

University College London Hospitals NHS Foundation Trust

Obstetrics and Gynaecology Risk-based Review (on-site visit)



Quality Review report

30 January 2018

Final Report

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healthcare

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Quality Review details

Background to review	<p>The Trust received a significant number of red and pink flags in the 2017 General Medical Council National Training Survey (GMC NTS).</p> <p>In General Practice (GP) Programme obstetrics and gynaecology (O&G), red outliers were received in: overall satisfaction, clinical supervision, workload, adequate experience and local teaching. Furthermore, there were pink outliers in relation to clinical supervision out of hours, handover, curriculum coverage, educational supervision and study leave.</p> <p>Furthermore, for O&G, red outliers were received in: clinical supervision, clinical supervision out of hours, workload, educational governance and feedback. A pink outlier was also received regarding educational supervision.</p> <p>Although a Specialty Focused Visit had taken place in February 2015, the Deputy Postgraduate Dean felt that little had improved following the review, and therefore a Risk-based Review (on-site visit) was arranged to assess the progress that had been made and ensure the learning environment was suitable for trainees.</p>
Training programme / learner group reviewed	<p>Obstetrics & Gynaecology</p>
Number of learners and educators from each training programme	<p>The quality review team met nine out of fourteen trainees from foundation, general practice and junior specialty trainees (specialty training levels one-two (ST1-2), five out of fifteen higher specialty trainees (ST3-ST5) and sixteen out of thirty educational and clinical supervisors.</p> <p>The quality review team also met with the following senior management team members: Chief Executive, Medical Director (Specialist Hospitals), Director of Postgraduate Medical Education, Associate Director of Medical and Dental Education, Divisional Clinical Director for Women's Health Services, Divisional Manager, Head of Midwifery, College Tutor and Educational Lead for Obstetrics and Gynaecology.</p>
Review summary and outcomes	<p>The quality review team would like to thank the Trust for accommodating the on-site visit and for ensuring that all sessions were well-attended. The quality review team was pleased to note the following areas that were working well:</p> <ul style="list-style-type: none"> • No patient safety issues were reported and all trainees stated that they would recommend University College London Hospitals NHS Foundation Trust (UCLH) to their families for treatment and patient care and would also recommend their current posts to their colleagues with some caveats. • The quality review team recognised the Trust's clear evidence of a change in the teaching intentions and the significant changes made to improve the training environment since the visit in 2015, but there was still scope for further progress. • The quality review team heard initiatives such as freeing up ultrasound fellows to do on-call shifts and in turn releasing trainees at all levels to do clinics and operating theatres. • The quality review team heard of abundant teaching opportunities at the Trust and encouraged curricular mapping for the different types of trainee, in order to maximise the training experience for all trainees at all levels. <p>However, the quality review team also noted a number of areas that still required improvement:</p>

- The quality review team ascertained that there had been limited gynaecology clinic exposure provided to the GP trainees and ST1-2 trainees.
- The quality review team felt that the basic ultrasound training for ST1-3 still required attention.
- The quality review team advised that the college tutor liaised with the GP Training Programme Directors (TPDs) and GP Associate Director (AD) to facilitate adequate GP curriculum mapping.
- The trainees reported that they would welcome the ward rounds as extended teaching opportunities and so the Trust needed to ensure that these contributed to the trainees' learning.
- It was reported that the operating theatres regularly finished late, and although time off in lieu (TOIL) arrangements were reported to mitigate this, the quality review team recommended that if this was a regular feature then this should be timetabled as such so the trainees would gain training opportunity without having to extend their scheduled working hours.

Quality Review Team

HEE Review Lead	Dr Greg Ward, Head of the London School of Obstetrics & Gynaecology	HEE Representative	Dr Sonji Clarke, Deputy Head of the London School of Obstetrics & Gynaecology
Deputy Postgraduate Dean	Dr Gary Wares, Deputy Postgraduate Dean, Health Education England, North Central London	GP Representative	Dr Lucy Farley, Training Programme Director, UCLH GP Training Scheme, Health Education England, North Central London
GP Representative	Dr Munir Ali-Zubair, Associate Dean, GP School, Health Education England, North Central London	GP Representative	Dr Azhar Malik, Training Programme Director, UCLH GP Training Scheme, Health Education England, North Central London
Lay Member	Ryan Jeffs, Lay Representative	Scribe	Adora Depasupil, Learning Environment Quality Coordinator, Health Education England, London and the South East

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

The Trust reported that a regular local faculty group (LGF) meeting and medical education committee were held every three months in order to gain regular feedback from the trainees to aid the Trust's intentions of improving the training environment and experience for all trainees. The College Tutor and Educational Lead for obstetrics & gynaecology presented to the Health Education England (HEE) quality review team the plans and actions that had been put in place, as well as the progress the Trust had made since the quality review in 2015 alongside the recommendations provided by HEE at the time of the initial visit.

The Trust reported that obstetrics and gynaecology (O&G) was a large specialist unit with more than 30 O&G consultants who had various sub-specialty interests. The Trust reported that 23 of the O&G consultants had been accredited as educational supervisors and three were in the process of obtaining their qualifications. The

quality review team heard that workload had continually increased over the last few years with 6,700 annual deliveries and therefore the Trust had recruited six additional consultants. During the presentation, the Trust reported the workforce structure of O&G and provided the current number of trainees in post.

The quality review team heard that there was consultant cover arrangements for the obstetrics unit during weekdays from 08:00 until 22:00 and weekends from 08:00 until 17:00. It was also reported that a daily antenatal ward round took place.

The Trust reported that the local training provided consisted of a basic ultrasound course, local teaching sessions including obstetrics case reviews, morbidity and mortality (M&M) meeting on Mondays, GP weekly half-day teaching, inter-professional simulation training for junior trainees during their first three months of starting in post, local ROBust course, and minimal access surgery training programme (regional).

It was reported that as a response to the General Medical Council National Training Survey (GMC NTS) outliers, the departmental leads had set up a local action group through the LFG which had resulted in changes in the trainee rotas, which were being closely monitored for three months as a trial. For instance, the quality review team heard that ST1-2 trainees had been allocated a one in nine rota, so the trainees were on the labour ward more often. The GP trainees were reported to undertake a one in five rota and the review team was informed that they no longer did night shifts. An additional on call ST1-2 had been allocated during the weekdays from 17:00 until 22:00 and during the weekends from 08:00 – 17:00. The Trust reported that their aim was to ensure that the GP trainees had equal access to gynaecology emergencies and obstetrics emergencies; and their other option was to keep the old rota but to allocate more zero days. Furthermore, the Trust reported that in order to improve the workforce and to fill gaps in the rota, Trust-funded research fellows had been appointed. The quality review team heard that 50% of the clinical duties of these posts would contribute to the day to day rota. In addition, the maternal fetal assessment unit (MFAU) fellow cover had recently been extended until 20:00 and the ultrasound clinical fellows would contribute one day a week on the general day time rota. The Trust also reported of their plans to recruit an advanced nurse practitioner and midwife practitioner to further support the heavy workload in O&G.

The quality review team heard that the Trust had improved communication in the department. This included weekly newsletters that been regularly distributed to the trainees which summarised the learning opportunities available at UCLH and in London, a dedicated O&G junior doctor website, a suggestion e-drop box and exit interviews. Additionally, it was reported that the Trust had recently changed the departmental teaching for O&G to a Friday morning and the Trust stated that this was a protected time.

The Trust reported that junior specialty trainees and GP trainees had been put on a joint local teaching programme in order to improve attendance and the Trust felt that the teaching requirements of the two programme groups did not differ greatly from each other. However, the Trust acknowledged that the culture and general attitude around protected teaching time needed to improve and needed to be communicated to all consultants to ensure that the training opportunities for all trainees were maximised.

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
OG1.1	<p>Patient safety</p> <p>There were no reports of patient safety issues or incidents where trainees had been involved.</p> <p>All trainees reported that they would recommend UCLH to their friends and relatives if they needed O&G treatment.</p>	
OG1.2	<p>Appropriate level of clinical supervision</p> <p>All trainees described the department as top-heavy which meant that senior support was always available. Subsequently, all trainees reported that clinical supervision was generally good and that they all felt well-supported in their clinical roles.</p> <p>However, the gynaecology department in particular was described as extremely busy. All trainees reported that they never felt that there was a lack of clinical supervision and they always felt safe in relation to patient care, but also stated that due to high volume of workload there had been occasions when they had to proactively seek a senior for advice and support. The higher trainees reported that consultants rostered as on-call in gynaecology also usually had their other clinical commitments as well, such as their scheduled outpatient clinic or operating theatre from the hours of 08:00 – 17:00.</p>	
OG1.3	<p>Rotas</p> <p>The General Medical Council National Training Survey (GMC NTS) had identified workload as a particular issue, and had been a red outlier for three consecutive years for both the obstetrics and gynaecology (O&G) programme group and GP O&G trainees. It was acknowledged that the changes in the rota had resulted in reduced workload for the trainees. The quality review team heard that majority of the junior trainees were happy with the new rota but the Trust needed to ensure that curriculum teaching was incorporated within the rota. However, the quality review team heard that the junior trainees now felt that they had not been able to maximise their full learning potential despite of a wealth of various clinical exposures available at the Trust due to their rota allocation.</p> <p>The quality review team learnt that since October 2017, the GP trainees worked late shifts (12.00-22.00) and weekend shifts of 08:00 – 17:00. The GP trainees reported that although the new rota allowed for a good work-life balance, they also felt that they needed to work more anti-social hours and needed more common gynaecology outpatient clinic exposure in order to develop confidence. Additionally, the GP trainees reported that O&G was a big department and that their rota allocation meant that they had to work in different wards every week and so they did not often have a sense of belonging within a team. However, the GP trainees stated that they were aware that the Trust recently had been trying to roster them on one ward for a longer duration.</p> <p>The junior specialty trainees reported that although they enjoyed working anti-social hours and had been able to gain more learning experience, they reported that they had not been rostered to attend antenatal clinics although they had the opportunity to get some exposure during their 'options' week.</p> <p>The quality review team heard that the GP trainees typically were either on a gynaecology ward or a postnatal ward for the duration of the day. The junior specialty trainees reported that although they were previously often based upon the labour ward, at the time of the review they undertook more shifts on the postnatal ward, which</p>	Yes, please see OG1.3 below

	<p>varied from week to week, and received less exposure to the labour ward than the GP trainees.</p> <p>The junior trainees stated that they acknowledged the difficulties the department had been experiencing in trying to maintain a balanced rota that provided enough learning exposure and also ensured that the workload was covered. The GP trainees reported that the Trust had met and discussed the rota issues with the previous cohort of GP trainees which consequently had resulted in the changes in the rota. The quality review team heard that since the implementation of the new rota, there had been further discussions with the current cohort of trainees and the Trust had asked them for feedback.</p> <p>The quality review team heard that the rota coordinator had asked participation of the junior doctors when the rota was organised. Therefore, the junior trainees worked on a 10-week rolling rota that had been set up for outpatient clinics, inpatient wards, elective theatre lists and also rostered an 'options' week once a month in which the trainees could select a particular clinical activity (such as specialist clinic, and theatre) that they were interested in and wanted to gain more experience. However, the trainees reported that at the time of the quality review, the department did not have the manpower to allow the trainees to utilise their 'options' week properly and attend their chosen additional teaching opportunities.</p>	
OG1.4	<p>Induction</p> <p>All trainees reported that they received a Trust and departmental induction when they began their posts, which met their requirements and expectations. However, it was heard that one of the higher trainees had their departmental induction after three months of starting in the department.</p>	Yes, please see OG1.4
OG1.5	<p>Handover</p> <p>The quality review team heard that the department used a manual handover system through excel spreadsheets and word documents. The junior trainees reported that although they had not felt that a patient's safety had ever been compromised as a result, they indicated that there had been occasions of near-misses when the wards had been very busy and there had been shortage of staff, and high risk patients had been placed on other wards but were not discussed at handover.</p>	
OG1.6	<p>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</p> <p>The junior specialty trainees reported that since the changes in the rota in October 2017, they felt that they were getting more experience in the labour ward and of acute patients from accident & emergency (A&E). However, they reported that they were also on the on call rota most of the time and so they felt that they were not able get a lot of outpatient clinics experience.</p>	Yes, please see OG1.6 below
OG1.7	<p>Protected time for learning and organised educational sessions</p> <p>The GP trainees reported that they had always been able to attend GP dedicated teaching sessions. All trainees reported that the Trust sent regular weekly newsletters that detailed the educational sessions that were available for the trainees. However, it was reported that there had been some issues for the junior specialty trainees with accessing these sessions when they were repeatedly scheduled to attend theatre. The junior specialty trainees suggested that the communication regarding organised educational sessions could have been improved to ensure that trainees had been allocated protected time in order to attend. For instance, it was reported that perhaps the GP trainees could cover the on call rota in order to release the junior specialty trainees ST1-2 to attend their regional teaching.</p> <p>However, the quality review team heard that both the GP trainees and specialty trainees were struggling to attend the departmental teaching. In response, the quality</p>	Yes, please see OG1.7a below

	<p>review team heard that the Trust had now produced a new rota confirming that the Friday morning teaching session now was taking place, and the time was protected for all of the trainees except for the one who would be on-call.</p> <p>The higher trainees reported that they had been involved with providing teaching sessions to the junior trainees that were delivered on a weekly basis. The quality review team heard that the trainees had instigated rolling teaching sessions that started a week prior to the quality review, to ensure that all junior specialty and GP trainees had been provided with teaching. The higher trainees confirmed that there were plenty of teaching sessions that took place in the department and that Friday teaching session had been implemented recently, prior to the quality review. The higher trainees were complimentary of the department and described the educational leads as highly organised and supportive in ensuring that all trainees were provided with teaching.</p>	Yes, please see OG1.7b below
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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.

OG2.1	<p>Impact of service design on learners</p> <p>The quality review team heard that patient care management was good, but there was a lack of clarity in regard to the decision to admit (DTA) processes of acute gynaecology patients, and which consultant was responsible for the DTA. The trainees reported that they felt confident that they had always been provided with a clear patient care plan, but they also stated that this could be reviewed so that if a new member of staff joined the department, there would be no confusion in regard to the different strands of management care.</p>	Yes, please see OG2.1 below
OG2.2	<p>Appropriate system for raising concerns about education and training within the organisation</p> <p>It was reported that the GP trainees had raised at the Local Faculty Group (LFG) meetings that they felt that they were not able to reach their maximum learning opportunities in the O&G department. For instance, the quality review team heard suggestions from the GP trainees that they would have preferred to have been rostered more for on-call shifts, and clinics that provided educational and clinical exposure. It was reported that the GP trainees had been placed all day either on the post-natal ward or gynaecology ward and that although an options week was offered to them, to access other training opportunities, that this was only once a month.</p>	

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.

OG3. Behaviour that undermines professional confidence, performance or self-esteem

1

The quality review team was pleased to hear no reports of overt bullying or undermining in the department from any of the trainees.

The labour ward was described as consultant led, which meant that direct consultant management was always available, which the higher trainees stated made them feel very safe and secure in regard to patient care. However, the quality review team heard that on some occasions, the higher trainees felt over-supervised if they felt competent enough to be accountable for a patient's treatment plans.

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.

OG4. Sufficient time in educators' job plans to meet educational responsibilities

1

The quality review team was informed that majority of the O&G consultants had completed their training as clinical and educational supervisors, with a small number that chose not to due to other commitments. The majority of the educational and clinical leads confirmed that they had been allocated enough time in their job plans for supervision, but one reported that as an academic they had not been allocated sufficient time.

OG4. Access to appropriately funded resources to meet the requirements of the training programme or curriculum

2

The Trust reported that acute gynaecology ward rounds had been introduced six-eight months prior to the quality review and that the Trust had been planning to provide additional assistance to acute gynaecology in the near future, with three consultants undertaking clinic 3 (Early Pregnancy and Acute Gynaecology). The Trust stated that two of these consultants were to cover clinical care and the other one was to cover emergencies.

The educational leads reported that there was a gynaecology on call at night but that they were not based on-site and that it would be beneficial if there was a dedicated gynaecology on-call senior clinician at night to be on site in A&E. The educational leads also stated that advanced nurse practitioners had been identified on the rota so that all staff knew when the nurses were working, so a trainee could access training sessions as opposed to being based in A&E/ward.

The Trust recognised that due to the demands of the service, maximum obstetric ultrasound clinical exposure had not been provided to the junior specialty and GP trainees. To address this, the educational leads reported that an obstetrics programme was established. Furthermore, it was reported that the recruited ultrasound clinical fellows were rostered during the day time to help reduce the workload and in order to release the junior/GP specialty trainees from their clinical duties in order to attend the training programme.

	<p>In order to ensure that basic ultrasound development had been provided to meet the Annual Review of Competence Progression (ARCP) requirements of the junior specialty trainees, the educational leads reported that the trainees were provided with a choice between study leave or further option sessions to access further training opportunities. It was further reported that this had also been to ensure curriculum cover and sign off to be completed. The educational leads stated that the trainees also needed to be proactive in ensuring that they were able to attend the training sessions that had been organised by the Trust.</p> <p>The head of school reported that the junior specialty trainees expected to gain more outpatient clinics exposure. The educational leads stated that they had been working on allocating trainees more outpatient clinic sessions on their rotas. The educational leads stated that the consultants spoke to the juniors and medical students during ward rounds to get feedback on what they wanted to learn, but also recognised that perhaps the consultants leading the ward rounds needed to be more explicit that ward rounds are learning opportunities.</p> <p>It was reported that when the O&G service had been reconfigured, the Trust had planned to map the curriculum requirements to ensure they had been met, through the department's educational supervisors' meetings. Additionally, the educational leads stated that there had been a huge change in culture around the training provided to the GP trainees since the last quality review. It was recognised that although generic training was required for GP trainees, the Trust also needed to pay more attention to ensure that specific GP teaching had been allocated to the GP trainees and that these were clearly identified on the trainee rotas.</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.

<p>OG5.1</p>	<p>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</p> <p>The junior specialty trainees described their training posts at the Trust as procedure heavy and reported that it was more difficult to complete their competency requirements for softer skills. The GP trainees stated that they had been provided with plenty of obstetrics exposure. However, the GP trainees stated that they expected to see plenty of common gynaecology concerns in the community, but due to a lack of sufficient gynaecology exposure, they felt that their training posts had not met the curriculum requirements in order to help them progress from ST2 to ST3 level.</p> <p>The higher trainees reported that they had some difficulties getting their workplace assessments signed off by their supervisors and stated that they had to be proactive in chasing their supervisors in order to complete their competencies workbook.</p>	
<p>OG5.2</p>	<p>Appropriate balance between providing services and accessing educational and training opportunities</p>	

	<p>The junior specialty trainees felt that workload intensity was high. The trainees stated that the postnatal consultant had always been available for advice and had also been happy to be contacted at home, even when not rostered to be at work or on-call.</p> <p>The quality review team heard that some of the trainees had completed exception reporting and had found them effective and a compensation mechanism had been put in place where trainees were able to take time off in lieu (TOIL). The junior specialty trainees reported that an in-house system to log how many hours each trainee had worked had been proposed and had been planned to be put in place for the next cohort of trainees.</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.

OG5	<p>Learner retention</p> <p>All trainees reported that if the Trust was able to balance the education and training provided to its trainees based on the requirements of their individual curriculums, that they would be happy to recommend their current posts to a colleague.</p>	
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Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date

Immediate Mandatory Requirements

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

Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
OG1.3	The Trust is required to review the contents of the sessions offered as part of the teaching programme to the ST1-2 and GP trainees.	The Trust is required to provide evidence of a revised curriculum mapping that maximises the training opportunities for all trainees. For instance, the quality team would like to see a copy of a revised rota that provides more gynaecology clinical exposure to both ST1-2 and GP trainees.	1,12
OG1.4	The Trust is required to ensure that all trainees receive departmental induction when they start in their post	The Trust is required to confirm, via audit of trainees, that each trainee has received an induction and that this was considered fit for purpose.	1.13
OG1.6	The Trust is required to ensure that all trainees are provided with adequate access to outpatient clinics.	The Trust is required to provide a timetable that confirms the trainees have been allocated outpatient clinics.	1.15
OG1.7a	The Trust is required to ensure that all of the junior specialty trainees are able to attend regional teaching sessions.	The Trust is required to provide registers demonstrating attendance and trainee feedback for both regional teaching sessions and departmental teaching sessions	1.16
OG1.7b	The Trust is required to ensure that the GP and specialty trainees are able to attend the departmental teaching on Friday mornings.		
OG2.1	The Trust is required to review the acute gynaecology admission policy and to disseminate this to all staff to ensure that all staff know which consultant is leading in providing care for each patient.	The Trust to submit a copy of the policy and standard operating procedures.	2.3

Recommendations

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

Other Actions (including actions to be taken by Health Education England)

Requirement	Responsibility
N/A	N/A

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Dr Greg Ward
Date:	3 March 2018

What happens next?

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