

# North Middlesex University Hospital NHS Trust

**Emergency Medicine**

**Risk-based review (Focus Group)**



## Quality Review report

12 February 2020

Final Report

Developing people  
for health and  
healthcare

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## Quality Review details

<b>Background to review</b>	<p>This focus group was the most recent HEE visit to the Trust in a series of quality interventions to Emergency Medicine. The aim of this focus group was to ensure that the good progress heard at the previous focus group in May 2019 had been maintained. At the focus group in May 2019, 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 (2018/2019). 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 Clinical Decision Unit (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>
<b>Training programme / learner group reviewed</b>	<p>Emergency Medicine</p>
<b>Quality review summary</b>	<p>The review team met with:</p> <ul style="list-style-type: none"> <li>- five Foundation Year two (FY) trainees – current and trainees who had previously completed a rotation in Emergency Medicine;</li> <li>- one higher specialty training year four (ST4) trainee; and</li> <li>- one ST1GP vocational training scheme trainee.</li> </ul> <p>The review team was pleased to hear that the progress heard at the most recent focus group in May 2019 had been sustained. The review team was encouraged to find that all the trainees it met had enjoyed their time in post and would recommend their training posts to their peers.</p> <p>Trainees reported that they had exposure to a broad range of clinical areas in the Emergency Department and that they had good access to scheduled teaching sessions. The overall impression that the review team had was of a department that prioritised the education and training of its trainees, despite the heavy service demands.</p> <p>However, the review team heard that there were some lingering issues around the pathways in and out of the Clinical Decision Unit, the situation as described by trainees did not give the review team significant cause for concern and could be addressed by more tightening and making more robust the clinical admittance procedure already in place.</p>

Quality Review Team			
<b>HEE Review Lead</b>	Dr Gary Wares, Deputy Postgraduate Dean, North Central and East London	<b>Foundation School</b>	Dr Keren Davies, North Thames Foundation School Director
<b>School of Emergency Medicine</b>	Dr Jamal Mortazavi, Deputy Head of School, London School of Emergency Medicine	<b>Lay Representative</b>	Robert Hawker, Lay Representative
<b>HEE Representative</b>	John Marshall, Deputy Quality, Patient Safety and Commissioning Manager	<b>Observer</b>	Ogo Okosa, Quality, Patient Safety and Commissioning Administrator

## Findings

### 1. Learning environment and culture

#### HEE Quality Standards

**1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive learning experience for service users.**

**1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.**

**1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).**

**1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.**

**1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.**

**1.6 The learning environment promotes inter-professional learning opportunities.**

Ref	Findings	Action required? Requirement Reference Number
EM1. 1	<p><b>Patient safety</b></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><b>Appropriate level of clinical supervision</b></p> <p>The review team was pleased to hear that the improvements heard at the previous focus group in May 2019 had been maintained. Trainees reported 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 until 20:00, with an on-call consultant available until 23:00. After that the review team heard that either a suitably experienced</p>	

	<p>middle grade doctor or senior trainee covered the service until 08:00. Similarly, there was a paediatric consultant in the paediatric emergency department (ED) in the daytime and a senior trust grade or trainee doctor at night.</p> <p>However, the review team did hear that on occasion when cover for the paediatric ED was needed out of hours that this was sometimes covered by locum junior non-training grade doctors, which negated the requirements around clinical supervision of trainees but presented a possible issue around the appropriate level of clinical competency required. Despite this, trainees reported that they felt they had an appropriate level of supervision.</p> <p>At previous reviews it had been reported that there had been some consultants, Trust grade doctors and locum doctors that trainees did not have full confidence in and would avoid where possible seeking their advice, either due to a perceived lack of competency or because of the dismissive manner in which they were treated. Whilst this had improved by the time of the last focus group in May 2019, it was still evident that there were some Trust-grade doctors within the department who trainees would often work around to canvass the clinical supervision that they required due to concerns around clinical competencies.</p>	
EM1 3	<p><b>Rotas</b></p> <p>The review team heard that there had been some issues with the rotas but was encouraged to hear that higher trainees were trialling a self-rostering system which had had a positive impact on ensuring that higher trainees were able to fulfil their education and training commitments alongside their service delivery work, as well as access to study leave and annual leave. It was reported that pending the success of this trial, self-rostering would be rolled out for other trainee cohorts.</p> <p>Foundation trainees reported that the way the rota was designed meant that they would often miss scheduled departmental and foundation programme teaching sessions. The review team heard that teaching was scheduled when many trainees would be either post-nights or on zero days and that the two teaching sessions occasionally clashed. Trainees reported that departmental teaching was not fixed in the rota and that they would prefer a fixed weekly session in order to make it routine and part of business as usual in the department and on a day that did not clash with the foundation programme teaching.</p> <p>Despite this, the review team was pleased to hear that trainees were actively encouraged by their senior colleagues to attend scheduled teaching when on shift and that, on the whole, the culture around education and training within the department was good.</p> <p>The review team also heard that the Trust had communicated upcoming changes to the junior doctors' contract and the implications this would have on weekend pay.</p>	
EM1. 4	<p><b>Induction</b></p> <p>The review team heard that all trainees found the Trust and departmental inductions had prepared them well for their time in post and that they received all logins for the systems that they required and were issued with a trainee handbook that was a source of valuable information.</p> <p>The review team was also encouraged to hear that the importance of not feeling rushed by service managers or other members of staff was stressed to trainees at inductions and that, in this regard, trainees felt very well supported by the consultant body.</p>	

EM1.5	<p><b>Handover</b></p> <p>At the previous focus group in May 2019, the review team heard of the introduction of a pro forma for admissions to the Clinical Decision Unit (CDU). The review team felt that this was a good mechanism for managing the admissions to the CDU, which in previous visits had been found to be unclear and potentially unsafe for patients. The review team heard from the current trainees that some issues with admission criteria to the CDU and the clarity of patient pathways out of the unit persisted.</p> <p>Trainees reported that, dependent on the medical controller on duty, the pro forma was not always completed and that this had an impact of managing patients out of the CDU due to incomplete patient paperwork presenting an issue for the effective handover of patients. The situation, as described by trainees, did not give the review team significant cause for concern and it was felt that this could be addressed by tightening and making more robust the clinical admittance procedure already in place. Trainees also reported that the duty medical controller for the CDU was not always readily identifiable.</p>	Yes, please see EM1.5
EM1.6	<p><b>Protected time for learning and organised educational sessions</b></p> <p>The review team was pleased to hear that trainees' teaching time was protected and noted that any issues around ability to attend scheduled teaching was the result of the way shift patterns fell and not due to clinical pressures – if trainees were working in the ED at the time of a scheduled teaching session they would be released to attend it.</p>	
EM1.7	<p><b>Adequate time and resources to complete assessments required by the curriculum</b></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.</p>	

## 2. Educational governance and leadership

### HEE Quality Standards

**2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.**

**2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.**

**2.3 The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.**

**2.4 Education and training opportunities are based on principles of equality and diversity.**

**2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.**

EM2.1	<p><b>Effective, transparent and clearly understood educational governance systems and processes</b></p> <p>The review team heard that if trainees were required to submit a clinical incident report via Datix that the response differed depending on the nature of the issue being reported. If the report was a medical concern, trainees found the feedback to be constructive and supportive. However, if the issue was around clinical processes then</p>	
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	the feedback was variable. At previous visits the review team heard that the raising of incidents via Datix had been used or threatened as a punitive measure by some within the wider MDT, and from discussions with current trainees this practice was still evident. However, trainees felt that they were supported by their fellow trainees and the consultants and that this issue did not have a major impact on the quality of their education and training experience.	
EM2. 2	<b>Organisation to ensure access to a named clinical supervisor</b> The review team heard that trainees had good access to their clinical and educational supervisors.	

### 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 to achieve the learning outcomes required.**

**3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.**

**3.3 Learners feel they are valued members of the healthcare team within which they are placed.**

**3.4 Learners receive an appropriate and timely induction into the learning environment.**

**3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.**

EM3. 1	<b>Behaviour that undermines professional confidence, performance or self-esteem</b> The review team did not hear of any instances where trainees had been subject to bullying and undermining behaviour. As at the previous focus group, 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.	
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### 4. Supporting and empowering educators

#### HEE Quality Standards

**4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.**

**4.2 Educators are familiar with the curricula of the learners they are educating.**

**4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.**

**4.4 Formally recognised educators are appropriately supported to undertake their roles.**

	N/A	
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### 5. Developing and implementing curricula and assessments

#### HEE Quality Standards

**5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.**



5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.

5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

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	<p><b>Learner retention</b></p> <p>The review team was pleased to hear that the trainees it met unanimously agreed that they would recommend their training posts to their peers. It was noted that some trainees had been apprehensive prior to starting their posts as they had been made aware of previous issues within the department around the heavy workload and its impact on the education and training environment.</p> <p>Trainees cited the broad clinical exposure to a range of cases with differing levels of acuity and whilst the department was busy, they never felt pressured by service managers to move patients through the system more quickly in order to hit performance indicators.</p>	Yes, please see EM6.1
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## Good Practice and Requirements

### Good Practice

N/A

### Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

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

**Minor Concerns**

Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
EM1.5	The Trust is required to ensure that the admission criteria to the Clinical Decision Unit (CDU) are clearly outlined to trainees and that a clearly defined senior decision maker has agreed to the admission maker is readily available to provide supervision to Foundation level trainees. A written handover from the referring doctor to the doctor responsible in the CDU should be attached to medical notes.	Please provide HEE with an overview of the steps that the Trust has taken to address this issue and provide trainee feedback via the local faculty group that confirms the issues raised by trainees have been addressed.	R2.1

**Recommendations**

These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.

Rec. Ref No.	Recommendation	GMC Req. No.
EM6.1	The Trust is recommended to look at what has worked well for foundation trainees in the Emergency Department and see if any lessons can be learned and adopted for other specialties within the Trust.	R1.15

**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, North Central and East London

**Date:**

9 April 2020



**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.