QUALITY AND REGULATION TEAM
(LONDON AND SOUTH EAST)

NHS
Health Education England

Barking, Havering and Redbridge University Hospitals NHS Trust

Foundation Surgery

Risk-based Review (on-site visit)

Quality Review report

06 June 2017

Final Report

Developing people for health and healthcare

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Quality Review details

Background to review	Due to the significant number of red and outliers that were received in relation to foundation surgery at Queen's Hospital in the 2017 General Medical Council National Training Survey (GMC NTS) (for overall satisfaction, clinical supervision, adequate experience, supportive environment and access to educational resources), a focus group was initially undertaken by Health Education England (HEE) in November 2016. Following this, the decision was made to remove the foundation year 1 (F1) trainees from the general surgery department, until significant improvements had been made regarding the learning and training environment regarding foundation doctors. Subsequently, an Education Lead Conversation occurred in March 2017, during which the Trust and general surgery department presented to HEE the Transformation Plan to address the issues that had previously been raised by trainees and highlighted in the 2016 GMC NTS. HEE therefore reintroduced foundation doctors into the post, and it was decided that an on-site visit would then be undertaken by HEE in June 2017, in order to ascertain whether the improvements set out in the Transformation Plan had been delivered and whether the learning environment was suitable for trainees to continue to be placed in the general surgery department at Queen's Hospital.
Training programme / learner group reviewed	Foundation Surgery
Number of learners and educators from each training programme	The quality review team initially met with the Director of Medical Education, the Medical Education and Training Manager, the Deputy Medical Education and Training Manager, the Foundation Training Programme Director for Queen's Hospital, the Strategic Programme Manager, the Specialty Lead and the Surgical Tutor. The quality review team met with all of the foundation surgery trainees within the general surgery department. The review team also met with a number of educational and clinical supervisors.
Review summary and outcomes	Health Education England would like to thank the Trust for accommodating the Risk-based Review (on-site visit) as well as ensuring all the sessions were well attended. During the course of the on-site visit, the quality review team heard of two areas of serious concern, for which immediate mandatory requirements were issued: - The quality review team heard that the clinical supervision provided and escalation policy out of hours and at weekends was variable. The team was concerned to hear of instances in which an F1 was unable to or unclear as to who to escalate to, especially if the middle grade trainee was unavailable in theatre. Although all the trainees said their consultants were approachable, none indicated that they would contact the consultant on-call if the middle grade trainee was unavailable and the review team felt that the responsibility for this contact should lie with the consultants, as many of the foundation doctors, especially those who will be starting in August, may not feel empowered to initiate the interaction or be clear on the escalation pathway/ policy. - Trainees unanimously reported that the handover process in place, in which a patient list was updated by either foundation doctors or doctors' assistants, was not sufficiently robust and led to very frequent occasions in which patients were lost. The review team was informed that the list

was often not appropriately updated over the weekends, and also of instances when patients arrived from theatre without case notes or drug charts, who the trainees were not aware of and did not know were under general surgery.

The review team was further informed of a significant number of improvements that had been made, and areas that were working well with regard to the education and training of foundation doctors within the general surgery department at Queens Hospital, as outlined below:

- The quality review team ascertained that the culture within the department had dramatically improved, since the initial focus group with trainees in November 2016. It appeared that a focus upon education was now embedded within the department and that this had had an extremely positive impact upon not just trainees, but all members of staff working within the general surgery department at Queens Hospital.
- The review team was informed that every foundation trainee had dedicated, weekly contact time with their clinical supervisors, which made the trainees feel supported and improved their relationships with the consultant body.
- The trainees reported that they felt the consultants within the department were approachable, and that they felt supported by both the consultant body and the medical education team within the Trust.
- The review team heard that there were many dedicated teaching opportunities provided for trainees, such as the Tuesday and Thursday local teaching sessions and teaching ward rounds. The trainees also reported that they had good exposure to clinics and theatre time during their placements, and were complimentary of the surgical skills course that was provided.
- All foundation trainees the review team met with, reported that they would recommend the post to their colleagues and friends.

In addition, areas for improvement regarding the training of foundation doctors within general surgery were highlighted as follows:

- The review team was informed, that although the foundation trainees were not to be involved in the direct management of any vascular patients, during the weekend, the trainees were sometimes asked to undertake jobs and tasks alone and unsupervised for vascular patients, by the vascular core or higher trainee.
- The quality review team heard that the pathway for elective admission and ‘to come in patients’ (TCI) patients coming into the department needed to be strengthened and made more robust. The review team heard that sometimes patients arrived without the appropriate information and case notes, and felt that a policy should be in place as to who was responsible for such patients.

Quality Review Team			
HEE Review Lead	Dr Keren Davies Director of the North East Thames Foundation School	**Trust Liaison Dean**	Dr Indranil Chakravorty Trust Liaison Dean Health Education England North East London
Trainee Representative	Dr James De Boisanger, Trainee representative	**Scribe**	Elizabeth Dailly Learning Environment Quality Coordinator

Lay Member	Ryan Jeffs Lay Representative		

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

The quality review team ascertained, that since the Education Lead Conversation that took place in March 2017, significant improvements had been made by both the department and medical education team and that strong leadership and a commitment to improving the learning and training environment for foundation trainees had been demonstrated by the surgical specialty lead and college tutor. The review team was informed that a General Surgery Steering Committee had been initiated, which met once a month and the medical education team had held weekly meetings with all the foundation trainees within the department, to discuss any concerns they may have had. The Trust reported that trainees had provided positive feedback during the meetings about their placement, which they stated was further echoed and corroborated by the consultant body.

The Trust indicated and reported that there had been a significant cultural shift, and that the department as a whole felt more energised and had led to a fresh way of working for all members of staff. The quality review team was informed that there had been engagement and enthusiasm from the majority of the consultants within the department regarding the delivery of the Transformation Plan, and that there was more integrated and collaborative working between the medical education team and the general surgery department.

Furthermore, the Trust recognised that despite all of the positive improvements and changes that had been made, there were some areas that still needed to be improved, that had been highlighted by the trainees. The Trust confirmed that the Transformation Plan was an on-going process and that they were all committed to making such further improvements. For example, the Trust reported that they were at the time of the review, trying to recruit more Trust Grade Doctors, as the clinical supervision and support provided by some of the locum doctors was variable. Furthermore, the Trust also had plans to recruit two more doctors' assistants and advanced nurse practitioners, who would help with workload.

It was also reported that an interim Education Lead for foundation trainees within the department had been appointed and that the Trust was planning to make this a substantive post.

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

FS1.1	**Serious incidents and professional duty of candour** All of the foundation doctors the quality review team met with, were aware of how to report any serious incidents that occurred through the Datix system and reported that they received feedback whenever such an incident was reported, via email. Additionally, such incidents were then discussed at the monthly morbidity and mortality meetings, to which they were invited. However, the trainees indicated that the 'form' they needed to complete in order to submit a Datix report, was cumbersome and could deter them from formally reporting such clinical incidents. The majority of the trainees were aware of the Trust's whistleblowing policy, and stated that they could always approach the Medical Education and Training Manager if they needed any advice regarding such issues, who was extremely approachable.	
FS1.2	**Appropriate level of clinical supervision** The trainees indicated that there had been some issues relating to the clinical supervision that was provided within the department out of hours and at weekends. The review team heard that the supervision provided was variable, as it was typically dependent upon the higher trainee who was also on-call. Whilst some of the higher trainees were aware of the issues that had previously been raised in the department regarding foundation training, and therefore were extremely supportive of the trainees, this was not universal across all the higher trainees within the department. The trainees indicated that this issue had been raised with the consultants, who had disseminated via email, the supervision arrangements at the weekend to the entire department. The trainees reported that at weekends, when they were undertaking the 'second on' foundation shift and covering the patients on the ward, if necessary they should escalate deteriorating patients and concerns to the CEPOD list higher trainee (confidential enquiry into perioperative deaths classification of theatres) and 'first on' higher trainee. However, the trainees indicated that in practice, the higher trainees were often in theatre and therefore unavailable. Although all of the trainees reported that the consultants within the department were approachable, none indicated that there was a robust escalation policy in place, setting out that they should contact the consultant on-call if they were unable to reach the higher trainee. However, it should be noted that a few of the trainees indicated that they would contact some of the consultants within the department if they were on-call, and the clinical supervisors the review team met with, reported that they often checked in with the 'second on' foundation trainee throughout the day. Despite this, the review team acknowledged that in practice it may be difficult for foundation trainees, especially those just embarking upon their foundation training in August, to directly contact the consultants themselves if they had any issues and felt it would be beneficial if such communication was initiated by the consultant on-call, as opposed to the trainees. Although the consultant on-call was always present during the morning handover meeting and would see any unwell patient on the ward that had been flagged up, typically they then conducted the post take ward round with the 'first on' foundation trainee. The trainees felt it would be beneficial for future trainees if the consultant made it explicit that they were also there to provide support and advice for the 'second on' foundation trainee, and that they were available to be contacted if the higher trainee was not available. The review team further heard that if the higher trainees were called into theatre, and the ward round had not been completed by 14:00, then the consultant was informed and organised for another senior member of staff to complete the ward round, in order to ensure that all patients were reviewed by a senior member of staff and that the foundation trainees never had to undertake a ward round alone. The trainees were concerned that when new foundation trainees started within the department, who had not worked within the Trust before and were unfamiliar with the systems and processes used, they may have questions or queries about patients and processes, that were not serious enough to contact the consultant or higher trainee	Yes, please see FS1.2a below

	about. The trainees stated that as there were few core trainees within the department who would be able to answer such simple queries, that the trainees may feel less supported, especially as the higher trainees were often not available as they were in theatre or clinic. It was felt that this issue would be especially pertinent during weekend shifts, as the ward rounds were often undertaken in a rapid manner, as every patient had to be seen, so there was limited opportunity for trainees to clarify instructions or ask questions if they were unsure. The trainees stated that it would be beneficial to have an extra foundation trainee covering the wards over the weekends and some commented that they would have preferred to have undertaken more weekend shifts, if it meant that they had had such additional support. As set out in the Transformation Plan the Trust presented in March 2017, it was decided that the trainees would not be involved in the direct management and day-to-day tasks regarding vascular patients. However, when the issue was discussed during the on-site visit, the trainees indicated that this did not always occur in practice at weekends when they were on-call, and that they had sometimes been called to deal with vascular patients on the ward. The review team received further information of an occasion that had occurred over a weekend, when a trainee had been asked to complete such tasks for a number of vascular patients by the higher trainee on-call, who had provided no support or supervision for the trainee, despite the trainee attempting to contact them multiple times as they felt uncomfortable undertaking such duties with no previous vascular training. The review team was informed that the incident had been escalated to the specialty lead for surgery, who had responded extremely quickly and spoken to the higher trainee in question and again disseminated information regarding the weekend cover to the entire department, making it explicit that the trainees were not to be involved within the management of vascular patients. It appeared that such requests typically came from the higher trainees and that some seemed unaware of the rule that the foundation trainees were not to undertake tasks for vascular patients, unsupervised. Although the consultants in the department were extremely clear that the trainees were to have no unsupervised involvement with vascular patients, the trainees indicated they did not feel this permeated throughout the entire department, especially in relation to the vascular higher trainees. Furthermore, although in practice there was supposed to be a vascular core trainee on-call at weekends to deal with such patients, the trainees indicated that this post was typically filled by a locum and sometimes no cover was provided. The trainees reported that they often received multiple calls from the nursing staff regarding vascular patients, as often many within the department were unaware of who the ‘vascular SHO’ was and instead just contacted the foundation trainee on-call.	Yes, please see FS1.2b below Yes, please see FS1.2c below
FS1.3	**Rotas** The quality review team was informed that there was only one rota administrator who was responsible for organising the rota at both Queen’s Hospital and King George Hospital, who the trainees felt needed additional support. The review team was informed that the trainees’ rotas had been organised, so trainees were released from all clinical duties on the ward, in order for them to attend clinics and theatre sessions. The trainees were extremely grateful for the sessions and felt they positively impacted upon the overall placement. However, when discussing their workload, the trainees indicated that the workload within Upper Gastroenterology could at times be onerous, which they felt limited and impinged upon their ability to access such clinic and theatre sessions, as they felt ‘guilty’ leaving the ward if there was a lot of work to be completed. However, the trainees indicated that the consultants were encouraging of the trainees to attend such sessions and that they arranged cover between themselves in order to attend. When discussing the workload out of hours, although the trainees indicated that it could be variable, all felt the workload was manageable, especially in comparison to other placements they had undertaken within the Trust.	

FS1.4	**Handover** In relation to the handover arrangements in place at the weekend, the trainees reported that handover meetings occurred each morning and evening, which were led by the higher trainee on-call, and typically were also attended by the consultants on-call. However, it should be noted that the review team was informed that although all consultants attended the morning handover meetings, not all attended the evening handover meetings. When discussing how the second on-call foundation trainee, who was responsible for the patients on the ward, would be informed of any patients who had deteriorated over-night, the trainees reported that the higher trainee on-call over-night would inform them at the morning handover meeting. The handover also incorporated a patient list, which listed all the tasks that needed to be completed for each patient. However, the review team ascertained that although this list was useful for those undertaking shifts on Saturday, the list was often not appropriately updated over the weekend, which meant that the information was out of date: patients had often moved which was not reflected in the patient handover list. This had caused particular issues over the various bank holidays, as those on call on Monday were using a list which had not been updated for two days. The trainees reported, that as the list was not frequently updated, this had often led to patients being 'lost' and the quality review team heard that the trainees often had to go round the various wards to check where all the patients were. The review team was informed of instances during which post-theatre patients had arrived on the wards who the trainees were unaware of. As the list was not properly updated, the trainees often had no knowledge of the patients and informed the review team that when such patients had arrived post theatre, not only were the trainees unaware of the patients and that they fell under the general surgery directorate, but that they sometimes arrived without their case notes, drug charts and appropriate information. Furthermore, the trainees indicated that the patient list that was used did not highlight which patients were a priority and needed the most urgent attention. However, the review team was informed that the trainees were involved in a quality improvement project which aimed to introduce an electronic handover system which would incorporate a 'traffic light system' for patients, so the trainees and other members of the department could easily identify which were of highest priority. The quality review team also heard, that the pathway for elective admission and 'to come in' (TCI) patients arriving within the department was not sufficiently robust. It was reported that such patients often arrived on the wards, who the trainees were unaware of. However, the Trust reported that a new and more robust pathway for TCI patients was being introduced, which would address this issue.	Yes, please see FS1.4a below Yes, please see FS1.4b below.
FS1.5	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The trainees reported that they received excellent exposure to both clinics and theatre sessions, as they had protected time to attend such sessions which were incorporated into their rota. They further indicated that they learnt a lot during their weekend shifts and found them to be valuable to their overall training.	
FS1.6	**Protected time for learning and organised educational sessions** The trainees reported that there was a real ethos of education within the department and that they received excellent teaching throughout their placement. This was evidenced by the various teaching opportunities that were available for trainees. Firstly, the quality review team was informed that teaching ward rounds occurred regularly, which were beneficial for not just foundation doctors, but trainees at all levels. Secondly, it was reported that formal teaching sessions were held for trainees	

	twice a week; the Tuesday morning sessions incorporated teaching from other departments and specialties within the Trust and the local teaching sessions held on Thursdays was consultant led and now aimed at a level suitable for foundation trainees. It was further reported that both sessions were well attended. The trainees also gave positive feedback regarding the essential surgical skills course that had been provided. The Trust confirmed that the session would be provided for all foundation trainees, including those based at King George's Hospital, starting surgical placements and would run three times a year. Furthermore, the review team was informed that all of the foundation doctors within the department were undertaking and actively engaged in a range of quality improvement projects, which predominantly focused upon processes or changes that the department could benefit from. All trainees reported that they were able to complete their requisite competencies and e-portfolio, and further reported that two half days had been incorporated into the rota in order to undertake such tasks.	

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.

FS2.1	**Appropriate system for raising concerns about education and training within the organisation** The trainees reported that the department was extremely open and receptive to any criticism or ideas for improvements the trainees had regarding their placement and the department. The quality review team was informed by the trainees that the consultants in the department and the specialty lead and surgical tutor, were proactive when responding to any concerns raised and also encouraged the trainees to be involved designing solutions. The Trainees further reported that they could raise any concerns or issues they had during their weekly meetings with the medical education team, and commented that the Medical Education and Training Manager had been extremely supportive. The department was more aware of any concerns or ideas for improvement the trainees may have, as the trainees now had multiple forums in which they could raise such issues and felt much more confident and comfortable doing so than previously. The Trust commented that the trainees had been frank and honest. The clinical and educational supervisors the review team met with indicated that the department was more aware of any concerns or ideas for improvement the trainees may have, as the trainees now had multiple forums in which they could raise such issues and felt much more confident and comfortable doing so than previously. The Trust commented that the trainees had been extremely frank and honest.	

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.

FS3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** All of the trainees the review team met with, reported that they felt well supported by the consultants within the department, who were all approachable. The review team was informed by the trainees, that they felt they could raise any issues they may have had, and escalate concerns to the specialty lead if necessary. This extended to the medical education and training department and the trainees further commented that they had been well supported throughout their placements. The educational and clinical supervisors the review team met with, stated that there had been an improvement in relation to the culture within the department, since the introduction of the Transformation Plan and that there was a much greater focus upon teaching within the department. It was reported that as each clinical supervisor had a designated meeting with their trainee every week, and because trainees had allocated clinic and theatre time with them, they spent much more time with the trainees than previously, which they felt had led to them developing better relationships with the trainees. Not only did they feel that this had improved the teaching they delivered to trainees, as they were more aware of how the trainees were progressing, but they commented that it had also improved the pastoral support offered.	
FS3.2	**Access to study and annual leave** The trainees indicated that the department had been extremely flexible and accommodating in relation to study leave, and that they had all managed to secure the necessary time to complete the Advance Life Support (ALS) course. Furthermore, when discussing obtaining annual leave, the trainees reported that the Trust and department had honoured all the annual leave that had been requested by the trainees, which had on occasion left them with gaps on the rota. This had led to trainees feeling 'guilty' for accessing clinic and theatre opportunities, as there was a lot of work to complete on the wards. The Trust acknowledged that as they had accepted all annual leave that had previously been requested, this had had a negative impact upon the rota and had created gaps that they had filled through locum cover. The Trust indicated that this was partly due to the short notice that was given regarding the trainees returning to the posts and that the rota would be suitably modified for the new trainees starting within the department in August.	

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.

FS4.1	**Sufficient time in educators' job plans to meet educational responsibilities**	

	All of the clinical and educational supervisors the review team met with reported that they had had hourly sessions with their trainee incorporated into their job plans. This meant they were able to meet with their trainees regularly and had had a positive impact upon the overall department. It was reported that the majority of the supervisors had gone through the job planning process to ensure such time was allocated, but that this was on-going.	

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.

FS5.1	**Regular, useful meetings with clinical and educational supervisors** The review team was informed by both the trainees and the educational and clinical supervisors, that trainees had a dedicated, weekly session with their clinical supervisors, during which they could complete their requisite competencies and e-portfolio, as well as discuss their progress and any issues they may have had. The clinical supervisors the review team met with commented that they felt this had had improved the culture within the department and the learning environment in relation to foundation trainees, as they facilitated stronger and better relationships with the trainees.	

Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
It was reported that all foundation trainees had a week of protected theatre and clinic exposure incorporated into their rota.			
The quality review team was informed of an essential surgical skills course that was provided for the foundation trainees. The trainees had commented that the course had made them feel more confident and comfortable within the post. The Trust had plans to hold similar sessions for all trainees at all sites, when starting surgical placements, which would be held three times a year.			

Immediate Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
FS1.2a	The Trust must ensure that there is a planned and scheduled consultant-led contact board round/handover with the foundation trainees out of hours, in the evening (before the end of the shift I.e. 8pm). Furthermore, during the weekends, such meetings should additionally occur in the mornings and mid-afternoon. These sessions should be timetabled. Additionally, the Trust must provide a standard operating procedure for escalation of deteriorating patients, which includes a step-wise, escalation plan to named grades of clinicians, which should be clearly displayed on all the surgical wards and covered in induction.	The Trust to provide evidence that such meetings are timetabled and a copy of the standard operating procedure.	R1.8
FS1.4a	The Trust must ensure through a standard operating procedure who is responsible for updating the patient handover list at the end of every shift, to minimise the likelihood of patients being lost. The Trust must also urgently consider the adoption of a robust electronic handover system.	The Trust to submit copies of the standard operating procedure, detailing who is responsible for updating the patient handover list at the end of each shift. The Trust must also provide details regarding the adoption of an electronic handover system.	R1.14

Mandatory Requirements			
Req. Ref No.	**Requirement**	**Required Actions / Evidence**	**GMC Req. No.**
FS1.2b	The Trust must ensure that the trainees are not involved in the direct management of vascular patients or asked to undertake tasks regarding such patients, unsupervised, including out of hours/ weekends. The Trust must ensure that all members of staff are aware of and adhere to this requirement except in an emergency.	The Trust to submit copies of the policy containing this rule and the Medical Education Team to monitor through this through their weekly meetings with the trainees. The Trust to provide feedback from these meetings, in which this issue is discussed.	R1.7
FS1.4b	The Trust to ensure that a robust pathway for elective admission and 'to come in' (TCI) patients is in place and a policy which details who is responsible for such patients.	The Trust to provide details of the pathway and policy. The medical education team to monitor this through their weekly meeting with the trainees and submit the trainees' feedback regarding this issue.	R1.14

Recommendations			
Rec. Ref No.	**Recommendation**	**Recommended Actions / Evidence**	**GMC Req. No.**
FS1.2c	The Trust to review the on-call bleep/phone system currently in place for the vascular core trainee out of hours. The Trust should	The Trust to provide the outcome of this review and if any changes have been made regarding the bleep system for the vascular	R1.7

	ensure that members of staff within the department (especially the nursing staff) know how to contact the vascular core-trainee on-call as opposed to contacting the foundation trainees.	core trainee on call. The Trust to submit copies of communication that have gone out to all members of staff detailing how to contact the vascular core trainee.	

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 Keren Davies
Date:	30 June 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.