QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Lewisham and Greenwich NHS Trust

Emergency Medicine

Risk-based Review (on-site visit)

Quality Review report

17 May 2017

Final Report

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Quality Review details

Background to review	The risk-based review (on-site visit) to Lewisham and Greenwich NHS Trust was organised in order to review the quality of the training provided in the emergency department at the University Hospital Lewisham (UHL) site. The General Medical Council National Training Survey (GMC NTS) 2016 results for emergency medicine (EM) at UHL did not return enough responses by site to show outliers. However, within the EM foundation year two (F2) programme at UHL, there were four red outliers ('work load', 'reporting systems', 'access to educational resources' and 'study leave'). The acute care common stem (ACCS) programme at UHL had three pink outliers for 'reporting systems', 'access to educational resources' and 'feedback'. The general practice programme - EM, generated five red outliers for 'reporting systems', 'induction', 'access to educational resources', 'feedback' and 'study leave' as well as four pink outliers ('clinical supervision', 'handover', 'supportive environment' and 'workload'). There was one patient safety comment raised in the GMC NTS in 2016 regarding the current rota pattern in the ED, with a high proportion of out of hours working, leading to risk of fatigue and burn out of trainees. Junior doctors produced a survey on exiting the training post and this was cited multiple times in the feedback, which had been shared with the department. A departmental response was outstanding at the time of the review. These concerns had not been previously raised with Health Education England.
Training programme / learner group reviewed	Emergency Medicine (EM)
Number of learners and educators from each training programme	The quality review team met with thirteen trainees working within the emergency department, including three in emergency medicine and paediatrics, at the following grades; • General practice (GP), • Foundation year two (F2), • Specialty training year one (ST1), • Specialty training year two (ST2), • Specialty training year three (ST3), • Specialty training year six (ST6). The quality review team also met with the below consultants in the department with responsibilities for education and training: • Divisional director for children and young persons' services and clinical lead for the paediatric ED, • Clinical director for the ED, • Clinical lead for the adult ED, • College tutor for paediatrics, • College tutor emergency medicine (stepping down), • College tutor emergency medicine (taking over from 18 May 2017), • Educational and clinical supervisors.
Review summary and	Health Education England would like to thank the Trust for accommodating the

outcomes	risk-based review. The quality review team identified the below areas that were working well with the EM training at the Trust: • The trainees working in the paediatric emergency department reported a good training experience, that they were well supervised and that the rota was acceptable. • The quality review team heard that the GP and F2 trainees received a good training experience. The quality of in-house teaching was reported to be good. • Support from the Trust around the professional development of consultants, including access to ten days study leave and a study leave budget of £1000 per educational supervisor, as well as support to do a master's programme. • Well supported higher trainee in terms of study leave and exam preparation. • Support for training trust grade staff and supporting them through the Certificate of Eligibility for Specialist Registration (CESR) process However, three areas of serious concern were reported in the course of the review, as follows: • The quality review team heard that the specialty training year 3 (ST3) trainees were working in the capacity as a higher trainee in a way that staff of different levels could not differentiate between the ST3 or a higher trainee. This was in contrast with School requirements for ST3 trainees to work at core training level. This was especially the case in the urgent care centre (UCC) area where the ST3 would have taken a supervisory role on a regular basis. • The quality review team heard that there were inadequate levels of clinical supervision in the UCC, which was most highlighted at night in a way that some junior doctors were regularly working independently in this area. • The quality review team heard that trainees were working shifts finishing at 2am and 5am and that they felt unsafe when travelling home. Those who lived close by felt it was more appropriate to travel home to gain a full rest period rather than being required to take on call rooms where there sleep patterns would be interrupted. Furthermore, additional areas for improvement were identified as specified below: • The quality review team heard that the GP trainees worked on an inflexible rota, which included a fixed study leave block. There was confusion around the arrangements for time off in lieu of training completed in trainees' own time. Trainees were unaware of such a policy, although the Trust stated that this was possible. • The trainees reported feeling unsafe at times when working in the UCC, as patients often became aggressive when waiting to be seen. • The quality review team heard that when writing up patient notes in the UCC, there was a lack of private space in which to do so as the computer used was in an open area. • Although there was trainee representation at the Trust-wide local faculty group (LFG) meetings, this was not the case at the UHL site. • The trainees reported experiencing difficulties accessing study leave and exam leave. • The quality review team heard that some trainees had not received a sufficient induction to the Trust upon commencing their placement. • The specialty training year 3 (ST3) trainees reported not receiving

	adequate exposure to certain cases in order to achieve their annual review of competence progression (ARCP) competences. Most of their shifts were allocated in the UCC area, where they would not be able to see patients with major presentations as required in their ST3 check list.

Quality Review Team			
HEE Review Lead	Dr Jamal Mortazavi, Deputy Head of the London Specialty School of Emergency Medicine	**GP Representative**	Dr Sarah Divall, GP Associate Director South East London, Health Education England South London
HEE Representative	Dr Chris Lacy, Head of the London Specialty School of Emergency Medicine	**Lay Member**	Jane Gregory, Lay Representative
Deputy Postgraduate Dean	Dr Catherine O'Keeffe, Deputy Postgraduate Dean, Health Education England South London	**Trainee/Learner Representative**	Dr Alina Grecu, ACCS-EM ST3, Trainee Representative
Paediatrics External Clinician	Dr Camilla Kingdon, Head of the London School of Paediatrics	**Scribe**	Kate Neilson, Learning Environment Quality Coordinator, Health Education England London and the South East
Emergency Medicine External Clinician	Dr Shashank Patil, Emergency Department Consultant, Chelsea and Westminster Hospital NHS Foundation Trust		

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 trainees did not raise any specific patient safety concerns.	
EM1.2	**Serious incidents and professional duty of candour** The quality review team heard from all of the trainees that they were encouraged to report serious incidents and received feedback following submission of incident reports.	
EM1.3	**Appropriate level of clinical supervision** The trainers advised that consultant cover in the department was in place between 8am and 11pm, Monday to Friday and 9am to 11pm on Saturdays and Sundays, with some shifts filled by locums. The quality review team heard from the trainees that there was inadequate clinical supervision in the UCC. During the day, there were times when trainees had to go to the majors area to discuss patients with consultants. Although there was a daytime consultant rota for the UCC with a consultant assigned from 1pm to 5pm, there was no consultant cover in the evenings (after 5pm) or at night and trainees reported that there were times when an F2 trainee was the most senior decision maker in the area. The concern was raised by some trainees that the patients in the UCC were not necessarily the patients with minor presentation and at time they would see cases with chest pain in the UCC. The GP, F2 and core trainees reported that there was variation in the quality of clinical supervision provided by the higher trainees and some of the non-training grade fellows.	Yes. See ref EM1.3 below.
EM1.4	**Responsibilities for patient care appropriate for stage of education and training** The quality review team was informed by the ST3 trainees that as they were on the higher trainee rota, they were treated as higher trainees and were asked for advice by various members of staff (including nursing staff), which added to their workload. They stated that there was always a ST4 or equivalent on duty with them in the department however, because of the layout of the department they were often isolated at night and worked autonomously. These trainees advised that there was a lack of clarity around what their responsibilities as an ST3 were, including the questions they could and could not answer. Furthermore, some ST3 trainees reported that there appeared to be a lack of awareness from the Trust of their needs (including difficulties in obtaining study leave to attend regional training days) as a trainee at that grade and that they did not always feel valued or supported in the department.	Yes. See ref EM1.4 below.
EM1.6	**Rotas** The quality review team heard from the trainers that the paediatric rota was compliant and was staffed by three paediatric trainees (ST1–ST3), three GP trainees and two EM ST3 trainees with any gaps filled by locums. Following feedback from previous trainee cohorts, changes had been made to the rota including changing the 12-hour weekend shift to 11 hours and increasing consultant supervision at weekends (consultants covered three out of six weekends and a Trust middle grade doctor provided supervision for the other three weekends). The latest shift finishing time was midnight and although the clinical lead had enquired about organising taxis for trainees to get home following such shifts, was advised that this was not Trust policy.	

	The paediatric trainees reported that the rota was acceptable and was in line with the new junior doctors' contract legislation. Whilst study leave was allocated on the rota, the trainees advised that consultants were accommodating to requests to swap it. However, they were not able to do so when working on night shifts. In addition, there were times when some trainees had to wait for months to have annual leave requests approved, which was reported to be due to a shortage of staff in the department. The trainees advised the quality review team that the workload was intense but that they received a very good training experience with good supervision arrangements from both consultants and higher trainees. It was noted that the levels of consultant supervision had improved considerably since August 2016. The core trainees in EM advised that they worked on a rolling nine-week rota, which they received at the beginning of the year. In addition, they also received an updated rota (coordinated by one of the consultants) a week before via email, which included some changes from the 9-week pattern. The quality review team heard that the rotas in the department were often inflexible, including trainees having to work three bank holidays in order to get one day back in lieu. Furthermore, they were very limited in when they could take the day back, i.e. only between Monday and Friday when not working on night shifts. The majority of trainees advised the quality review team that the rotas in the department were anti-social, with some shifts finishing at 12am, 2am and 5am. Some of the trainees noted that it was difficult to get home following these shifts due to limited public transport at those times. Moreover, some trainees advised that they felt unsafe when travelling home following these shifts and those trainees that drove home reported that they felt very tired whilst driving. Although the college tutor informed the quality review team that there were two rooms onsite that trainees could use to stay overnight when finishing at either 2am or 5am, most of the trainees were not aware of these arrangements and felt that it was more appropriate to get appropriate unbroken rest at home. The quality review team also heard that some trainees drove and reported that they felt safe when walking to their cars at the end of their shift (they had to pay for parking onsite but said that it was reasonable). Some trainees also reported that security would escort them to car park if they asked them in advance. The ST3 trainees advised that they worked on the higher trainee rota and reported that to all intents and purposes they were treated as a higher trainee. This was with the exception of doing the charge shift at night, which was undertaken by a trainee at grade ST4 or above. Furthermore, all of the night shifts undertaken by ST3 trainees were in the UCC. These trainees advised the quality review team that they spent the majority of their time working in the UCC, which made it difficult to complete some of their core competences due to the lack of exposure to certain cases (i.e. major presentations in ST3 checklist, which would usually be seen in the resuscitation area). The workload pressures in the UCC were reported by trainees to be intense with waiting times for patients to be seen usually between four and five hours. Furthermore, trainees were advised that they were not allowed to the leave the UCC at night due to them being the most senior decision maker. The quality review team heard from the majority of trainees that there were times when they did not feel safe in the UCC as patients often became aggressive when waiting to be seen. Whilst trainees advised that they had not received any training on deescalating conflict at the Trust, they noted that it would be useful. Furthermore, when writing up patient notes in the UCC, trainees reported that there was a lack of private space in which to do so as the computer used was in an open area.	Yes. See ref EM1.6a below. Yes. See ref EM1.6b below. Yes. See ref EM1.4 below. Yes. See ref EM1.6c below. Yes. See ref EM1.6d, EM1.6e and EM1.6f below.
EM1.7	**Induction** The quality review team was informed that whilst some of the trainees had received a Trust induction upon commencing their placement, others had not. Furthermore, some of the GP and F2 trainees stated that during their first shifts it was not clear who the higher trainees and consultants were. They were not given an induction on how to use the IT systems or passwords to access these systems, prior to starting their first shift on nights.	Yes. See ref EM1.7 below.

EM1.8	**Protected time for learning and organised educational sessions** The quality review team heard from the GP, F2, ST1 and ST2 trainees that departmental teaching sessions were held weekly on Wednesdays at 10am-12pm and that the quality of teaching was good (usually done by the ST3 trainees). These trainees reported that they were able to attend the sessions if they were on shift at that time, as it was protected time. However, they were not able to claim the time back as TOIL if they attended in their own time (i.e. if they were on night shift or a day off). Whilst the GP trainees were able to attend the GP half-day teaching sessions if they were working days, the inflexibility of the rota, nights and the confusion about TOIL meant that they could, in reality, get to less than half the sessions. The quality review team was informed by the trainers that trainees were able to claim the time back in lieu of attending teaching sessions in their own time, so there appeared to be confusion around the policy. It was noted that the ST3 and higher trainees attended the higher trainee teaching sessions.	Yes. See ref EM1.8 below.
EM1.9	**Adequate time and resources to complete assessments required by the curriculum** The GP and F2 trainees reported no issues with completing workplace-based assessments (WPBAs). The quality review team was informed by the ST3 trainees that it was often difficult to complete WPBAs while in adult EM, as these did not always match the cases they saw (due to much of their time being spent in the UCC). Furthermore, there was not always a consultant available to supervise and the heavy workload meant that assessments were often overlooked (although consultants were usually receptive to doing them). The ST3 trainees reported that they were able to adequately complete their paediatric WPBAs while in the paediatric EM.	Yes. See EM1.6b below.

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 quality review team heard from the trainees at all levels that overall, they would be happy for their relatives to be treated within the majors area but not the UCC. All of the trainees, with the exception of those at ST3 level in EM, stated that they would recommend the post to a colleague. The trainees informed the quality review team that a new IT system had recently been implemented and this had subsequently slowed down processes within the ED, including flow management. It was noted by the trainees that the number of consultants in the department (eight	

	at the time of the review) was an issue, which exacerbated workload and limited the time trainers had for their education and training responsibilities. The trainers advised that a business case had been completed for the recruitment of an additional five consultants. If approved by the Trust, it was expected that the full complement would be in place within two years. It was hoped that there would be nine consultants in the department by September 2017 (one replacement for a consultant due to leave as well as the appointment of a new consultant). The trainers reported that staffing shortages at all tiers (including medical and nursing staff), was an issue in the department and that staffing was on the corporate risk register. Furthermore, transformation plans were in progress around staffing expansion in all areas at the Trust. The quality review team heard from the trainers that support from the Trust's executive team for expansion in staffing was an issue. Furthermore, it was noted that the Trust viewed the ED as a single department and did not adequately take account of the separate adult and paediatric divisions. Consequently, this had hampered recruitment in the past especially within the paediatric division (as there were only three paediatric consultants).	
EM2.2	**Appropriate system for raising concerns about education and training within the organisation** The quality review team heard from the trainees that whilst one trainee from the UHL site attended the Trust-wide LFG meetings, they were not invited to the site-specific LFG at UHL. Regarding escalating concerns, trainees advised that they would speak to the consultants in the department in the first instance. The trainees in EM and paediatrics stated that the whistle-blowing policy was highlighted in the Trust induction and that it was available on the intranet. However, the other trainees said that they had not been informed about where to find this information. This may have been due to the fact that some of the trainees had not received a Trust induction.	Yes. See ref EM2.2a below. Yes. See ref EM2.2b below.
EM2.3	**Organisation to ensure time in trainers' job plans** See section EM4.2**.**	

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.

EM3.1	**Access to study leave** The GP trainees advised the quality review team that their study leave had to be taken in a five-day block, which was decided by the Trust. The quality review team heard from the ST1-ST3 trainees that requests for study leave, including those to attend regional training sessions, were usually approved as long as they gave at least six weeks' notice. However, these trainees noted that more than one trainee could not be on study leave at the same time and meant that some could not attend the regional training. Moreover, the trainees expressed frustration that despite the dates of the regional training days being known to the Trust at the beginning of year, it did not make adequate adjustments to the rota to allow them to attend. It was noted by all trainees that there were some instances when despite giving sufficient notice for study leave, they were put on the rota and had had to swap with colleagues to attend training days. There were reports of some trainees not easily being approved study leave in order to attend exams. The quality review team heard from the trainees that in their opinion, more importance was put on service provision	Yes. See ref EM3.1 below.

	rather than education and training at the Trust and that the rota reflected this. The London Specialty School of Emergency Medicine acknowledged that there had been a few occasions in the previous year (especially at acute care common stem (ACCS) level), when training days were announced at short notice. However, for the training days referred to in this report, trainees gave greater than six weeks notice.	
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	**Access to appropriately funded professional development, training and an appraisal for educators** The trainers advised that they received support from the Trust with their professional development, including access to ten days of study leave and a study leave budget of £1000 per educational supervisor. They were supported to attend training sessions, including simulation and advanced life support (ALS) instructor training. In addition, some were supported to complete a master's degree.	
EM4.2	**Sufficient time in educators' job plans to meet educational responsibilities** The quality review team heard from the trainers that their programmed activities (PA) allocation was included within their supporting professional activities (SPAs) job plan. They received 2.5 SPAs each for governance, audit, education and training and 7.5 for direct clinical duties. Rota coordination was completed by one of the consultants, who received PA time for these responsibilities. At the time of the review, a new college tutor was due to take over the role. The outgoing college tutor advised that it would be beneficial for the role to receive additional PA allocation.	Yes. See EM4.2 below.
EM4.3	**Access to appropriately funded resources to meet the requirements of the training programme or curriculum** In terms of administrative support, there was one full time personal assistant in the department who supported all consultants and another who provided support to the consultants and matrons. Their responsibilities included administrative tasks when supporting consultants in completing patient complaints.	
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	**Sufficient practical experience to achieve and maintain the clinical or medical**	

	competences (or both) required by their curriculum See section EM1.6.	
EM5.2	**Appropriate balance between providing services and accessing educational and training opportunities** The quality review team heard from the majority of trainees that in their opinion, the culture in the department was such that due to workload pressures, service provision was prioritised over training and education and trainee needs.	

Good Practice and Requirements

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
EM1.3	The quality review team heard that there were inadequate levels of clinical supervision in the urgent care centre (UCC).	Trust to put a plan in place that demonstrates there will be appropriate levels of clinical supervision within the UCC at all times. Plan to be submitted within five days.	R1.7, R1.8
EM1.4	The quality review team heard that the specialty training year 3 (ST3) trainees were working in the capacity as a higher trainee, including being on the higher trainee rota.	ST3 trainees to be clearly identified as core trainees and not labelled as higher trainees, including communicating to the nursing staff that they are not higher trainees.	R1.9
EM1.6a	The quality review team heard that trainees were working shifts finishing at 2am and 5am and that they felt unsafe when travelling home.	Trust to put plans in place, including paying for taxis, to ensure the safety of trainees when finishing shifts at 2am and 5am. Plans to be submitted within five working days.	R1.2

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
EM1.6b	The Trust should clarify the policy around access to the onsite accommodation to trainees.	The Trust should submit copies of emails sent to trainees confirming the arrangements regarding access to the onsite accommodation.	R1.2, R1.19
EM1.6c	The Trust is required to review the experience available to ST3 trainees within the UCC, including undertaking an audit of the training opportunities available there and relevance to core competences at ST3 level. This should include a review of the ST3 shift allocations in a way that spend enough time in the resuscitation room to acquire the competencies for their level.	The Trust should submit the results of the audit, as well as a report which details how it plans to deal with the issues raised. Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation, where the training opportunities available in the UCC, are discussed.	R1.9, R1.12
EM1.6d	The Trust to organise training on	The Trust should submit copies of emails	R1.10,

	deescalating conflict for trainees who work in the UCC.	sent to trainees with details of the training. Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation where this is discussed.	R1.19
EM1.7	A departmental induction must be provided for any trainee starting any post at any time of year. The departmental inductions developed must be sustainable, of high quality and include: • orientation and introductions (including making it explicit who the consultants in the department are), • details of rotas and working patterns, • clinical protocols, • provision of relevant passwords and induction to clinical IT systems before the trainees first clinical shift.	Trust to confirm, via an audit of trainees, that each trainee has received an induction and that this was considered fit for purpose. Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation, where departmental induction is discussed.	R1.13
EM1.8	Trust to confirm with trainees the policy for claiming TOIL following attendance at teaching sessions in their own time.	Trust to submit a copy of the policy and evidence that this has been communicated to trainees (e.g. copies of emails sent).	R1.13
EM2.2a	The Trust must ensure that there is trainee representation at the University Hospital Lewisham LFG meetings.	The Trust to submit: • schedule of LFG meetings to be held at the University Hospital Lewisham site for the next 12 months, • register of attendance, • minutes and action plan from the next four meetings and evidence that these have been circulated to trainees.	R2.1, R2.2
EM2.2b	The Trust must ensure that trainees are aware of how to access key policies, including the whistle-blowing policy. These policies must be covered in the induction. Trust to send a reminder email to trainees with links to all policies at each changeover.	The Trust to submit copies of emails sent to trainees.	R2.3
EM3.1	The Trust must ensure that trainees are released to attend all mandatory regional training days and that the rota is coordinated to facilitate this. Furthermore, requests for study leave including to attend exams (including resits) must be approved in a timely manner. Trainees should be informed within five working days of the outcome of their requests for study leave.	The Trust to submit communications sent to trainees as well as consultants (who have responsibility for signing off study leave) confirming the process for requesting study leave. This communication should state that trainees will be informed within five working days of the outcome of their requests. Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings, at which there is trainee representation, where access to study leave is discussed.	R1.16, R3.12
EM4.2	The Trust should review the job plans of clinical and educational supervisors to	The Trust to submit a database of all supervisors demonstrating PA allocation.	R4.2

	ensure that those involved in training and education are remunerated appropriately. This review should include the PA allocation for the college tutors in the department.		

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
EM1.6e	The Trust should ensure that there is adequate security cover within the UCC so that trainees feel safe when working in this area.	The Trust to submit a plan of action.	R1.19
EM1.6f	The Trust should review the space allocated to trainees in the UCC to complete patient notes and identify a private area to do so.	The Trust to submit a plan of action.	R1.19

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
Not applicable.	

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Jamal Mortazavi
Date:	13/06/2017

What happens next?

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.