

North Middlesex University Hospital NHS Trust

Emergency Medicine

Risk-based review (Focus Group)



Quality Review report

29 May 2019

Final Report

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healthcare

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Quality Review details

Background to review	<p>This focus group is a follow up to the on-site visit on 15 November 2018 to see if the improvement in trainee experience had been maintained over the 2018/19 winter and to address the following remaining concerns:</p> <ul style="list-style-type: none"> - The lack of clarity around admission to the clinical decision unit (CDU) and around patient pathways and handover for the patients admitted to the CDU persisted despite the development of the standard operating procedure; and - Perception amongst trainees that the use of Datix was seen 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.
Training programme / learner group reviewed	<p>The review team met with:</p> <ul style="list-style-type: none"> – Two foundation year two (F2) trainees in Emergency Medicine (EM); – One higher specialty trainee in EM; and – One core specialty trainee in Acute Care Common Stem – EM <p>Following the focus group the review team provided informal feedback to the deputy director of medical education and the clinical director.</p>
Quality review summary	<p>The review team was pleased to find that the improvement in trainee experience in the emergency department (ED) heard at the on-site visit in November 2018 had been maintained over the winter months. It was reported that previous issues around the appropriate level of clinical supervision, particularly out of hours, in the resuscitation suite and the paediatric ED no longer presented a concern to HEE.</p> <p>The review team was similarly pleased to find that there was now a defined admissions criteria and admissions process for the CDU. The review team was satisfied that this showed a marked improvement since the previous visit. It was encouraging to hear that trainees felt that patient safety ‘came first’ and did not feel rushed whilst they were with patients, and were insulated from difficult conversations with service managers about bed and capacity issues by their senior colleagues.</p> <p>It was noted however, that trainees still found the demands of their workload and shift patterns to be excessive to the point that it had an adverse effect on their work/life balance.</p>

Quality Review Team			
HEE Review Lead	Dr Gary Wares, Deputy Postgraduate Dean	School of Emergency Medicine	Dr Chris Lacy, Head of School
Foundation School	Dr Keren Davies, Programme Director, North Thames Foundation School	General Medical Council Representative	Samara Morgan, Principal Education Quality Assurance Programme Manager
NHSE/ Representative	Dr Liz Henderson, Associate Medical Director	Lay Representative	Ryan Jeffs
HEE Representative	John Marshall, Quality, Patient Safety, and Commissioning Team.		

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	<p>Patient safety</p> <p>The review team was pleased to hear that trainees' had no concerns for patient safety. It was reported that patient safety 'comes first' ahead of any other factor, and it was noted that trainees felt that they were well supported by their senior colleagues and the wider multidisciplinary team (MDT).</p>	

EM1. 2	<p>Appropriate level of clinical supervision</p> <p>The review team was pleased to hear that trainees felt that they had good round the clock clinical supervision. It was reported that there was a consultant present in the resuscitation suite during the day time and either a consultant or suitably experienced middle grade doctor or senior trainee at night time. Similarly, there was a paediatric consultant in the paediatric ED in the day time and senior trust grade or trainee doctor at night.</p> <p>Junior trainees reported feeling particularly well supported out of hours as there were usually three to four registrars present within the ED.</p>	
EM1. 3	<p>Rotas</p> <p>The review team heard that prior to starting their posts that they had anticipated that the design of the rota and the impact of it on their work-life balance would be negative. It was reported that shift patterns could be demanding and that whilst trainees felt that they got all of the rest days they were owed, the schedules were described as 'brutal'. There was one reported instance where a trainee had worked 11 consecutive days.</p> <p>The review team was encouraged to hear that where a trainee had worked 11 days consecutively that this had been raised with the clinical director and that was something that the department would actively avoid recurring again.</p>	Yes, please see EM1.3
EM1. 4	<p>Handover</p> <p>The review team was encouraged to hear that there were two daily handovers in the clinical decision unit (CDU), and that this included weekends.</p> <p>The use of a pro forma for admissions to the CDU was thought to be a good mechanism for managing the admissions to the unit, which in previous visits had been found to be confusing and potentially unsafe for patients.</p>	
EM1. 5	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The review team heard that trainees enjoyed the varied case mix within the ED and that they had good access to getting their workplace assessments signed off. ACCS trainees did note however, that they would like more opportunities to work in the resuscitation suite at night.</p>	
EM1. 6	<p>Protected time for learning and organised educational sessions</p> <p>The review team was pleased to hear that trainees were encouraged to attend scheduled teaching by their senior colleagues. In some cases the time for scheduled teaching was protected. Trainees reported access to departmental and programme teaching sessions. The sessions were described as being of good quality. However, there were reported instances where service pressures or rota design had impeded trainees' attendance of some of these sessions.</p> <p>Trainees reported no issues with regard to being released for regional teaching days.</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.

EM2. **Impact of service design on learners**

1

The review team heard that the admissions criteria and procedure for the CDU had been clearly defined. It was reported that there was a CDU-specific handover in the morning and evenings, a dedicated CDU bleep, and a CDU duty doctor.

Trainees described the strengthening of the admissions criteria and process meant that issues around safe handover and pathways out of the CDU were no longer apparent. It was reported that the introduction of pro forma with detailed patient information and the prescribed pathway out of the CDU made the management of patient flow clearer and more robust. It was noted that the ED medical controller was responsible for admissions to the CDU at night but at times when the department was busy this was deferred back to the nominated CDU duty doctor.

The review team heard that the CDU regularly hosted outlier patients from other departments within the hospital but that the responsibility for these patients resided with patients' respective departments.

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.

EM3. **Behaviour that undermines professional confidence, performance or self-esteem**

1

The review team did not hear of any instances where trainees had been subject to bullying and undermining behaviour. Trainees reported that they felt well supported and did not feel pressured or rushed to see patients by their senior colleagues. It was reported that any conversations around service pressures, breaching the four hour ED target, or management of patients was usually between service managers and consultants.

	<p>The review team heard that the misconception around Datix being used as a means of punitive action against trainees or that it was not the responsibility of trainees to report clinical incidents, as found at the on-site visit in November 2018, was no longer evident. It was noted that trainees now felt that they were encouraged to report clinical incidents and that there was a lead consultant whom would feedback any outcomes to trainees. However, it was also noted that not all trainees were aware of who the freedom to speak up guardian was.</p>	Yes, please see EM3.1
EM3.2	<p>Academic opportunities</p> <p>It was reported that all trainees had the opportunity to get involved in quality improvement (QI) projects. However, it was noted that higher specialty trainees found that the six-month rotations they were on made it challenging to settle in to the department, identify a QI opportunity, and then implement and see through a QI project within that timeframe. It was recognised by the review team that this was not unique to the Trust and attributable to the design and structure of EM rotations across north central and east London.</p>	Yes please see: Other Actions
EM3.3	<p>Access to study leave</p> <p>The review team heard that foundation trainees had found it difficult to book study leave. Trainees attributed this to pressures on the rota.</p>	

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.

EM4.1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>N/A</p>	
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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.

EM5. 1	<p>Opportunities for interprofessional multidisciplinary working</p> <p>The review team heard that trainees valued the support from the wider MDT in the ED, with special mention for the paediatric nursing team.</p> <p>The review team was pleased to hear that trainees enjoyed good working relations with and support from the intensive care team, as well as the majority of the medical specialties. However, it was noted that it could be challenging to get colleagues from surgical specialties, particularly from urology and trauma and orthopaedics, to come and assess patients in the ED or accept referrals.</p>	
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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	<p>Learner retention</p> <p>The review team was pleased to hear that higher trainees in both EM and the ACCS programmes would recommend their training posts to their peers.</p>	
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Good Practice and Requirements

Good Practice

The introduction of the admissions pro forma for the Clinical Decision Unit (CDU) has had a marked improvement on the safe management of patients in and out of the CDU.

The continued use of the 'you said, we did' initiative was a demonstrable example of how trainee and staff feedback can be utilised to have a positive impact upon the clinical and educational environment.

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.
EM1.3	The department is required to work with trainees to ensure that trainee work patterns do not have an adverse effect on trainee wellbeing and work/life balance.	Please review the rota design in light of the occurrence where a trainee worked 11 consecutive days and share the reasons for this with HEE and how the Trust will avoid this recurring within two months from the date of issue of this report.	R1.12
EM3.1	The department is required to inform all trainees of who the nominated freedom to speak up guardian is.	Please add this to the agenda of the next local faculty group meeting and document in the minutes that this item was covered. Please provide HEE with a copy of the meeting minutes when they become available.	R1.3

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
The School of Emergency Medicine to recommend to the North Central & East London EM Specialty Training Committee (STC) that six-month placements in ST4 and ST5 be avoided to allow trainees to complete the formal Royal College of Emergency Medicine quality improvement project requirements early in higher training.	HEE School of Emergency Medicine & NCEL STC

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London
Date:	14/06/2019

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.