NHS
Health Education England

# The Hillingdon Hospitals NHS Foundation Trust

## Medicine

## Risk-based Review (On-site Visit)

**Quality Review report**

**15 January 2020**

**Final Report**

Developing people for health and healthcare

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# Quality Review details

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| **Training programme / learner group reviewed** | Medicine |
| **Number of learners and educators from each training programme** | The review team met with 37 trainees who worked within gastroenterology, geriatric medicine, cardiology, respiratory medicine, diabetes and endocrinology and neuro rehabilitation. This included 21 foundation year one and year two trainees, eight internal medicine training (IMT) and general practice (GP) trainees, and eight specialty trainees at training levels three to seven (ST3 – 7). The review team also met with 12 educational and clinical supervisors for the medical specialties and Trust representatives including:<br>• Medical Education Manager<br>• Medical Director<br>• Director of Medical Education<br>• Training Programme Director<br>• College Tutor |

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| **Background to review** | An on-site visit took place on 26 September 2018 covering all medical specialities, where two Immediate Mandatory Requirements were issued.<br>Discussions between the Trust and arm length bodies took place in July 2019 around the Acute Medical Unit and the level of consultant supervision present. It was agreed that foundation posts for acute medicine would be reallocated within the Trust from August 2019.<br>The 2019 GMC NTS survey generated six red outlier results for gastroenterology in; handover, reporting systems, rota design, supportive environment, teamwork and workload. Ten red outliers were generated for geriatric medicine in; curriculum coverage, handover, induction, local teaching, overall satisfaction, reporting systems, rota design, supportive environment, team work and work load.<br>The was a follow up visit for medicine to review progress made on identified challenges and to review the training environment. |
| **Supporting evidence provided by the Trust** | Education Committee Minutes – September 2019<br>Education Committee Minutes – December 2019<br>Local Faculty Group Minutes (Medicine) – 25 September 2019<br>Local Faculty Group Minutes (Medicine) – 11 December 2019 |

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| **Summary of findings** | The current challenges and pressures faced by the service were discussed. The review team identified several areas of good practice, including:<br>• Trainees spoken to, especially higher trainees, reported that the base specialty training they had received was excellent |

- The review team commended the higher trainees for their enthusiasm and proactive engagement with improving the quality of care and training in the department. The review team advised the Trust to utilise the trainees' expertise to support process change.
- Hillingdon Hospital was reported to be a good training institution. Trainers were recognised to be supportive and available.

The review team also noted the following areas requiring improvement:

- The review team was disappointed to hear that the National Early Warning Score (NEWS) calling system had not been appropriately streamlined and was still a cause of unnecessary work for trainees, in particular for those at foundation and core level. The review team was concerned that the NEWS call process had impacted the relationship between the nursing staff and the doctors in training, as well as morale within the department.
- The review team heard how the shortage of healthcare staffing and unsuccessful recruitment had had a negative impact on the training environment. The Trust was recommended to explore alternative options for workforce transformation and continue in supporting and upskilling the new cohort of clinical fellows. The review team advised that Health Education England (HEE) could support the Trust, and signpost to previous successful workforce transformation partnerships with other Trusts.
- The review team acknowledged that the Trust was aware of, and had started to resolve, issues identified within the medical specialties and the operation of the Acute Medical Unit (AMU). The review team advised that these interventions had not yet imbedded and that HEE would work closely with the Trust to review the effect of the interventions.

| Quality Review Team | | | |
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| **HEE Review Lead** | Dr Orla Lacey<br>Deputy Postgraduate Dean<br>Health Education England (London) | **External Clinician** | Dr Lucy Hicks<br>Consultant Gastroenterologist |
| **Head of School Representative** | Dr Andrew Deaner<br>Head of School of Medicine for London and the South East | **Trainee/Learner Representative** | Joseph Delo<br>Trainee Representative |
| **Foundation Representative** | Dr Nick Rollitt<br>Deputy Foundation School Director for North Central London | **Lay Member** | Robert Hawker<br>Lay Representative |

| **Observer** | Anne Sinclair<br>Lay Representative | **HEE Representative** | Paul Smollen<br>Deputy Head of Quality, Patient Safety and Commissioning<br>Health Education England (London) |
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| **HEE Representative** | Emily Patterson<br>Learning Environment Quality Coordinator<br>Health Education England (London) | | |

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

The Trust representatives provided an overview of the challenges faced by the medical specialties, identified through the Trust's action plan and the previous Health Education England (HEE) quality visit in September 2018. Trust representatives discussed plans in place to address these issues and acknowledged that implementation for some of the interventions were recent and would take time to imbed.

Interventions for the following challenges were discussed:

- Out of hours working
- Induction into the medical take
- Referrals from the Emergency Department (ED) to the medical team
- Cardiac Arrest Calls in the ED
- National Early Warning System (NEWS) Calls
- Supervision available in the Acute Medical Unit (AMU).

The review team heard how both short- and long-term interventions had been planned to increase staffing for the out of hours rota. The Trust had hired locum doctors to fill night time shifts, it was discussed that shifts were initially advertised to higher trainees; however, they had not always been filled. For a longer-term solution international Clinical Fellows had been recruited. It was reported that the Clinical Fellows had gone through a supernumerary induction period. The Trust representatives discussed that there had been lessons learned with regards to the initial supervision of the Clinical Fellows and that they were to have a handover period until fully embedded into the rota.

A hospital at night team had been formed to reduce the trainees' workload. Technicians and administrative staff had been employed. The review team heard that the technicians were able to conduct basic procedures and had reduced the workload for junior doctors. Administrative staff had been employed to reduce the Clinical Site Practitioner's (CSP) administrative duties, this had enabled the CSPs to conduct clinical duties and support the medical team. The Trust representatives reported that they had received informal feedback from trainees that the interventions had made a difference to the working environment.

The Trust representatives discussed induction into the medical take, which had previously been inadequate. An updated induction booklet had been created and a monthly consultant led induction implemented. It was hoped that the regular induction cycle would ensure that those who rotated outside of the normal induction period, or who did not work on the medical take at the start of their placement would receive a timely induction.

An action following the last HEE visit in September 2018 mandated that Foundation Year Two (FY2) trainees should not be responsible for taking ED referrals. The review team heard how on-call the FY2s sometimes took referrals from the ED, however this would be under supervision. It was advised that the higher trainees took referrals the majority of the time.

The review team heard how the policy for managing cardiac arrests had been agreed by the ED and the medicine departments. The ED was responsible for managing cardiac arrests Monday to Friday 08:00 – 17:00, outside of these times arrests were the responsibility of the medical arrest team. It was advised that when managed by the ED the higher trainees were not required to attend the arrest calls, however, they could if they wanted to for their own learning.

The Trust representatives advised that there had been a change in policy for the management of NEWS calls. When an amber NEWS call was received the junior doctor telephoned the ward, where a senior nurse should provide a Situation Background Assessment Recommendation (SBAR) handover which allowed prioritisation. The review team heard how if the policy was followed it worked well, however, it was discussed that the policy was not yet fully implemented and embedded.

The review team heard how the Trust had supported trainees with their wellbeing. A Junior Representative Group had been created, which ran every six weeks. The group focused on the quality of the trainees' working lives and was attend by trainees, the Medical Director, Director of Medical Education and operations. The group had looked at improving the doctors mess, in collaboration with trainees. In addition, the Trust had provided training on how to write an educational supervisors report, reviewed how they supported trainees when they returned to training and had considered how to reduce differential attainment. The Medical Education team was commended for the support they provided to trainees requiring additional assistance.

The Trust representatives discussed how there had been previous concerns raised through the junior doctors, the action plan process and the previous HEE quality visit around the supervision and training environment within the AMU. It was reported that the Trust had taken immediate action and that there had been some changes to staffing, including the reallocation of foundation trainees to other departments within the Hospital. The junior doctors' professional approach in dealing with the situation was commended and had enabled the Trust to act quickly on the concerns raised. The review team heard how the Trust had struggled to recruit new substantive consultants to the vacant consultant posts. A locum consultant had been appointed before Christmas 2019 to help support the unit. The Trust had commissioned an external review of the AMU and ambulatory intake, and intended to make short-, medium- and long-term plans when the report was published. The review team further heard that the Trust had had conversations with junior doctors around the management of the AMU.

The review team heard how the Trust had received trainee feedback on some the interventions implemented through Local Faculty Groups (LFG). Trainees had reported improvement in workload, in addition to on-call and hospital inductions. The NEWS calls were highlighted in the LFGs to still be an issue.

Trust representatives further provided an overview of operational challenges experienced by the Trust and how these had affected trainees. The review team heard how the allocation of some wards had changed following the closure of the paediatric unit at Hillingdon Hospital. Medically optimised patients from Hillingdon Hospital were transferred to a ward in the Mount Vernon site. The review team heard how transferring patients to beds offsite put additional pressure on the trainees. In addition, the review team heard that winter pressures were currently affecting trainees, and that there had been further new appointments at the Trust Executive level.

# Findings

## 1. Learning environment and culture

**HEE Quality Standards**

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

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

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

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

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

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

| Ref | Findings | Action required? Requirement Reference Number |
|---|---|---|
| M1.1 | **Appropriate level of clinical supervision**<br>Some foundation trainees reported that the wards were felt to be junior led, with senior colleagues not always present. Trainees discussed that there were high numbers of patients on the wards and as a first rotation this had been particularly overwhelming. The review team heard that a consultant could be reached most of the time if needed. | |
| M1.2 | **Responsibilities for patient care appropriate for stage of education and training**<br>Foundation trainees discussed that they felt at times nursing staff were not aware of the trainees' remit when it came to discharging patients. Trainees felt further work around clarification and expectation setting could help ensure the nurses were aware of the trainees' responsibilities. | |
| M1.3 | **Rotas**<br>Core trainees discussed that having blocks of on call, day and twilight shifts was hard and affected their sleep. Trainees spoken to advised that it would be better if different types of shifts were interspersed. It was further reported that due to the structure of the rota it was difficult to find somebody to swap a shift with.<br>Trainees discussed that at times known rota gaps were not filled. | |
| M1.4 | **Induction**<br>The majority of trainees reported that their induction had been good. It was discussed how some higher trainees had started work before their induction, which had resulted in not having their log in details for a couple of days. The review team heard that due to rota arrangements some higher trainees' first shifts were at night. Trainees advised that it would be preferable if their first shift was a day time shift, when technical support would be easier to find. Some core and general practice trainees reported that they had received a Trust wide induction, however not a specialty specific induction, and as a result some trainees had not known where to go for their first shift. | Yes, please see recommendation M1.4a |

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| | | Yes, please see action M1.4b |
| M1.5 | **Handover**<br><br>The take handover list was written on Microsoft Word on a shared drive accessed by the trainees. This document was accessible to all doctors within the department and had led to issues with version control. The review team heard that trainees had raised these issues with the Clinical Director. Trainees had been advised that there were plans in place to address the list, however they felt that these plans were longer-term, and they should have a solution in the interim. Trainees discussed how during handover those attending were expected to make notes and there was not a centralised book, or system to record the notes.<br><br>Trainees felt that the current morning handover system could be condensed. A post take morning ward round occurred at 07:00, which was split into the AMU and the outlier team. Higher trainees reported that they did not find the 07:00 ward round to be educationally beneficial as it was done quickly in the knowledge that patients would be reviewed by a consultant a couple of hours later. A 09:00 handover occurred, where patients were allocated to a team. It was advised that only very unwell patients were discussed in detail at handover. Trainees told the review team that if a patient was referred to the department after 05:30 they would not be clerked, unless unwell, until 09:30. Trainees felt that this often meant that there were a number of patients waiting to be clerked at the start of the day shift and that this added to the workload of the day team.<br><br>Some higher trainees reported that on their speciality ward round the consultants and higher trainee would do separate ward rounds. This was due to the number of patients on the ward, it was felt that it would not be possible to see all patients otherwise. Trainees advised that they felt that they could discuss any queries with consultants.<br><br>Trainees advised that a Friday handover took place for the weekend. | Yes, please see action M1.5a<br><br>Yes, please see action M1.5b |
| M1.6 | **Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience**<br><br>Internal Medicine Training (IMT) trainees reported that on the night shift they had the opportunity to present the patients they had clerked and received feedback following the presentations. | |
| M1.7 | **Protected time for learning and organised educational sessions**<br><br>Foundation trainees reported that they had one hour protected teaching every Wednesday. It was discussed that trainees had concerns that they would not receive enough training to meet their required 30 hours of teaching time. Due to rostering trainees had found it difficult to attend the allocated teaching time. Trainees advised that they had raised concerns with the Medical Education Department and praised the department for the support they had provided. In an effort to ensure trainees received the required number of teaching hours the department had implemented lunch and learn sessions every two weeks and there were discussions of running a whole day of teaching.<br><br>IMT and GP trainees discussed how when they were rostered on-call they were not able to attend teaching and that attending teaching was easier when they were based on the wards. Some trainees raised concerns about attending a sufficient number of clinics due to not having protected time. IMT trainees spoken to reported that they had been able to go to the IMT induction and study days, and that they had been helpful. Trainees discussed how they were expected to swap out of the on-call rota if they wanted to attend training, which had discouraged some trainees from requesting to attend training when they were rostered to be on-call. | Yes, please see action M1.7 |

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| | Higher trainees reported no issues in attending training. | |
| M1.8 | **Adequate time and resources to complete assessments required by the curriculum**<br><br>Foundation trainees reported that they had adequate time to complete assessments. | |
| M1.9 | **Access to simulation-based training opportunities**<br><br>Foundation Trainees spoken to reported that they had access to simulation-based training. The simulation-based training that they had attended was not multidisciplinary. | |
| M1.10 | **Organisations must make sure learners are able to meet with their educational supervisor on frequent basis**<br><br>All trainees spoken to reported that they had been allocated to an educational supervisor in a timely manner. Some trainees discussed barriers in meeting with the educational supervisor due to rostering. | |

## 2. Educational governance and leadership

**HEE Quality Standards**

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

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

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

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

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

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| M2.1 | **Impact of service design on learners**<br><br>All trainees spoken to reported that workload, especially out of hours and on the weekend, was high. The review team heard that trainees often did not have time to take designated breaks during the weekend shifts. Trainees advised that there were inefficiencies within the hospital that led to processes taking longer than they should do. Higher trainees suggested that ambulatory care could be reviewed to increase efficiency, which could help to improve the medical take. Higher trainees proposed that general practice referrals could go to the ambulatory team, which would allow time for the AMU trainees to take ED referrals. Trainees advised that further work was required with the ED to improve the referrals process.<br><br>The review team heard that the acuity of some patients on the Coronary Care Unit was sometimes felt to be inappropriate and that these patients should be in a Higher Dependency Unit (HDU) setting.<br><br>Trainees reported that due to the acuity of patients and varying levels of clinical supervision on the AMU, the ward was felt to be a challenging place to work. Clinical and educational supervisors spoken to further discussed the current difficulties of the AMU. Supervisors spoken to had explored AMU models with other Trusts and told the review team that they wanted to see a managerial overview of plans following the external review of the AMU and ambulatory care.<br><br>It was felt that the introduction of the clinical fellows could help reduce the workload. Some of the fellows were reported to be highly skilled and valued colleagues, however | Yes, please see action M2.1a |

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| | trainees and supervisors spoken to felt that further work was required to ensure that all were fully embedded safely into the system. Higher trainees advised that the supervision and support that had been put in place had not been sufficient and that this required review. Higher trainees and the review team discussed the possibility of creating a buddying or mentoring system between the higher trainees and clinical fellows. Higher trainees voiced that they would be happy to do this and that it would be a good training opportunity. Clinical and educational supervisors spoken to reported that the time to support the clinical fellows needed to be acknowledged and included in their job plans. Supervisors felt that a buddying system between higher trainees and the clinical fellows would be beneficial, however the supervisors required additional time to provide ongoing professional development support.<br><br>The review team heard how a review of staffing within the department had been helpful in reducing workload. The technicians employed as part of the hospital at night team were able to do a number of clinical tasks, for example phlebotomy and urinary catheter insertions, helping to reduce the junior doctors' workload. It was further discussed with junior trainees that the extension of the higher trainee's hours until 21:30 to cover the twilight shift had been a huge improvement. Trainees reported that when an outreach nurse was on duty they had a significant impact on helping review and manage unwell patients and it worked well. The outreach nurses were not regularly rostered for out of hours shifts. Clinical and educational supervisors spoken to discussed that there had been efforts to support CSPs to enable them to have time to work clinically, it was felt that although progress had been made there was still more to be done to free up their time from administrative tasks. Trainees, educational and clinical supervisors discussed that more could be done around workforce transformation to support the workload issues.<br><br>Trainees advised that they still received a large volume of NEWS calls and felt that the number had not reduced. A number of the NEWS calls were felt to be unnecessary. It was discussed that it was rare to get a SBAR handover from a NEWS call, so it was hard for trainees to triage and prioritise patients reviews. It was discussed that higher trainees were keen to help review the NEWS call system and support changes to the system through working groups. Clinical and educational supervisors advised that further training and support for the nurses and allied healthcare professionals would help to implement any improved NEWS call process.<br><br>The review team asked the FY2 trainees about their involvement in referrals from the ED. Trainees informed the review team that they were told at induction that they were not required to take these referrals, however were able to do so. Trainees advised the review team that they would ask the rostered higher trainee if they had any concerns. The review team heard that the FY2s had not ever felt that accepting a referral was outside of their competency levels.<br><br>The review team heard that the management of cardiac arrests outside of 08:00 – 17:00 was the responsibility of the medical arrest team. Trainees advised that on a night shift there were often 5 – 18 patients who required clerking. If the trainees were then called to a cardiac arrest the management of patients within the AMU was challenging.<br><br>Higher trainees expressed concern over the transfer of patients to the Mount Vernon site, as they felt this could increase the patients' length of stay in hospital in some cases. Trainees reported that consultants reviewed all transfer cases. | Yes, please see recommendation M2.1b<br><br>Yes, please see action M2.1c |
| M2.2 | **Systems and processes to make sure learners have appropriate supervision**<br><br>The review team heard that the core and GP trainees were satisfied with the level of supervision they received on their speciality ward. Consultants and senior colleagues were described to be accessible and supportive when required. | |

## 3. Supporting and empowering learners

**HEE Quality Standards**

**3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.**

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

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

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

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

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| M3.1 | **Behaviour that undermines professional confidence, performance or self-esteem**<br>The review team heard that core and higher trainees had not experienced bullying or undermining behaviour. Consultants were reported to be supportive and approachable, and trainees discussed how working in a smaller team had meant that they knew everybody and had helped to establish relationships.<br>Some foundation trainees described situations where they had been spoken to in an unprofessional manner by some of the other healthcare professionals. Trainees discussed the many pressures faced by colleagues within the hospital and felt that this had led to a culture where people could be rude, and that junior trainees took the brunt of this behaviour. Trainees advised that more could be done to overtly recognise when somebody had done a good job. | |

## 4. Supporting and empowering educators

**HEE Quality Standards**

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

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

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

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

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| | Not discussed at the review. | |

## 5. Delivering curricula and assessments

**HEE Quality Standards**

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

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

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

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| | Not discussed at the review. | |

| 6. Developing a sustainable workforce | | |
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| **HEE Quality Standards**<br>**6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.**<br>**6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.**<br>**6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs to patients and service.**<br>**6.4 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.** | | |
| | Not discussed at the review. | |

# Good Practice and Requirements

| Good Practice |
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| Trainees spoken to, especially higher trainees, reported that the base specialty training they had received was excellent. |
| The review team commended the higher trainees for their enthusiasm and proactive engagement to improve the quality of the department. The review team advised the Trust to utilise the trainees' expertise to support process change. |
| Hillingdon Hospital was reported to be a good training institution. Trainers were recognised to be supportive and available. |

**Immediate Mandatory Requirements**

**Given the severity of an Immediate Mandatory Requirement, the risk rating must fall within the range of 15 to 25 or have an Intensive Support Framework rating of 3. This risk rating will be reviewed once the Trust has provided their response to the Immediate Mandatory Requirement.**

| Req. Ref No. | Requirement | Required Actions / Evidence | GMC Req. No. |
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| | None. | | |

| **Mandatory Requirements**<br>**The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.** | | | |
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| **Req. Ref No.** | **Requirement** | **Required Actions / Evidence** | **GMC Req. No.** |
| M1.4b | The Trust is to ensure that all trainees receive a Trust and a specialty induction. | Please provide evidence that all trainees have received both a Trust and a specialty induction. | **R1.13** |
| M1.5a | The department is to review how the handover list is recorded and to implement precautions to limit issues with version control. | Please provide evidence that the recording of the handover list has been reviewed and that the version control issues have been resolved. | **R1.5** |
| M1.5b | The department to review the current morning handover process in collaboration with trainees, this should include discussion around the educational benefit. | Please provide evidence that the morning handover process has been reviewed in collaboration with trainees. This may be in the form of LFG minutes. | **R1.14** |
| M1.7 | The department to ensure trainees are attending the required number of clinics and are provided with protected time to do so. | Please provide evidence that trainees have protected time to attend required number of clinics. | **R1.16** |
| M2.1a | The Trust to continue with the interventions planned to address the operation of the AMU and to work with HEE to review the effect of the interventions in place. | Please provide HEE with an overview of plans for the AMU following publication of the external report. | **R1.7** |
| M2.1c | To review and streamline the National Early Warning Score (NEWS) system currently in place. This should be done in collaboration with trainees. | Please provide HEE with evidence that the NEWS call system has been reviewed and plans actioned. | **R1.17** |

| **Minor Concerns**<br>Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1. | | | |
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| **Req. Ref No.** | **Requirement** | **Required Actions / Evidence** | **GMC Req. No.** |
| | None. | | |

| **Recommendations**<br>These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating. | | |
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| **Rec. Ref No.** | **Recommendation** | **GMC Req. No.** |
| M1.4a | The department is advised to ensure that trainees starting their placement are initially rostered to a day time shift. | **R1.12** |
| M2.1b | The Trust is advised to explore alternative options for workforce transformation and the upskilling of the current clinical fellows. Health Education England (HEE) could support the Trust, and signpost to previous successful workforce transformation partnerships with other Trusts. | **R1.7** |

| **Other Actions (including actions to be taken by Health Education England)** | |
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| **Requirement** | **Responsibility** |
| None. | |

| **Signed** | |
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| **By the HEE Review Lead on behalf of the Quality Review Team:** | Dr Orla Lacey |
| **Date:** | 14/02/2020 |

**What happens next?**

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