which indicated that facilitated learning was beginning to be embedded in the department.	
ED2	**Appropriate level of clinical supervision** The MD and DCOE stated that the most experienced staff were allocated to the paediatric emergency department and the resuscitation unit, and that the locum cover was not allowed to supervise paediatric emergency department and resuscitation unit without completing their competency assessment. The quality review team heard that the Trust was confident that all locum consultants had completed their competency assessment and that the Trust was confident that the locums were capable to cover the gaps in the rota, as well as to provide supervision and advice to the trainees as	

	decision-makers. The DPME reported that the Trust were planning on creating clear local escalation system in ED for the locums to refer to. The quality review team wanted to ascertain if the trainees had observed changes in relation to clinical supervision within the paediatric emergency department and the resuscitation unit, particularly during out-of-hours since the previous visit. The trainees reported that there had been no significant improvements in the paediatric emergency department. The quality review team heard that similar to the last visit, clinical supervision in the paediatric emergency area remained variable, especially when the senior clinician present during the night shift was a locum cover. The trainees also reported that access to support in the paediatric emergency department remained inadequate. The trainees reported that they still had to physically leave the paediatric emergency area if they needed senior advice. The trainees stated that they did not always feel comfortable leaving the sick patient they were seeing to seek advice. The trainees explained that when there was an ED-trained middle grade doctor present, the trainees felt supported. However, when other areas of ED became busy or had a shortage of staff, the trainees indicated that the middle grade doctor allocated to the paediatric emergency area was re-allocated to that area, which meant that trainee experience deteriorated significantly. The trainees reported that supervision in the adult resuscitation unit at night had improved, and that the trainees had been able to access support and advice when needed. The quality review team was pleased to learn that the trainees felt confident that help was more easily available. The quality review team also heard that during the times that there had been no allocated middle grade doctor in the resuscitation area, if the trainees asked, they had been able to receive support and guidance. The trainees further stated that they had greater confidence in the quality of advice that they received in the resuscitation unit. The trainees stated that in contrast to the adult resuscitation unit, they did not always feel confident with the quality of advice they received from the middle grade doctors in the paediatric emergency area. Furthermore, the trainees reported that the observation ward had significantly improved since the last visit. The quality review team was pleased to hear that the trainees described the observation ward to be safer and was no longer used as breach avoidance area. The trainees outlined the following improvements: clear pathways and criteria for patients had been put in place, ward rounds now conducted by a named consultant, bleep had been allocated to the observation area clinician so trainees were able to access them when needed and there was a senior clinician in charge of decision-making for three days a week, and early senior assessment and treatment (ESAT) had also improved.	Yes, please see ED2 below
ED3	**Rotas** The quality review team wanted to address the issue of middle grade gaps in the rota, and how the Trust ensured that the locums recruited to cover the gaps had the competency to support the trainees, especially at night. The DPME stated that this issue had been discussed during the local faulty group (LFG) meeting to ensure that the locums were not rostered in an area where they could be in a position where they were not competent to provide advice or support to the trainees. It was reported by the foundation year two (F2) trainees that since the last visit, they had only been able to attend one week of teaching that had been incorporated in their timetable. The F2s explained that there had been no significant changes to the trainee rotas which indicated that teaching sessions were still not incorporated in their timetables. Furthermore, the F2 trainees reported that it was not clear if they were allowed to go to both the foundation year programme teaching and the emergency	Yes, please see ED3 below

	department general teaching, or which one took priority. This needed clarification as teaching sessions had yet to be fully incorporated into the timetables. The GP trainees praised the teaching sessions and stated that they found them valuable and enjoyable. Both the F2 and GP trainees reported that shifts had not been altered and so they had been able to attend to teaching sessions as much as they could, if their shifts permitted. All trainees commented that although they did not expect the rota changes to take place during their placement in ED, they hoped that the changes would be implemented and be made explicit for the next cohort of medical trainees.	
ED4	**Handover** The MD and DCOE stated that some consultants had not been focussed with certain tasks previously, but reported that this had been resolved. For instance, the quality review team heard that most of the consultants during the handover in the morning now appeared to make more effort to ensure that the handover with the trainees had been educational. It was reported that there had been plans to work with the rest of the consultants as individuals, and to address this issue in a more formal way.	

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.

ED5	**Impact of service design on learners** The quality review team was informed that the DPME for the Royal Free Hospital had been assisting the Trust with its intention to improve its educational governance and clinical leadership systems. The DPME reported that in the three weeks of observation since joining NMUH, the DMPE had been able to talk to various staff members in ED including 10 consultants, 20 trainees, administrative staff and some patients. The DPME reported that they had been able to shadow the trainees in the department and had been able to confirm issues in different levels that reflected the previous findings. The quality review team heard that the DPME had been able to attend teaching sessions, and even provided teaching to the trainees. Additionally, the quality review team was informed that the DPME had been able to observe encounters between the trainees and the trainers; and had spoken to the consultants that the trainees previously identified as unsupportive. The DPME stated that the LFG meeting held prior to the visit confirmed that there had been a clear lack of leadership in the department. The DPME recognised that the	Yes, please see ED5 below

	quality of support provided to the trainees in the paediatric emergency department needed to be developed further in order to improve the learning environment for the trainees. Additionally, the DPME stated that to ensure that the trainees in paediatric emergency were provided with appropriate supervision at all times, the role of the consultants needed to be developed in order to ensure local accountability and responsibility. The DPME explained plans for improvement, including better communication provided to all staff. The quality review team heard plans of reinstating the monthly newsletter to weekly distribution, by e-mail and paper form, which would include management activity information as well as education.	
ED6	**Organisation to ensure access to a named educational supervisor** All trainees reported that they knew who their educational supervisors were and had met with them. The F2 and GP trainees also reported that they had been able to gain appropriate competencies for their programme group. One of the F2 trainees commented that they were initially not aware that they had been allocated an educational supervisor, but was pleased that their educational supervisor had been proactive with contacting them.	
ED7	**Systems and processes to identify, support and manage learners when there are concerns** The quality review team heard that concerns surrounding the quality of supervision provided by the locum middle grade doctors still remained. The F2 and GP trainees reported that they had avoided seeking advice from the middle grade locum doctors. The trainees explained that they recognised the difficulties for a new staff who had not worked in the department previously to learn the local policies. The quality review team heard of an occasion when a trainee wanted reassurance in regard to a medical decision that the trainee had made, but the advice the trainee had received from the locum cover was not medically appropriate, which meant that in the future they avoided approaching the same individual, and did not value their medical opinion any more. Additionally, the GP trainees stated that some learning opportunities were missed. For instance, they had not received explanation behind the decisions made in relation to referring a patient to another specialty or to the medics. The trainees also stated that when the department was extremely busy, or had unexpected gaps, the medical controller had to provide cover which meant the level of supervision had been reduced for the trainees. Furthermore, the trainees reported that the role of the medical controller had not been made clear to them. For instance, the quality review team heard that although information was available on the wall in regard to which consultant had been allocated as the medical controller for a specific shift, the trainees explained that they were not sure what the actual role meant in relation to their work supervision and learning experience.	Yes, please see ED7 below

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.

ED8	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** The Trust reported that since the last visit, they had worked closely with the ED to: improve induction, educate staff on how to ensure that junior doctors were looked after, show interest in the welfare of the trainees and how to support them, especially in the busy ED environment. The Trust acknowledged that there was a need for constant senior leadership in order to sustain this. The quality review team heard that the MD and DCEO had continued to be present in the department every day, and it was reported that engagement between the trainees and the consultants had improved.	

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.

ED9	**Sufficient time in educators' job plans to meet educational responsibilities** The DPME stated that programmed activities (PA) sessions within the consultants' job plans had been adjusted to meet the consultants' educational responsibilities. However, the DMPE also stated that the Trust needed to review whether the PA allocations reflected the demands of the department to ensure the trainee requirements were met.	

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.

ED10	**Opportunities for inter-professional multidisciplinary working** The Trust reported that the nursing staff in ED had been extremely supportive and acknowledged that there were plenty of opportunities for inter-professional multi-disciplinary working and teaching in the department. The quality review team heard that there had been discussions between the DPME and MEM about establishing a multi-disciplinary teaching programme.	

ED11	**Appropriate balance between providing services and accessing educational and training opportunities** The quality review team found from the previous visit that the trainees had not been able to create and maintain patient records contemporaneously due to the demands of the four-hour wait target in ED, and wanted to find out whether this had improved. The quality review team heard that there was an isolated incident involving a particular individual regarding the four-hour wait target, but the trainees felt a detectable difference after they had raised their concerns. The trainees felt that the concerns that they raised had been escalated and they felt that these had been addressed. In general, the trainees reported that they felt that there had been less pressure from the site managers and other staff members in relation to the four-hour wait target. Therefore, the trainees reported that they had been able to improve on writing contemporaneous patient notes. However, the trainees acknowledged that ED is always a busy and fast-paced environment, therefore writing patient notes was also dependent on their own individual organisation of their workload.	Yes, please see ED11 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.

ED12	**Appropriate recruitment processes** The quality team learnt that there had been 14 consultants in post at the time of the visit. The Trust Interim Medical Director agreed to forward details of the current Trust consultant post holders indicating if they are on the GMC register as specialists in Emergency Medicine. Furthermore, the Trust reported that there had been 13 middle grade doctors, and that most of the locum appointments were on a one-year fixed term contract. The DPME reported that consultants' PA allocations had been designed to reflect the reduced numbers. However, the DPME explained that PA allocation may need to be reviewed to ensure that it was reflective in ED. For instance, the presence of the consultants on the shop floor may need to be made explicit and visible to the medical trainees to help reduce feelings of vulnerability for the trainees.	
ED13	**Learner retention** All F2 and GP trainees reported that the emergency department (ED) in North Middlesex University Hospital NHS Trust (NMUH) offered a rich learning environment and they recognised that the issues they had raised in the department were not unreasonable and were to be expected due to the nature of the busy environment, and the volume of workload that the department receives. The trainees stated that they recognised that the Trust had been trying to improve the department, and they had felt	

	a significant reduction in pressure while working in the ED. In comparison to the previous visit, the trainees no longer described the department as 'toxic'. The trainees were complimentary of the paediatric consultants who worked in the paediatric area. The trainees were also complimentary of the nursing staff and stated that they believed the nursing staff in ED were the best in the hospital and were supportive. However, the trainees all indicated that the focus seemed to remain on the delivery of the service, and less about improving the service. The GP trainees echoed some of the sentiments expressed during the previous visit, and stated that they felt there was a lack of recognition and appreciation from some of the consultants and middle grade doctors. Although all trainees stated that they felt an improvement the last two weeks prior to the visit, when the quality review team asked, all of the trainees stated that they would not recommend the learning placement in North Middlesex University Hospital to their colleagues, or relatives (from a patient-experience perspective).	

Good Practice and Requirements

Good Practice

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
N/A	N/A	N/A	N/A

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
ED2	The quality review team learnt that the quality of clinical supervision in paediatric emergency area still remained as an issue.	A minimum of one doctor who has been assessed and deemed competent at ST4+ level or equivalent, and who has been considered to be capable of providing supervision to doctors more junior, must be physically present in the paediatric emergency department at all times (when a Foundation doctor, GP trainee or core EM trainee is working in this area).	1.8
ED3	The quality review team learnt that the trainee rota had not changed and still remained as an issue and therefore access to training had not improved. However, the quality review team acknowledged that the Trust and Emergency Care Improvement Programme (ECIP) was in the process of reviewing the rota in time for the next rotation of trainees.	The Trust must provide trainee rotas that clearly define trainee attendance at teaching sessions, appropriate for their level of training, are embedded in the rota.	1.12

ED5	The quality review team learnt that clinical leadership remained highly variable. However the Trust reported that a clinical director had been seconded for 6 months and was due to commence in the role on Monday 4th December.	The Trust senior management team must work with the newly appointed ED clinical director and the Post Graduate Medical leadership team including the ED Specialty Tutor, to develop a sustainable leadership model that embeds educational and training objectives.	4.1
ED7	It was ascertained that the role of the senior clinician/medical controller was not clear to the trainees, and the quality review team suggested that the Trust would benefit from ensuring that this role was clarified and explained during induction, so trainees knew how this role can help and support their learning experience and environment.	The Trust must ensure that the role of the medical controller is clearly defined, available to provide clinical advice when required, supports learning and is understood by the trainees.	2.6
ED11	The quality review team recognised that although pressure had been taken off the trainees, overt focus on service remained which impacted on educational training. For instance, focusing on education as a positive experience that makes a difference to patient care was still yet to emerge.	The Trust must ensure that a culture of learning and teaching is developed and is visible to all trainees.	5.9

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
N/A	N/A	N/A	N/A

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
Please confirm the appointment of the 14 consultants in the department by providing their names and start dates.	North Middlesex University Hospital

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Chris Lacy
Date:	4 December 2017

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.