

# North Middlesex University Hospital NHS Trust

Emergency medicine

Risk-based Review (on-site visit)



## Quality Review report

16 May 2018

Final report

Developing people  
for health and  
healthcare

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## Quality Review details

|   |  |
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| <p><b>Background to review</b></p>  | <p>The review was organised as a follow up to a series of reviews of emergency medicine at North Middlesex University Hospital NHS Foundation Trust conducted by Health Education England (HEE), the General Medical Council (GMC) and NHS Improvement (NHSI) since May 2015. The most recent review on 5 February 2018 found that:</p> <ul style="list-style-type: none"> <li>- The junior trainees reported that the foundation and core trainee rota still needed to be improved and the quality review team encouraged trainee engagement to design a rota that maximised learning and teaching opportunities;</li> <li>- The quality review team heard that although the pressure around the four-hour waiting time target in the emergency department (ED) had improved, there was one occasion where a trainee had been challenged by non-clinical staff about the recording of the time of discharge, which the trainee reported as being in contradiction to Good Medical Practice (GMC 2013);</li> <li>- The quality review team heard that the department was not using the clinical observation unit (COU) safety checklist correctly, which could have potentially impacted on patient and trainee safety. The quality review team heard that the trainees had reported this through the Datix system on multiple occasions; and</li> <li>- Trainees reported concerns regarding the competency and availability of two middle grade doctors in the department</li> </ul> |
| <p><b>Training programme / learner group reviewed</b></p>                   | <p>Emergency medicine.</p> <p>The review team met with foundation and general practice trainees, and ACCS, higher and other specialty trainees working within the emergency department.</p>  |
| <p><b>Number of learners and educators from each training programme</b></p> | <p>The quality review team met with:</p> <ul style="list-style-type: none"> <li>- the interim Medical Director and Director of Postgraduate Medical Education;</li> <li>- nine foundation year 2 (F2) and general practice (GP) trainees working in the emergency medicine; and</li> <li>- one higher emergency medicine trainee</li> </ul>  |
| <p><b>Review summary and outcomes</b></p>                                   | <p>The quality review team thanked the Trust for hosting and facilitating the review. The review team was pleased to hear that the following areas were working well:</p> <ul style="list-style-type: none"> <li>- The trainees reported that in some cases their educational and clinical supervision was excellent;</li> <li>- The trainees reported that the 'you said, we did' initiative for incorporating feedback from trainees had a tangible benefit;</li> <li>- The review team heard that the trainees enjoyed the three hours of protected teaching time on Fridays;</li> </ul>  |

- The trainees reported that the Trust was a good place for completing workplace assessments; and
- The review team heard that the Emergency Department offered a rich clinical environment, with exposure to a varied case mix

However, the review team identified the following areas for improvement:

- The review team was concerned that the GMC conditions from December 2017 were not being met consistently and that the F2s reported that on two occasions they did not have access to immediate clinical supervision in the paediatric area. Patient safety was maintained though a rapid referral directly to the speciality teams.
- The review team heard that confusion around the criteria for admissions to the observation ward persisted and that patient monitoring pathways were not clear and could pose risks to patient safety;
- The trainees reported that there were some middle grade doctors and consultants with questionable competency who they would bypass when seeking advice or escalating cases; and
- The review team heard from the F2s that their rotas did not allow for a good work/life balance.

#### Quality Review Team

|                                       |   |   |   |
|---------------------------------------|---|---|---|
| <b>HEE Review Lead</b>                | Dr Gary Wares,<br>Deputy Postgraduate Dean,<br>Health Education England<br>(North East and Central<br>London) | <b>Head of School</b>                         | Dr Chris Lacy,<br>Head of London Specialty<br>School of Emergency Medicine,<br>Health Education England   |
| <b>Programme Director</b>             | Dr Russell Hearn,<br>GP Vocational Training<br>Scheme,<br>Health Education England                            | <b>External Clinician</b>                     | Dr Keren Davies,<br>Director of North East Thames<br>Foundation School  |
| <b>NHS Improvement Representative</b> | Dr Emma Whicher,<br>Regional Medical Director<br>(London)   | <b>General Medical Council Representative</b> | Jane MacPherson,<br>Education Quality Assurance<br>Programme Manager  |
| <b>Lay Member</b>                     | Jane Chapman  | <b>HEE Representative</b>                     | John Marshall<br>Learning Environment Quality<br>Co-ordinator,<br>Quality, Patient Safety &<br>Commissioning Team, London<br>and Kent, Surrey and Sussex,<br>Health Education England |
| <b>Observer</b>                       | Lynda Frost,<br>Head of Quality, Patient Safety<br>and Commissioning,   | <b>Observer</b>                               | Adora Depasupil,<br>Learning Environment Quality<br>Co-ordinator  |

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|  | Quality, Patient Safety and Commissioning Team London and Kent, Surrey and Sussex, Health Education England |  | Quality, Patient Safety & Commissioning Team, London and Kent, Surrey and Sussex, Health Education England |
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**Educational overview and progress since last visit – summary of Trust presentation**

The Director of Postgraduate Medical Education (DPME) gave an update of the progress made since the previous HEE quality visit on 2 February 2018. The review team heard that the overall culture within emergency medicine (EM) had continued to improve over the past year with a more settled consultant body in place. The feeling in the Trust was that an unsettled consultant body was a major contributing factor towards the ongoing issues within emergency medicine. It was reported that the Trust was monitoring the overall trainee experience on a regular basis. Weekly meetings took place on Fridays where trainees could report issues regarding to any aspect of their training and senior faculty meetings were taking place, which included the DPME of the Royal Free London NHS Foundation Trust. It was also reported that the Trust had implemented a ‘you said, we did’ initiative to act upon feedback and suggestions from the trainees and that this had been a good mechanism for engagement and constructively implementing change.

The review team heard that two new consultants had been appointed and that the Trust had recently concluded a successful recruitment exercise for a new substantive Clinical Director for the Emergency Department (ED) and that the successful candidate was now subject to the necessary pre-appointment processes. It was also reported that two new posts had been created and were awaiting funding – a clinical fellow (ST4+) in the ED, and a core medical trainee level one in the ED.

It was reported that a project was underway to redesign the overall structure of the ED. The ED would be divided into five zones: majors; minors; paediatrics; resuscitation; and observation. The redesign project was consultant led with trainees being actively involved. It was expected that each zone would have a clearly visible clinical lead and pathways in place to improve the coordination of the ED. The review team heard that the Trust wanted to develop educational and clinical pathways simultaneously and that this would be led by the ST4 clinical fellows.

The review team heard that of the incoming August 2018 cohort of F2s, only three had been at the Trust previously. To prepare for this, the review team heard that the Trust was planning to ensure that the incoming trainees received a substantial induction and that there was suitable educational and clinical supervision in place.

The review team heard that the Trust continued to compile situation reports for paediatrics in line with the conditions set by the General Medical Council and that no major issues had arisen since the previous visit in February 2018. It was reported that where necessary the Trust reinforced to the clinical leads in paediatrics for education the duties and responsibilities expected of them as educators. Where serious incidents (SIs) did occur, they were reported on at the teaching sessions held on Fridays. The review team heard that SIs were used as a learning tool and that feedback to SIs submitted via Datix was always given, with processes in place to escalate cases where the response to SIs was deemed insufficient. It was also reported that there was a Trust-wide group to monitor all SIs and that common themes occurring in SIs and cases of best practice to eradicate them was shared with all hospital staff via a staff newsletter. The review team also heard that a recent internal seminar on never events had proved highly popular and alluded to a commitment across the Trust to raise standards. It was reported that the DPME monitored all SIs specifically to monitor the impact that these had on trainees. It was recognised across the Trust that there was room for improvement when responding to SIs in a more timely and detailed fashion.

With regard to the observation ward, the review team heard that clearer guidelines had been put in place and that the ward was managed by A&E consultants. It was reported that screens displaying information on current patient numbers and on duty staff would be installed to give a clearer visual representation of the situation in the observation ward and the entire department for all staff coming into the ward. It was acknowledged that the ward had been heavily dependent on locum staff and that there was still room for improvement. It was indicated that the Trust would welcome further assistance from HEE and NHS Improvement to help resolve the ongoing issues

around the criteria for use of the observation ward and ensuring that robust pathways are in place so that patient monitoring and safety are not put at risk.

The review team heard that the Education Director for EM had made it a priority to focus on training for middle grade doctors as it was acknowledged that some middle grade doctors in the ED were limited in terms of their ability to add value to the trainees' education experience and clinical supervision. It was reported that some middle grade doctors had been either subjected to performance monitoring or disciplinary procedures due to their conduct. The review team heard that there was scheduled training time for middle grade doctors on Thursdays and that all middle grade doctors had clearly set out job plans and knew what was expected of them. The review team heard of the complex work that was being undertaken to further develop the clinical skills of a number of the non-training middle grades as well as of the improvements that had been realised around culture and behaviour that had been previously reported by the trainees. The review team heard that the contribution from colleagues at the Royal Free London had been very valuable in tackling the situation. It was reported that to attract and retain staff the Trust was looking to make the posts on offer more attractive in terms of varied clinical exposure and career development opportunities. The review team were also pleased to hear of recent consultant appointments, which included previous trainees at the Trust.

The review heard that where possible the rotas were designed with a balanced skillset to ensure that there was an appropriate level of clinical supervision at all times and that the trainees had confidence in their senior colleagues. It was acknowledged by the Trust that delivering balanced rotas and accommodating all of the competing demands was difficult for various reasons, including the lack of synchronicity between rotations of the different cohorts of trainees. The F2s had been asked to help design rotas and had provided valuable input and had gained an insight into the complexity of rota design. The review team heard that e-rostering was being introduced across the Trust.

The review team heard that all trainees were attending their training where possible. If the trainees were scheduled to be in when training sessions were taking place, either internally or externally, then they were released from their duties to attend. For example, GP trainees were released for training on Thursdays but if this fell on a zero day, or the trainee was working nights they would not be able to attend. The review team heard that foundation training took place on Tuesdays.

## 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?<br>Requirement Reference Number |
|-------|---|--|
| EM1.1 | <p><b>Patient safety</b></p> <p>The review team heard that all of the trainees they met with felt that there were potential risks to patient safety on the observation ward. It was reported that the criteria for admission to the ward was unclear and the appropriate pathways and safeguards for monitoring patients on the ward were not clearly defined. Some of the trainees felt that the ward was being inappropriately used by Trust management to avoid breaching the four hour accident and emergency (A&amp;E) waiting time target and that once patients were admitted to the ward they could easily be overlooked and lost in the system. However, the trainees did acknowledge that there were processes relating to the observation ward in place, but that there was no suitable mechanism in place to ensure that these were enforced. The review team heard that a named consultant responsible for the ward was listed for the mornings but that the situation became unclear as the day went on. It was reported that there was no visible handover between lead consultants and that the situation on the ward could be chaotic. The review team heard that the level of general oversight and coordination of the ward was dependent on the lead consultant, some of whom the trainees were highly complimentary towards – in stark contrast to others for whom they had little confidence. One of the trainees recalled an incident of coming on to the ward and having to piece together the situation and needs of four undocumented patients because there was no robust handover in place. The review team felt that despite some signs in improvement the Trust had not acted sufficiently upon the recommendation to review the use of the observation ward, with a focus on maximising learning and training opportunities, as set out in the report following the HEE quality visit on 5 February.</p> <p>The review team heard that some of the trainees felt that there was a culture throughout the emergency department (ED) that normalised potentially unsafe practice because the ED was seemingly always busy, with little time to flag or correct such practice unless there was an overt risk to patient safety.</p> | Yes, please see EM.1.1                           |
| EM1.2 | <p><b>Appropriate level of clinical supervision</b></p> <p>The review team heard that the level of clinical supervision had improved since the previous visit and that the trainees found the situation more settled. It was noted that named clinical supervisors and escalation pathways were now more visible and clearly defined. It was reported that the trainees felt that they now had better support at night and had more confidence in the senior grade staff they were working with. However, the review team also heard that issues around suitable cover still persisted, especially with regard to paediatrics and resuscitation at night. One trainee reported that the previous weekend the ED was one middle grade short on the Sunday evening and the trainee did not feel comfortable managing the situation and that they had to have three separate conversations with senior staff before help was sent. Another trainee reported that whilst no major issues had arisen, trainees in resuscitation often felt isolated from the rest of the ED when the middle grade doctor was called away to cover other areas on the ED. The trainee did however note that they were aware of the escalation processes in place.</p>   | Yes, please see EM1.2                            |

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|       | <p>The review team heard that there were still some consultants and middle grade doctors that the trainees did not have confidence in and would avoid where possible seeking their advice, either due to a perceived lack of competency or because of the dismissive manner the trainees were treated with. It was reported that one consultant and two middle grade doctors fell into this category. One trainee reported that a cardiology consultant dismissed a request to analyse an ECG readout and suggested that it be sent to St Bartholomew's Hospital, who have a cardiovascular network arrangement with the Trust.</p>   |                       |
| EM1.3 | <p><b>Rotas</b></p> <p>The review team heard from some of the trainees that they had felt the need to submit exception reports due to excessive working hours. It was reported that some trainees did not feel that the rota was compliant and that on occasion they felt that they worked beyond 72 hours in a seven-day period. However the review team did not have an opportunity to independently verify the compliance of rotas.</p>  | Yes, please see EM1.3 |
| EM1.4 | <p><b>Protected time for learning and organised educational sessions</b></p> <p>The review team heard that some of the foundation year 2 (F2) trainees had difficulty attending foundation training sessions. One trainee reported only being able to attend one of the fortnightly sessions since their rotation began in April 2018. However, the trainees felt that this problem was not unique to the Trust and had experienced similar issues at other Trusts.</p> <p>The trainees reported that they enjoyed and valued the three hours of protected teaching time on Fridays.</p> <p>The review team heard that there were no issues around access to GP training sessions.</p> <p>Some of the trainees reported that the Trust was a good place for accommodating specific training requests and that they were encouraged to pursue opportunities in areas that interested them.</p> |                       |
| EM1.5 | <p><b>Adequate time and resources to complete assessments required by the curriculum</b></p> <p>The review team heard that the Trust was a good place for completing workplace assessments, with the ED proving to be an especially good environment for this due to the access to a broad range of consultants from different specialties.</p> <p>The trainees reported no issues regarding study leave. In some cases, it was felt that study leave was granted without the necessary steps taken to ensure that any rota gaps were covered.</p>  |                       |

## 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.**

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| <p>EM2.<br/>1</p> | <p><b>Impact of service design on learners</b></p> <p>Trainees reported that they had noticed an improvement in recent months and acknowledged the steps the Trust had taken to address the systemic issues within the ED. The review team heard that the trainees felt that their training was of secondary importance in the ED in the face of meeting the four hour A&amp;E target. Some trainees felt that the culture within the ED was to avoid breaching the four hour wait where possible by inappropriately admitting patients to the observation ward or to elsewhere in the hospital. In some cases it was reported that the trainees felt rushed by the ward and Trust management to move patients through the ED. The review team also heard that due to service demands there was little scope for on the job training and feedback, with one trainee noting that any discussions that did take place were more business oriented.</p> <p>The review team heard that the trainees viewed the ED as a ‘rite of passage’ – a demanding environment to be ‘survived’. Some of the trainees felt that they had learned a lot in their time at the Trust and that the experience would be beneficial to their careers in the future. One of the GP trainees reported that their experience in the ED had reaffirmed their career choice to pursue general practice in a non-emergency medicine environment.</p> <p>As well as variable levels in the quality of clinical supervision, the trainees reported that the overall culture in the ED was split. It was felt that there was a defined split in the consultant body between those the trainees felt were engaged with their training commitments and were receptive to implementing change, and those who preferred to uphold the status quo. However, the review team heard that some of the consultants were seen as approachable and that the trainees valued the advice and constructive feedback that they gave. The review team also heard that there were only two higher grade (ST4+) trainees in the ED one of which was seconded to another Trust which meant that there was a heavy reliance on middle grade doctors of varying quality and trainees from other specialties.</p> <p>The review team was pleased to hear that the trainees enjoyed good relations with the nursing body and other hospital staff, and that there was a good team spirit among the trainees in the ED.</p> |  |
| <p>EM2.<br/>2</p> | <p><b>Appropriate system for raising concerns about education and training within the organisation</b></p> <p>The quality review team heard that the trainees felt that any issues relating to their training could be raised with their educational supervisor. It was also reported that the</p>   |  |



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|       | trainees could raise issues in the group meetings on Fridays and that the Trust responded positively to critical feedback from the trainees.   |  |
| EM2.3 | <p><b>Organisation to ensure access to a named educational supervisor</b></p> <p>The review team heard that the trainees enjoyed regular formal and informal meetings with their educational supervisors (ES). It was reported that the trainees were encouraged to pursue research topics and career opportunities that interested them. The trainees also reported that the ES' provided constructive feedback and would flag issues on the trainees' behalf and would follow up if the initial response was unsatisfactory.</p> |  |

### 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.**

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| EM3.1 | <p><b>Behaviour that undermines professional confidence, performance or self-esteem</b></p> <p>It was reported that whilst none of the trainees had witnessed or experienced overt behaviour that would constitute bullying, some of the trainees reported that they had experienced some interactions with middle grade doctors or consultants that could be deemed as dismissive. In such instances the trainees reported that they would then spend the rest of the shift trying to avoid further interactions with these senior colleagues. The review team noted that the trainees had not raised these concerns with their ES'.</p> |  |
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### 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.**

### 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.

## 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.

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| <p>EM6.<br/>1</p> | <p><b>Learner retention</b></p> <p>The majority of the trainees the review team met with reported that they had heard of the ongoing issues within the ED before joining the Trust and that some had been surprised that their experience had been better than they had anticipated. The review team heard that whilst the majority of trainees would not necessarily recommend the Trust as a training centre to their peers, they would recommend the experience that it offered in terms of a testing and demanding environment with exposure to a highly varied case mix.</p> <p>Some of the trainees stated that they would not work at the Trust as a consultant. The review team heard that there was a feeling that the culture within the ED was impossible to change without a considerable injection of resources and expertise, with one trainee reporting that the Trust did not promote a “culture of excellence”. It was felt that the consultants that the trainees did value were susceptible to ‘burn out’ due to the service demands and trying to implement change in the ED.</p> |  |
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## Good Practice and Requirements

### Good Practice

- The trainees reported that in some cases their educational and clinical supervision was excellent;
- The trainees reported that the ‘you said, we did’ initiative for incorporating feedback from trainees had a tangible benefit;

- The review team heard that the trainees enjoyed the three hours of protected teaching time on Fridays;
- The trainees reported that the Trust was a good place for completing workplace assessments; and
- The review team heard that the Emergency Department offered a rich clinical environment, with exposure to a varied case mix

### Immediate Mandatory Requirements

| Req. Ref No. | Requirement | Required Actions / Evidence | GMC Req. No. |
|--------------|-------------|-----------------------------|--------------|
|              | N/A         |                             |              |

### Mandatory Requirements

| Req. Ref No. | Requirement   | Required Actions / Evidence  | GMC Req. No. |
|--------------|---|--|--------------|
| EM1.1        | The Trust must review the admission criteria and use of the observation ward, with a focus on maximising training and learning through effective clinical supervision   | The Trust to confirm the outcome of the review and detail how learning and training was being provided to trainees when based upon the observation unit  |              |
| EM1.2        | The Trust must develop a robust escalation plan by 29 June 2018 to ensure a competent ST4+ doctor (or equivalent) is immediately available to attend the paediatric area in the exceptional occasion when they are located elsewhere. The Trust must develop a reporting plan to provide assurance that the GMC conditions are being met. | The Trust should provide HEE with evidence detailing the procedures the Trust will put in place to ensure that the necessary clinical supervision for trainees is available at all times and how these will be implemented |              |
| EM1.3        | The Trust should work further with the trainees to ensure that rotas are compliant and allow for a better work/life balance   | The Trust should monitor trainee satisfaction with the rota and overall work/life balance and provide evidence to HEE  |              |

### Recommendations

| Rec. Ref No. | Recommendation | Recommended Actions / Evidence | GMC Req. No. |
|--------------|----------------|--------------------------------|--------------|
|              | N/A            |                                |              |

| Other Actions (including actions to be taken by Health Education England) |                |
|---|----------------|
| Requirement   | Responsibility |
|   |                |

| Signed   |   |
|--|---|
| By the HEE Review Lead on behalf of the Quality Review Team: | Dr Gary Wares, Deputy Postgraduate Dean |
| Date:  | 18 June 2018                            |

**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.

## Appendix A

Please could you update HEE on the status of all the open actions on the Trust's action plan relating to HEE quality visits concerning Emergency Medicine.

| Visit date      | Action type                    | Requirement  | Required Actions/Evidence  |
|-----------------|--------------------------------|--|--|
| 23 October 2017 | EM1.5 - Mandatory Requirement  | The Trust is required to ensure that adequate clinical supervision is provided for all trainees, especially in regard to the paediatric emergency department and the resuscitation unit. | The Trust to confirm this is now the place, and provide a rota demonstrating which member of staff is providing cover to the junior trainees in the paediatric ED and resuscitation unit.<br><br>The Trust to provide trainee feedback demonstrating that this issue has been adequately addressed. This can be through local faculty group (LFG) meeting minutes. |
| 23 October 2017 | EM1.2a - Mandatory Requirement | The Trust is required to ensure that adequate clinical supervision is provided for all trainees, especially in regard to the paediatric emergency department and the resuscitation unit. | The Trust to confirm this is now the place, and provide a rota demonstrating which member of staff is providing cover to the junior trainees in the paediatric ED and resuscitation unit.<br><br>The Trust to provide trainee feedback demonstrating that this issue has been adequately addressed. This can be through local faculty group (LFG) meeting minutes. |
| 23 October 2017 | EM1.2b - Mandatory Requirement | The Trust to ensure that all foundation and GP trainees have been allocated an educational supervisor from outside of the emergency department.  | The Trust to confirm this has taken place and submit a list of the educational supervisors and which department they are from.   |
| 23 October 2017 | EM1.1 - Mandatory Requirement  | The Trust to ensure that feedback is received from such serious incidents (SIs) are disseminated across the department.  | The Trust to review the learning opportunities available from SIs and confirm that SIs are discussed and that trainees are invited to and attend the morbidity and mortality meetings.   |
| 23 October 2017 | EM3.1 - Recommendation         | The Trust to participate in the HEE project on improving professional behaviours and interactions in EM and O&G  | Review project outcomes in July 2018   |
| 1 December 2017 | ED2. – Mandatory Requirement   | The Trust is required to improve the quality of clinical supervision in paediatric emergency area which 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 December 2017 | ED5 - Mandatory Requirement    | The quality review team learnt that clinical leadership  | The Trust senior management team must work with the newly appointed ED clinical  |

|                  |                             |   |  |
|------------------|-----------------------------|---|--|
|                  |                             | 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 4 December 2017.  | 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.        |
| 1 December 2017  | ED7 - Mandatory Requirement | The quality review team suggested that the Trust would benefit from ensuring that the role of the medical controller 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. |
| 05 February 2018 | ED1.2 - Recommendation      | The Trust is strongly encouraged to work with the foundation trainees to construct a rota that supports training and educational attendance as well as addressing work-life balance.  | The Trust to confirm that meetings have taken place with the foundation trainees to review the rota and provide minutes of the meetings. The Trust to submit the revised rotas.            |
| 05 February 2018 | ED2.1 - Recommendation      | The Trust to review the use of the clinical observation unit with a focus of learning and training.   | The Trust to confirm the outcome of the review and detail how learning and training was being provided to trainees when based upon the observation unit.                                   |