NHS
Health Education England

Bart's Health NHS Trust (Whipps Cross University Hospital)

Trauma and orthopaedic surgery (including general practice and core surgical training)

Risk-based Review (on-site)

Quality Review report

21 January 2020

Final Report

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Quality Review details

Training programme / learner group reviewed	Trauma and orthopaedic surgery including general practice and core surgical training.
Number of learners and educators from each training programme	The review team met with a range of trainees from general practice (GP), core surgical training (CST) and higher trauma and orthopaedic (T&O) surgery. The review team also met with clinical and educational supervisors from the department of T&O and the following Trust representatives: • Medical Director • Director of Medical Education • Medical Education Manager • Associate Director of Quality for Medical and Dental Education • Divisional Director of Surgery and Anaesthesia • Clinical lead for trauma and orthopaedic surgery • Royal College of Surgeons Surgical Tutor and Training Programme Director • Simulation representative • Clinical Lead for Junior Doctors

Background to review	This risk-based review was organised to explore a number of ongoing concerns that had impacted on the quality of education and training in T&O at Whipps Cross University Hospital (WXUH). Health Education England (HEE) also had concerns around the 2019 General Medical Council (GMC) National Training Survey (NTS) results.
Supporting evidence provided by the Trust	In advance of the quality review on 21 January 2020, Bart's Health NHS Trust submitted the following evidence to the HEE Quality Reviews and Intelligence (QRI) team. This evidence was reviewed by the quality review team as part of the pre-review processes. • Bart's internal briefing paper • Medical Education Committee meeting minutes – July and October 2019 • Trauma and orthopaedic Local Faculty Group minutes – March 2019 • Trauma and orthopaedic Local Faculty Group follow-up records 2019 • Serious incident reports – June to November 2019 • Email of trainee feedback

Summary of findings	HEE thanked the Trust for the work done to prepare for this review and for ensuring that the trainees were released from their duties to attend. HEE also thanked the trainees for their attendance and participation in the review. The review team was pleased to note the following areas that were working well: • The higher specialty training level three and above (ST3+) were well supported and supervised in both clinics and theatres; • The ST3+ trainees had good access to operative experience; and

	• None of the trainees met with had experienced any issues in being released for study leave and mandatory training. The review team identified the following areas of serious concern: • There was no daily, formal handover of all patients, led by the consultant on-call, to the team on-call overnight. The review team was concerned about the potential risk to patient safety particularly in light of the National Health Service England (NHSE) national trauma standards for patient review within 14 hours. The review team also noted several other areas for improvement: • There was disconnect with regards to the management of the middle-grade rota. The review team was concerned that the rota oversight was not consultant led and that there appeared to be no scheduled access to clinics and theatre lists for the core surgical and general practice trainees; • The trainees reported that the departmental induction was not robust enough for the jobs that they were required to undertake, and this was particularly the case for the core surgical and general practice trainees. The trainees described being unsure of their role and cited examples of being expected to perform a secondary trauma survey on a night shift without any training; • There appeared to be a confusing on-call system, which had resulted in a weakness in early consultant review. There was concern that there was no consultant review of all patients following the night on-call and that the department should be working towards meeting the NHSE trauma standards for patient review; • The trainees described a very busy clinic environment, which they felt to be primarily service driven with little educational value. The review team heard of a proposed virtual fracture clinic which would ease the pressure on clinics and enable the department to offer more educational learning within the clinic setting; and • The educational value of the daily trauma meeting varied depending on which consultants were present.

Quality Review Team			
HEE Review Lead	Dr Indranil Chakravorty Deputy Postgraduate Dean Health Education England	**Head of School Representative**	Mr Dominic Nielsen Deputy Head of School for Surgery
Lay Member	Kate Brian Lay Representative	**Trainee Representative**	Mr Fabian Wong Specialty training level 8 (ST8) in T&O
HEE Representative	Andrea Dewhurst Quality, Patient Safety and Commissioning Manager		

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

The Director of Medical Education (DME) advised the review team that there had been a series of meetings with the trauma and orthopaedic (T&O) trainees (including the general practice and core surgical trainees) following the release of the 2019 General Medical Council National Training Survey (GMC NTS) results. It was recognised

that the department was busy and there was a subsequent challenge of managing the balance between service and education needs.

Following the trainee meetings, the DME reported that several key themes for improvement had been identified. Firstly, was the departmental induction and feedback received was that this should include guidance on how to use the electronic records and systems and that there should also be more detail on the education supervisors (ES') and clinical supervisors (CS') in the department. The DME confirmed that this was now part of the induction programme for future cohorts of trainees.

The second theme related to local teaching. The view from the trainees was that the morning trauma meetings were a service handover and lacked educational value. It was agreed subsequently that there should be one case discussed in detail so that trainees received learning. The department was also looking at how teaching could be incorporated within clinics. It was also reported that all trainees had audits to undertake and were presenting monthly.

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
T&O 1.1	**Patient safety** The review team did not hear of any concerns that directly related to patient safety. The trainees advised that they were only left unsupervised when they felt capable to perform the procedure as illustrated within their surgical logbook. The trainees further advised that if there was an emergency within a clinic setting that they would contact the on-call team and would discuss the issue at the morning trauma meeting.	
T&O 1.2	**Serious incidents and professional duty of candour** The review team did not hear of any serious incidents or issues related to professional duty of candour.	

T&O 1.3	**Appropriate level of clinical supervision** The specialty training level three plus (ST3+) trainees reported that the level of clinical supervision in theatres was variable and dependent upon the consultant. It was heard that on occasion the ST3+ trainees were left to operate unsupervised, but the trainees advised that they had not been asked to undertake an operation that they were uncomfortable performing. The review team heard that the fracture clinic during trauma surgeon of the week was registrar led with that weeks' trauma consultant in theatre for the trauma list. For the general fracture clinics, the trainees confirmed that the consultant would be present and that if the consultant was on leave, then the clinic would be covered. It was also noted that if their supervising consultant was absent during clinic that the ST3+ trainees would either discuss any patient concerns with them at the next available opportunity or with another consultant in clinic and the trainees felt comfortable with this process. With regards to clinics, the ST3+ trainees confirmed that they had a maximum of three clinics per week and that this time was protected. However, the trainees reported that they found the educational value of clinics to be variable given the large number of patients (which the trainees found to be, at times, overwhelming) but reported that the education supervisors (ES') were aware of the issues and in discussions with Trust management as to how to clinics could be improved. The review team noted that there had been discussions around introducing a virtual fracture clinic which was already used within the Trust by the Royal London Hospital and Newham University Hospital. The ES' and clinical supervisors (CS') agreed that if this could be introduced at Whipps Cross Hospital that this would reduce the pressure on clinics and increase the educational value for trainees. The ES' and CS' also advised the review team that they were looking at one in four or one in six clinics being a teaching clinic. The review team heard that the ward rounds were led by the ST3+ trainees. It was also heard that the general practice (GP) and core surgical training (CST) trainees had seen patients post-take independently.	Yes, please see T&O 1.3a
T&O 1.4	**Responsibilities for patient care appropriate for stage of education and training** The review team was advised by the ES' and CS' that the primary role for the GP and CST trainees was to provide safe care of the inpatients and, on a rolling basis, to provide the first on-call service to the emergency department. In addition, the trainees were not required to provide service to clinics, although the ES and CS' advised that trainees might admit patients to clinic. The trainees raised concerns related to secondary surveys at trauma calls (a top to toe examination of the whole body) when on-call. It was heard that not all the trainees had advanced trauma life support (ATLS) and that, as a result, the trainees did not always feel safe to undertake a secondary survey of a patient. The trainees reported that ATLS would be beneficial for the GP trainees and the review team further heard that ATLS was a requirement for entry to ST3 T&O.	
T&O 1.5	**Rotas** The review team heard from the Trust management team, and the ST3+ trainees concurred, that there were 10 registrars on the rota; five ST3+ trainees and five Locally Employed Doctors (LEDs). It was also heard that there was funding for an additional two posts that the Trust was trying to recruit to. The ST3+ trainees confirmed that the rota was fully staffed. For the junior rota, the review team heard that there were nine on the rota; one CST trainee, one GP trainee and seven LEDs. It was reported that all nine staff on the rota had a similar job plan but that their educational needs were met differently. The Trust	

	management team advised that the CST trainee was given fewer ward duties in order to allow greater access to theatre, with the GP trainee given more clinic opportunities. There were no issues with rota gaps reported to the review team. The review team heard of differing views as to who was responsible for managing the junior rota with uncertainty as to whether this was managed by a junior trainee or by one of the senior LEDs. The review team was unclear as to whether there was consultant oversight of the rota and whether there was time within the job plan should the responsibility be allocated to the CST trainee. With regards to the on-call and consultant of the week model, the review team was advised that there was one consultant on-call for a 24-hour period with all consultants undertaking a trauma week on a one in 12 rota.	
T&O 1.6	**Induction** The ST3+ trainees confirmed that they had received a departmental induction. There was a view from the GP and CST trainees that the departmental induction could be improved, particularly for those trainees who rotated at different times of the year. However, the GP and CST trainees advised the review team that they had not had a discussion with their ES around their job plan and highlighted to the review team that they had no dedicated clinic or theatre sessions as part of their job plan.	Yes, please see T&O 1.6a Yes, please see T&O 1.6b
T&O 1.7	**Handover** The review team heard that the department operated a trauma consultant of the week who was primarily in trauma theatre for the week and that daily there was also a consultant on-call who was responsible for the admitted patients. It was heard from the trainees that unless there were complex issues, that the patients remained the responsibility of the day consultant on-call regardless of which consultant performed the operation. It was further heard that until 17.00 the trauma surgeon covered the emergency calls and that there was no consultant-to-consultant handover. The ES' and CS' advised the review team that they had not been job planned to undertake a ward round at 20.00 The review team heard that there could be a delay to patients being reviewed by a consultant if they were admitted after 17.00 and that in some instances the patient would not have a consultant review until the next meeting. The ES' and CS' advised the review team that they were aware of the National Health Service England (NHSE) standards around trauma that required all patients to have a consultant review within 14 hours. The ES' and CS' agreed that the evening handover was complicated as the ST3+ trainees were non-resident from 17.00 (although there was a four-hour window whereby the ST3+ trainees could be on-site) and the GP and CST trainees remained on shift until 20.00. For the take patients admitted during the day, it was noted that there was no formal handover of all patients to the night team and handover was between the day trainee to the night trainee (both normally at GP or CST level) and that there were not always ST3+ trainees or consultants present. From a GP and CST perspective, the trainees advised the review team that handover was variable and dependent on who was providing the handover and the level of experience. The trainees felt that not having consultant oversight or ST3+ input during handover could result in a potential risk to patient safety if there were new, inexperienced GP and CST trainees in post. The review team also heard that the handover process was not documented. For out of hours, the ST3+ trainees reported that they would contact the named consultant to update them on the patients admitted during the day and that this conversation was normally held by telephone at 21.00 or 22.00. However, it was recognised that there was no formal system for this handover. The review team heard that the day consultant on-call was also the named consultant overnight and the post-take consultant was expected to attend the morning trauma meeting, although it was recognised that there had been occasions when the on-call	Yes, please see T&O 1.7a

	surgeon was not able to attend. The ES' and CS' advised the review team that the morning trauma meeting covered any patient admitted out of hours and any patient where there had been concerns overnight. The ES' and CS' reported that there was always a consultant-to-consultant handover on a Friday afternoon with all relevant staff present.	Yes, please see T&O 1.7b
T&O 1.8	**Protected time for learning and organised educational sessions** The review team heard that there was a local, ST3+ led, teaching programme on Wednesday lunchtime with consultant presence. It was also reported by the Trust management team that the ST3+ trainees would be given the choice if a theatre session was over-running as to whether they wanted to remain in theatre or leave to attend their teaching session. In terms of the local teaching, it was acknowledged that these sessions were primarily focussed on the ST3+ trainees and whilst there was supposed to be recognition of the different training levels within the department (i.e. GP and CST) that the teaching level was not always adjusted accordingly to ensure maximum educational value With regards to the morning trauma meeting, the trainees all acknowledged that the educational value varied depending on the consultants' present. The review team heard that there were normally two or three consultants present but that this had also been variable. It was also noted by the review team that as these meetings were targeted to ST3+ trainees, that there was, on occasion, limited educational value for the GP and CST trainees. The review team heard that the trainees had not experienced any difficulty in attending mandatory training and regional training days, and heard in addition, that the department was looking at establishing a teaching clinic and was exploring other ways of working.	Yes, please see T&O 1.8a
T&O 1.9	**Adequate time and resources to complete assessments required by the curriculum** There were no issues reported in terms of work place-based assessments (WPBAs) and the trainees commented that they were able to complete WPBAs as part of the weekly teaching sessions.	

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.

T&O 2.1	**Impact of service design on learners** The Trust management team advised the review team that due to service pressures it had been difficult to find an appropriate balance with education and it was recognised that clinics were largely service provision; as an example, it was heard that the twice weekly fracture clinics had 20 new patients and 30 follow-up patients. However, as a result of the busy service, it was felt by the Trust management team that the surgical opportunities for the trainees to learn from were excellent. The review team heard that the LEDs had similar opportunities as the ST3+ trainees. It was also heard that the trainees were all allocated to a named consultant and that there were given first preference. In terms of annual leave, it was noted that although the same rules applied to trainees and LEDs of no more than two on annual leave at the same time, the department tended to be more flexible for the trainees. It was noted that the Trust was piloting and implementing a new way of working for phlebotomy and that the trainees had been involved in this process. The Trust management team presented details of the surgical strategy for T&O from the projected date of April 2020 onwards. The strategy was discussed in detail in terms of the trainees moving with their consultant and working across different sites (a maximum of two sites within Barts Health NHS Trust) for elective surgery. It was also heard that there would be a redevelopment of Whipps Cross University Hospital (WXUH) over the next five years and that the intention was for elective surgery to be provided by WXUH. The review team heard that the Trust was in the process of appointing an academic chair of T&O and was also aiming to appoint more ortho-geriatric consultants to further support the clinical service. The review team raised concern that there would need to be clear, robust and standardised patient pathways to ensure that there was no negative impact upon the primary care services. The Medical Director advised that the Trust was working with the Clinical Commissioning Groups and primary care colleagues and the Trust was not working unilaterally. The review team advised the Trust to include the trainees in discussions to ensure that education and training was not affected by the proposed changes and, to ensure that education and training remain a priority for the department, welcomed further details on the surgical strategy	Yes, please see T&O 2.1a Yes, please see T&O 2.1b
T&O 2.2	**Appropriate system for raising concerns about education and training within the organisation** The Medical Director advised the review team that the trainees had raised concerns around the porter services, as they had, on occasions, been required to porter patients themselves. The review team was advised that the Trust senior management was in discussion with the company who provided the porter services to address the current issues. However, the trainees reported that despite the regular emails that the Trust was aware of the issues that there had not yet been any visible change within the department.	Yes, please see T&O 2.2a
T&O 2.3	**Multi-professional approach to education and training** The review team heard that a simulation surgical fellow had been in post for three months and that although they were looking at providing in-situ simulation, there had been some informal sessions held early morning. Whilst it was acknowledged that the trainees did not currently have any opportunities for formal simulation, the review team heard that the department had held a multi-professional National Safety Standards for Invasive Procedures (NatSSIPS) human factors training session for theatre staff. It was noted that this training session had	

	received positive feedback and that the department hoped that this could be run as a whole day session in the future.	

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.

T&O 3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** The trainees advised the review team that they generally felt well supported by the consultant body and the ST3+ trainees were happy with the level of training and surgical experience provided. However, it was noted that there had been some difficulties for new GP trainees on the T&O rotation as they reported that some of the on-call LEDs were difficult to contact. This was highlighted as a potential risk for patient safety, but the trainees advised the review team that if there was no response from the LED that they would escalate to the consultant on-call. The ES' and CS' confirmed that the department was able to map training based on individual trainee needs.	
T&O 3.2	**Behaviour that undermines professional confidence, performance or self-esteem** The trainees the review team met with stated that they had not witnessed or experienced any bullying or undermining.	
T&O 3.3	**Less-than-full-time training** N/A	
T&O 3.4	**Access to study leave** The Trust management team advised that there had been discussions around how the study leave process could be streamlined locally as there had been delays. Examples were cited in relation to delays for requests for aspirational courses and of trainees being unaware of whether the request had been approved.	
T&O 3.5	**Regular, constructive and meaningful feedback** N/A	

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.		
T&O 4.1	**Access to appropriately funded professional development, training and an appraisal for educators** N/A	
T&O 4.2	**Sufficient time in educators' job plans to meet educational responsibilities** The ES' and CS' confirmed that the role was job planned at 0.25 Supported Professional Activity (SPA) per trainee and there had been no issues. The ES' and CS' also advised the review team that they received good support from the Trust management and were able to meet the mandatory training requirements. It was also noted that the Trust offered courses to ES' and CS'.	

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.**		
T&O 5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** The review team heard that clinic access had been variable depending on the level of trainee and ranged from none to having three clinics per week. In addition, it was heard that theatre access had also been variable, and this had meant that some of the trainees had not received the required amount of exposure to meet their curriculum requirements. The review team advised all of the trainees that it was a requirement for those at CST level to attend one clinic and two theatre lists per week and for GP trainees the requirement was three clinics per week. The ST3+ trainees advised the review team that when their named consultant was trauma surgeon of the week that the majority of their week would be spent in the trauma theatre.	

6. Developing a sustainable workforce

HEE Quality Standards **6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.** **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.** **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.** **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.**		
T&O 6.1	**Learner attrition** The review team heard that the ST3+ trainees would recommend their training post to their peers. However, from a GP and CST level there was some doubt around the suitability of the training posts for a junior trainee given the lack of clinic and theatre access.	

T&O 6.1	**Appropriate recruitment processes** The Trust management team advised the review team that the department was reviewing the service and the workforce required in order to reduce the administrative burden on trainees. The Trust would be looking at appointing Physicians Associates but it was noted that there were specialist nurse roles to support the service.	

Good Practice and Requirements

Good Practice

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.
T&O 1.7a	There was no daily, formal handover of all patients, led by the consultant on-call, to the team on-call overnight. The review team was concerned about the potential risk to patient safety particularly in light of the National Health Service England (NHSE) national trauma standards for patient review within 14 hours.	The Trust is required to ensure that there is a daily robust handover to the team on-call at night and provide evidence to HEE of how this will be delivered by 01 March 2020.	R1.14

Mandatory Requirements

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

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
T&O 1.3a	The Trust is required to ensure that there is a balance between education and service for all levels of trainee.	Please provide evidence that demonstrates that the department has, or is, moving towards elective teaching clinics. Please provide this evidence by 01 March 2020	R5.9
T&O 1.6a	The Trust is required to ensure that all trainees rotating into the department (regardless of rotation date) receive a full departmental induction and, as part of this, that they have a scheduled discussion with their educational supervisor around their job plan.	Please provide a copy of the induction programme and trainee feedback by 01 March 2020	R1.13
T&O 1.6b	The Trust is required to provide evidence of a robust process that delivers on JCST quality indicators for clinics and theatre	Please provide evidence of the processes implemented by the Trust to ensure that the Trust is delivering against the JCST quality	R1.12

	times for training requirements of core surgical training	indicators for clinics and theatre times. This should include a copy of the trainee timetables. Please provide this evidence by 01 March 2020	
T&O 1.7b	The Trust is required to ensure that there is a consultant review of patients following the night on-call and the department should also that they are working towards meeting the NHSE national trauma standards.	Please provide evidence which demonstrates that all patients have a consultant review following the night on-call. Please also provide details of how the Trust is working towards meeting the NHSE national trauma standards. Please submit this evidence by 01 March 2020	R1.14
T&O 1.8a	The Trust is required to ensure that the daily trauma meeting provides relevant educational learning opportunities for all levels of trainee.	Please provide evidence that demonstrates that the daily trauma meeting is an opportunity for education. Please provide this evidence by 01 March 2020	R1.16
T&O 2.1b	The Trust is required to ensure that there is a surgical trainee involvement with the proposed surgical strategy so that HEE can be reassured that there is no negative impact on training.	The Trust must provide evidence of trainee engagement with the surgical strategy which includes consideration of any potential impact on education and training (and subsequent mitigation) by 01 March 2020	R2.3
T&O 2.2a	The review team recognise that the arrangements for the porter service are complex as it is a company external to the Trust. However, the review team remain concerned that the trainees are undertaking inappropriate portering duties and the Trust is required to review this practice.	The Trust is required to provide evidence that this issue has been resolved and trainees are no longer required to perform inappropriate portering duties. Please provide this evidence by 01 March 2020	R2.3

Minor Concerns

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

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

Recommendations

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

Rec. Ref No.	Recommendation	GMC Req. No.
T&O 2.1a	The Trust is invited to submit details of the surgical strategy to Health Education England (HEE) so that HEE can be reassured that education and training for trainees will be protected. HEE would also welcome a timeline for implementation.	R2.3

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 Indranil Chakravorty, Deputy Postgraduate Dean, North East London
Date:	14 February 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.