NHS
Health Education England

North Middlesex University Hospital NHS Trust

Emergency medicine

Risk-based Review (on-site visit)

Quality Review report

15 November 2018

Final Report

Developing people for health and healthcare

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Quality Review details

Background to review	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 16 May 2018 found that: - The GMC conditions from June 2016 were not being met and that foundation doctors did not always have the appropriate clinical supervision in paediatrics or resuscitation at night; - The review team heard that confusion around the criteria for admissions to the Clinical Decision Unit persisted and that patient monitoring pathways were not clear and could pose risks to patient safety; and - 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 - The review team heard from foundation doctors that their rotas did not allow for a good work/life balance
Training programme / learner group reviewed	Emergency medicine. The review team met with foundation and general practice trainees working within Emergency Medicine.
Number of learners and educators from each training programme	The quality review team met with: - Associate Medical Director (AMD) - Director of Medical Education (DME) - Emergency Medicine Education Lead - Director of Medical Education, Royal Free London NHS Foundation Trust/Non-executive Director NMUH with responsibility for education, training and end of life care - Head of Quality (Postgraduate Medical Education), Royal Free London NHS Foundation Trust. The review team also met with eight Foundation Year 2 and GP – Programme Emergency Medicine trainees. The joint feedback session for the reviews into GP – Obstetrics and Gynaecology and GP – Paediatrics and Child Health, and Emergency Medicine was attended by the Chief Executive, AMD, DME and the Emergency Medical Education Lead, as well as representatives for Obstetrics and Gynaecology and Paediatrics.
Review summary and outcomes	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: - Both groups of trainees that the review team met with reported a rich spectrum of clinical exposure and would recommend their posts to their peers;

	- The review team were pleased to hear that trainees were feeding into quality improvement projects and had been consulted on the expansion of the clinical environment; and - The review team were pleased to find that the four GMC conditions were being met, albeit that the requirement that an ST4+ is present at all times in the paediatric ED was being met in spirit rather than the letter of the condition. However, the review team identified the following areas for improvement: - The review team remained concerned that a lack of clarity around admission to the CDU and around patient pathways and handover for the patients admitted to the unit persisted despite the development of the SOP; and - The trainees reported that they perceived the use of Datix to be a punitive measure rather than an opportunity for learning. It was also noted that some trainees felt that submitting incidents via Datix was the responsibility of nursing staff.

Quality Review Team			
HEE Review Lead	Dr Gary Wares, Deputy Postgraduate Dean, Health Education England (North East and Central London)	**HEE Representative**	Paul Smollen, Deputy Head of Quality, Patient Safety & Commissioning Team, London,
GP School	Dr Naureen Bhatti, Head of North Central and East London General Practice School	**NHS Improvement Representative**	Jessica Kenny, Senior Delivery and Improvement Manager (London
General Medical Council Representative	Dr Alastair McGowan, Enhanced Monitoring Associate	**General Medical Council Representative**	Samara Morgan, Education Quality Assurance Programme Manager
Lay Representative	Robert Hawker	**HEE Representative**	John Marshall Learning Environment Quality Co-ordinator, Quality, Patient Safety & Commissioning Team, London, Health Education England

Educational overview and progress since last visit – summary of Trust presentation

The Trust gave the review team an overview of the changes and progress made in the training environment in the Emergency Department (ED) since the previous visit on 16 May 2018.

The review team heard that the Trust was pleased with the GMC NTS results for 2018 for foundation trainees. It was felt that these results reflected a more positive atmosphere throughout the ED. It was reported that the consultant body was more engaged in education and training and that this had given rise to a feeling of more stability in the ED.

It was acknowledged that the issues around the Clinical Decision Unit (CDU) had not been tackled completely but that trainees were being consulted on, and taking active roles in, the drive to deliver a unit that was safe for both trainees and patients with clear admissions criteria and escalation pathways.

With regard to the conditions set by the GMC that the Trust had been subject to since June 2016, the review team heard that there had been one breach of these conditions, in September 2018, since the previous HEE review in May 2018. The Trust stated that it was now submitting its data to HEE on a monthly rather than weekly basis. This data included Datix reports, staff surveys, rotas and all appropriate local faculty group (LFG) meeting minutes. The review team heard that the Trust felt that it was cooperating with HEE, the GMC, and NHS Improvement (NHSI) in a constructive manner and had welcomed the support offered by the three organisations.

The review team heard that the Trust was conducting weekly rota reviews, with a priority to ensure that there were no gaps in the rota for the paediatrics ED. It was reported that where any gaps occurred across the whole ED that they were filled by Trust staff in 60 per cent of cases. It was reported that the Trust employed nine whole-time equivalent consultants, and a further four locum consultants. Where locum cover was required, the review team heard that there was a pool of approved locum staff that were used to cover these gaps. The review team was encouraged to hear that in one instance the Trust had taken steps to exclude one locum from working in the ED after their clinical competencies and attitude towards education and training had been called into question. It was also reported that the trainees had welcomed the scrutiny of rotas and was a demonstrable example of the 'you said, we did' initiative in action.

More widely, it was reported that the Trust was conducting a long-term piece of work to understand the longstanding use of locum doctors across the Trust and to identify a strategy for recruiting and retaining good quality locums into substantive posts.

Testament to the improvement in morale, it was encouraging to hear that some former trainees in the ED were now back working as locums. The review team heard that the Trust was looking to develop trusted locums and Trust grade doctors as educational supervisors and revalidate any supervision credentials that may have lapsed where a demonstrable competency as an educational supervisor had been identified. The review team heard that all trainees had a named educational supervisor who had the responsibility for setting objectives and appraisals.

The review team heard that to ensure the improvements of the training experience in the ED are sustainable, the Trust is looking to implement a 'business as usual' culture to ensure that the conscious efforts made become the new norm. It was reported that the education lead for Emergency Medicine had oversight of the whole clinical environment in the ED with regard to education, and that a multidisciplinary team (MDT) local faculty group (LFG) had been set up. The review team heard that the Trust was concerned that cohesion between the professions in the ED was not as good as it could be and it was hoped that the LFG would have a positive impact on the workplace culture. Despite this, the review team was encouraged to hear that it was felt that trainees were now more confident when escalating cases to senior clinicians and seeking advice.

It was reported that there were plans to separate the Paediatric Unit in the ED into a standalone entity, whilst remaining in the oversight of the wider ED, to ensure clinical governance procedures were more acutely scrutinised. It was understood that the business case was due to be signed off by the Trust Board in the coming weeks.

With regard to the CDU, the review team heard that the production of a standard operating procedure (SOP) had had a positive impact in clearly defining roles and responsibilities but that there was more work to be done to embed the processes. It was reported that the SOP was pathway driven and constantly under review, which included input from trainees. To monitor the use of the CDU, the review team heard that there was monthly audit of all CDU activity. It seemed apparent to the Trust that a major contributing factor to delays in moving patients through the unit was when waiting for things like scans and blood results from other departments across the Hospital. The review team heard that there was a consultant on duty from 08:00 to 23:00, and middle grade supervision between 23:00 and 08:00. Despite some trainees in a pre-review survey stating that there were potential risks to patient safety in the CDU, the Trust was keen to stress that no Datix reports had been submitted by any of the trainees.

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
EM1.1	**Patient safety** The review team heard that the trainees felt that the Emergency Department (ED) was safe in terms of the quality of care on offer. However, they cited the volume of patients and long wait times in the department as reason to deter them from wanting to have their friends or families treated in the ED. It was also noted that the trainees would prioritise patients at presenting more serious concerns at their discretion, rather than adhering to the queuing system.	
EM1.2	**Serious incidents and professional duty of candour** There were no reported serious incidents.	
EM1.3	**Appropriate level of clinical supervision** All the trainees who attended the review reported enjoying their placement in the ED. The review team heard that they felt well supported and that they had good access to consultant supervision and advice in the day time. The review team heard there was always an ST4+ doctor visible in the main ED. With regard to the paediatric resuscitation area the trainees reported that the situation had improved significantly and the review team was encouraged to hear that an ST4+ was present a majority of the time and that only on rare occasions would the ST4+ not be present due to needs elsewhere in the ED or in the afternoons at shift change or staff breaks. The trainees did not feel that this was unsafe as supervision could be sought from the wider ED within a minute and was readily available. Asked how often this scenario arose, it was reported to occur around once every two or so weeks. The trainees also reported that specialist paediatric nurses were always present and that they enjoyed good relations with the paediatrics ED multidisciplinary team (MDT). The trainees acknowledged that they were aware that previous trainee cohorts had questioned the competencies and quality of clinical supervision offered by some locums and middle grade doctors. They reported that they trusted the consultants that	

	they worked with and that they would feel comfortable raising any concerns they had about the quality of their clinical supervision with their educational supervisor.	
EM1.4	**Rotas** The review team heard that the rotas were provided three to four weeks in advance. The trainees indicated that the lengths of their shifts were ideal as they did not feel too tired by the end of them but that maintaining a good work/life balance was difficult. The GP trainees reported that they had no issue obtaining study leave, and all of the trainees said that they had not had difficulty or any limitations when booking annual leave. Where trainees finished their shift late at night the review team was pleased to hear that the Trust paid for a taxi to take the trainee home.	
EM1.5	**Induction** All of the trainees reported that the departmental level induction was good and had prepared them suitably for the clinical environment they would be working in. There were also no issues around logins and access to IT systems.	
EM1.6	**Handover** The trainees reported that the handover in the ED was generally good, with consultants staying as long as was necessary to handover each patient accurately. With regard to the Clinical Decision Unit (CDU), it was reported that the handover of patients when admitted to the unit was at times unclear. This was both in terms of the rationale for admitting the patient and the quality of the handover of clinical notes. It was felt that the issues around criteria for admission to the CDU was attributable to locum doctors being unfamiliar with local processes. The trainees reported that they were involved in a quality improvement project to develop handover criteria and that they would be presenting this to the next cohort of trainees as part of the department level induction.	
EM1.7	**Protected time for learning and organised educational sessions** The review team heard that access to teaching was good, but that there was an expectation that those who had worked the previous night stay if there was scheduled teaching the following morning. The review team was pleased to hear that the GP Vocational Training Scheme (VTS) teaching on Thursday afternoons was protected in the rota.	

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.		
EM2.1	**Impact of service design on learners** The review team heard that the four-hour standard and the emphasis put on not breaching it was variable depending on the clinical site manager and consultants leading the shift, with some wanting to enforce the target more robustly. It was felt that this could lead to the potential improper use of the CDU as a means to manage patient flow within the four-hour target. The review team heard that the trainees did not feel that there was a sufficient number of nursing staff across the ED and reported that at times they felt that they were undertaking nursing duties to fill the gap. The trainees reported that they welcomed the expansion of the clinical area as they attributed the delays in the ED to bottlenecking in the clinical environment as at times there was not the space to see patients. It was noted that the trainees felt that this had an impact on both trainees and patients as the trainee may have had the capacity to see a patient but there were no cubicles or rooms available. The review team was encouraged to hear that trainees had been invited to a meeting covering the construction work and expansion of the clinical environment and were asked for their opinions. The review team heard that some trainees had rejected new admissions to the CDU as they did not feel these would have been an appropriate use of the unit. The quality improvement project around CDU pathways was expected to address these issues. It was reported that some trainees felt that the SOP was too vague and open to interpretation in terms of what constituted the admissions criteria. It was hoped that the pathway development work being done by the trainees would clearly differentiate the CDU from some interpretations of it being an observation ward.	
EM2.2	**Appropriate system for raising concerns about education and training within the organisation** The review team was pleased to hear that the positive impact of the 'you said, we did' initiative had continued since the visit in May 2018. However, there was some concern that the perception of Datix for reporting clinical incidents and learning from them was not apparent. The trainees reported Datix would not be their first consideration in the event of needing to report a clinical incident, and there was a perception among trainees that Datix was a punitive measure rather than a tool for quality improvement and opportunity for learning.	Yes, please see EM2.2
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.**		
	Access to resources to support learners' health and wellbeing, and to educational and pastoral support N/A	

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.

	Access to appropriately funded professional development, training and an appraisal for educators N/A	

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.

	Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum N/A	

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.

EM6.1	**Learner retention** The review team was encouraged to hear that all of the trainees would recommend their training posts to their peers.	

Good Practice and Requirements

Good Practice
The review team was pleased to hear that GP trainees had their VTS teaching on Thursdays protected in the rota.
The review team was encouraged to hear that the Trust was actively engaging the trainees in pathway development and quality improvement projects.
The review team commended the 'you said, we did' initiative and the impact it had had.

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.**
EM2.2	The Trust is required to provide all trainees with guidance promoting the purpose and criteria for reporting clinical incidents.	The Trust must provide evidence that this is covered in Trust induction, departmental induction and that trainees know how to use incident reporting tools to raise concerns.	R2.1

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

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
N/A	

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Gary Wares, Deputy Postgraduate Dean

Date:	17 December 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. 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. 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	Review project outcomes in July 2018

		professional behaviours and interactions in EM and O&G	
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 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.	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.
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 leaning 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.