Health Education England

Chelsea and Westminster NHS Foundation Trust

Geriatric Medicine

Risk-based review (on-site visit)

Quality Review report

21 January 2020

Final Report

Developing people for health and healthcare

www.hee.nhs.uk

THE NHS CONSTITUTION
the NHS belongs to us all

Quality Review details

Training programme / learner group reviewed	Geriatric Medicine
Number of learners and educators from each training programme	The review team met with six specialty trainees at training levels three to six (ST3 – 6). The review team also met with seven educational and clinical supervisors in the geriatric medicine department and Trust representatives including: • Medical Education Managers • Directors of Medical Education • Guardian of Safe Working Hours • Medical Director • College Tutors • Training Programme Director • Service Director • Chief Executive Officer (feedback session)

Background to review	Geriatric medicine at Chelsea and Westminster Hospital generated five red outliers in the 2019 General Medical Council National Training Survey (GMC NTS). The red outliers were in; handover, supportive environment, adequate experience, regional teaching and rota design. Six pink outliers were generated. No data was generated for the West Middlesex University Hospital site due to less than three trainees completing the survey.
Supporting evidence provided by the Trust	West Middlesex University Hospital Minutes – Care of the Elderly Local Faculty Group 23.10.19 Minutes – Care of the Elderly Local Faculty Group 17.07.19 Minutes – Educational Governance Group 11.09.19 Minutes - Educational Governance Group 21.06.19 Chelsea and Westminster Hospital Minutes - Care of the Elderly Local Faculty Group 09.12.19 Minutes - Care of the Elderly Local Faculty Group 09.07.19 Minutes – Postgraduate Medical Education Committee 09.07.19 Minutes - Postgraduate Medical Education Committee 16.09.19

Summary of findings	
	The current challenges and pressures faced by the service were discussed. The review team identified several areas of good practice, including: • Trainees spoken to described their consultants to be approachable and friendly. • The review team was impressed with the higher trainees, who were felt to be insightful, measured and thoughtful. • The stroke unit was commended for the high level of training and support it provided. • The review team commended the department for their efforts in enabling trainees to attend their regional training days. Trainees reported that they had attended most of these training days. The review team also noted the following areas requiring improvement: • It was recognised that the acute take workload was high for West Middlesex University Hospital. The recording systems within the Acute Medical Unit required review to ensure robustness. • The review team was concerned to hear that there were times where junior doctors were on the wards both during the day and night time with limited supervision. • Trainees, especially at West Middlesex Hospital were reported to be spending a disproportionate amount of time on the rota and gap management. • The review team heard that it was not consistently communicated to trainees who the responsible consultant was when ward cover was required.

Quality Review Team			
HEE Review Lead	Dr Orla Lacey Deputy Postgraduate Dean Health Education England (London)	**External Clinician**	Dr Mark Cottee Associate Director of South Thames Foundation School Consultant Geriatrician
Head of School Representative	Dr Andrew Deaner Head of School of Medicine for London and the South East	**Lay Member**	Jane Chapman Lay Representative
Observing	Dr Bhanu Williams Deputy Postgraduate Dean Health Education England (London)	**HEE Representative**	Emily Patterson Learning Environment Quality Co-ordinator Health Education England (London)

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

The Trust representatives provided an overview of the background and challenges faced by the geriatric medicine departments at Chelsea and Westminster Hospital (CWH) and the West Middlesex University Hospital (WMUH).

It was discussed that there were just over 100 beds for care of the elderly and four to five consultants in post at both hospitals. At CWH the wards were split between geriatric and general medicine, the take into the wards was not selective. Patients would go to the Acute Medical Unit (AMU), and based on needs, would be allocated to a general medical ward. A new consultant led frailty unit at CWH had been recently opened. At WMUH the wards were not shared with general medicine and were located away from the main part of the hospital.

The current staffing of the departments for both hospitals was discussed. It was advised that there was a shortage in the number of consultants in post at WMUH. It was reported that there was funding in place for consultant positions, however recruitment had been unsuccessful. A number of international clinical fellows had been appointed at WMUH. The review team heard that it had taken time to imbed the fellows into the NHS system, however on the whole feedback from consultants and trainees had been positive. Trust representatives advised that there had also been rota gaps at CWH; this had created workload pressures for the higher trainees, concerns around the level of supervision in certain areas and had led to lost educational opportunities. Attempts had been made to rectify the effects of the rota gaps, this had included consultants providing cross cover arrangements. The Trust representatives advised that they had spoken to the trainees currently in post, who reported that improvements had been made since the 2019 General Medical Council National Training Survey (GMC NTS) results. A development programme for therapists and nursing staff had been implemented and both hospitals had training programmes for Physician Associates.

The review team asked the Trust representatives how the balance between geriatric medicine training and acute medicine was managed. At CWH it was advised that rota gaps for acute medicine were filled by locums, as trainees were currently working on a 1:14 rota, with two gaps. This allowed the rota to be covered without trainees having to significantly go over their working hours. The review team heard that trainees would not be taken from their specialty wards to cover the rota gaps.

Efforts made to enable trainees to attend their regional training days were discussed. At WMUH at the time of the 2019 GMC survey there were unfilled Trust grade doctor and higher trainee positions. It was advised that during this time trainees were encouraged to go to training days, however trainees did not want to leave the wards understaffed. Two additional higher trainees and Trust grade doctors had since been recruited, this had enabled further cover for trainees to attend training days.

Teaching and training opportunities within the department were discussed. It was advised that trainees were spoken to at induction and asked what additional teaching and skills they hoped to achieve from the placement. The department had tried to make courses more accessible, such as clinical and educational supervisor courses to prepare trainees for when they become consultants. The review team heard that within the hospitals trainees had started to organise inter -departmental training sessions. It was discussed that trainees did not experience problems in meeting the curriculum requirements due to specialty placements, clinics and the opportunity of assessments on the AMU.

The review team enquired about the handover process at CWH and what interventions had occurred since it was raised as a concern on the 2019 GMC NTS survey. Trust representatives reported that a significant amount of work had been undertaken and that a consultant led handover took place in the mornings. The review team heard that a consultant led handover had been in place for approximately three years, however, this had been variable due to the number of consultants being present. For both CWH and WMUH a specified acute medicine consultant had been appointed to lead the handover. Trust representatives advised that it was difficult at times to handover patients who had been moved to a general medicine ward, and that they would receive their own specialty ward handover. It was advised that there was a section in the handover for patient centred care for patients who had been in the AMU at WMUH.

It was discussed that Cerner, the electronic patient records system, had been implemented at CWH. Trust representatives advised that the introduction of Cerner had made viewing patient records at CWH easier. It was advised that there were plans to roll out Cerner for WMUH.

The review team enquired about the local faculty group meeting (LFG) minutes that were provided in advance of the review. The review team noted that there had been trainee representation at the LFG at WMUH, however not at CWH. Trust representatives advised that a trainee discussion had taken place at CWH, however, it had not been minuted.

The Guardian of Safe Working Hours (GOSWH) provided an overview on exception reporting at both hospitals. It was advised that for both sites geriatric medicine had been well represented, it was not an outlier and a

consistent flow of exception reports had been submitted. It was acknowledged that at both sites there had been rota gaps and short staffing at a consultant level. A number of exception reports had been the result of a high workload. The review team heard that most consultants had responded well to the reports raised. The GOSWH discussed that in 2018 some trainees had felt discouraged by members of staff to exception report at WMUH, it was advised that there had been a senior management meeting around this, and that additional support had been put in place. It was reported that trainees had been asked whether they would prefer monetary reimbursement or time off in lieu, due to rota shortages it was discussed that trainees would often choose monetary reimbursement.

Trust representatives explained that the induction process across both hospitals was aligned where possible. A Trust induction took place, followed by a local departmental induction. It was advised that all departments had a checklist, which they were required to go through with all new trainees; this included the rota and the allocation to educational and clinical supervisors. The departmental induction was conducted by a consultant and the trainees had also be given the opportunity to meet the training programme director. Junior Doctor coaches were also available across both sites. Trust representatives advised that the Internal Medicine Training (IMT) trainees and higher trainees had reported that the local induction was good and had prepared them well for the job. It was advised that an induction had occurred for the foundation, core medical training and higher trainee rotations. Trust representatives discussed that trainees were liaised with in advance to reduce the burden of induction, for example to see if they had completed mandatory training at their last placement and whether this could be transferred. It was advised that occasionally trainees had missed their induction due to being on-call. It was discussed that the Trust had tried to champion trainees not being on call until they were orientated into the department.

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
GM1.1.	**Induction** The review team heard that trainees at CWH had received a Trust induction, however not all trainees had received a speciality induction due to being on call. It was discussed that the trainees had not received an induction into general medicine and how the medical take system had worked.	Yes, please see action GM1.1a

	Trainees at WMUH advised that they had received a Trust induction, which had included a session with representatives from the AMU. Trainees advised that they had not received a specialty induction. For both hospitals trainees reported that they had received their passwords and log in details when they started. The review team heard that some trainees had started the post on night shifts. Trainees advised that this was challenging as they not all had been orientated into the job or Trust.	Yes, please see recommendation GM1.1b
GM1.2.	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** The review team heard that the trainees at WMUH ran the rota for the geriatric medicine department which included foundation level and IMT trainees, in addition to clinical fellows. It was advised that trainees spent a disproportionate amount of time on the rota, due to a lack of support received in covering identified rota gaps. Trainees advised that the medical staffing team were unresponsive to emails sent to them notifying of upcoming rota gaps. Staff were often not aware until the day of, whether the gaps had been filled. Trainees discussed that they had escalated this to the consultants and service managers. Clinical and educational supervisors at WMUH advised that a service manager supported the higher trainees to fill the identified gaps. The review team heard that trainees valued the opportunity to run the rota and the managerial experience it provided. However, the amount of time spent on the rota was higher than needed due to inefficiencies and as a result the rota management was often done outside of the trainees' hours of work. Trainees at CWH advised that they also managed the rota for the hospital's geriatric department. It was advised that there was not protected time for this, and the rota management had been undertaken outside of their working hours. Clinical and educational supervisors advised that the service manager would look ahead for known gaps to help plan accordingly.	Yes, please see action GM1.2
GM1.3.	**Protected time for learning and organised educational sessions** All trainees reported that they had managed to go to most training days, if they were not on call. It was advised by both trainees, educational and clinical supervisors that consultants were supportive in encouraging attendance to these training days. The review team heard that trainees felt that wards were often understaffed when they were away on training. WMUH trainees advised that their study afternoon, although timetabled, was not protected. On the study afternoon the trainee had held the ward bleep and had supported the ward when required. The review team further heard that the study afternoon was often used by the trainees to catch up on their administrative tasks such as rota management. Trainees at WMUH advised that they had received a lot of encouragement to undertake departmental projects. Clinical and educational supervisors further discussed project opportunities that had been available to trainees.	Yes, please see action GM1.3
GM1.4	**Organisations must make sure learners are able to meet with their educational supervisor on frequent basis** At the CWH some trainees advised that they had not initially been assigned to an educational supervisor, but that this had been resolved. All trainees reported that they had met with their educational supervisor. Trainees at the WMUH told the review team that they had all been assigned to an educational supervisor. However, following a change in staffing, not all trainees had met with their newly allocated supervisor. It was advised that not all trainees had had their formal educational supervisor meeting uploaded onto their e-portfolio.	Yes, please see action GM1.4

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.

GM2.1.	**Impact of service design on learners** All trainees advised that generally the consultants were friendly and approachable. It was reported that there was good learning potential due to a variety of clinical presentations. Educational and clinical supervisors reported that they had a culture of communication, at CWH a WhatsApp group had helped to discuss and communicate problems. It was further reported by supervisors at CWH that the proximity of the consultant offices helped in the running of the service. The review team heard that trainees had a high workload when they were rostered to the medical take at WMUH. At night one higher trainee was rostered with the support from one Foundation and one IMT trainee. The higher trainee was also required to support the junior doctor on the ward if bleeped. It was advised that at times it could be difficult to manage both the AMU and issues presented on the ward. Trainees reported that the medical take handover from the day shift could be high, especially during winter, with five to 20 patients waiting to be clerked. Trainees reported that there was a steady stream of referrals throughout the night and at times this felt overwhelming and unmanageable. Trainees felt that the referrals received from the Emergency Department (ED) did not contain adequate detail. Trainees advised that the AMU ward list at WMUH was recorded on Microsoft Word, and that there had been version control issues. The review team heard that trainees were worried that patients had the potential to be lost through somebody accidently making edits. It was discussed that Cerner was to be shortly instated at WMUH which would help with the issues around version control. Trainees from CWH advised that there were some systems in place on the AMU that were challenging. It was discussed that the ED did not refer patients to the AMU, patients are sent dependant on need. Trainees reported that at times patients had been inappropriately referred to the AMU. The review team heard that trainees felt that there was no allocated team member to oversee new patients coming in and as a result it increased the higher trainees' administrative burden. WMUH Trainees reported that they were required to allocate beds and delegate the clerking of new patients. The AMU was a 60-bed ward, which further made identifying new patients difficult. Trainees felt that they were required to keep reviewing the electronic whiteboard displaying the patient list to ensure they had not missed a new patient. Trainees advised that they had not witnessed clinical incidents as a result of missing a patient however, at times patients had been missed and not reviewed for a number of hours. It was advised that there was not a formal morning or evening handover that the higher trainees attended. The review team heard that there was an outreach team at both hospitals. All trainees advised that the outreach team was extremely helpful for the management of workload.	Yes, please see action GM2.1a Yes, please see action GM2.1b Yes, please see action GM2.1c
GM2.2	**Appropriate system for raising concerns about education and training within the organisation**	

	All trainees spoken to said that they had not raised an exception report. Some trainees told the review team that they were concerned that it would compromise the chance of prospective job opportunities. It was advised that trainees would often come in early, due to living far away, and stay late. Clinical and educational supervisors at WMUH reported that a main positive of the department was that it was small. The size of the department had allowed meetings to occur two to three times a week to discuss what was and what was not working well.	Yes, please see action GM2.2
GM2.3	**Systems and processes to make sure learners have appropriate supervision** All trainees advised that rota gaps had been a problem for both hospitals. Educational and clinical supervisors further identified workload and gaps in staffing to be a main issue. It was advised that trainees could only take study and annual leave when they were rostered on the wards. This had led to further rota management issues. Educational and clinical supervisors spoken to acknowledged that the continuity of care on the wards was often the consultant and the FY1 trainee. At CWH the review team heard from trainees that often one person would be covering a ward due to other staff being on-call and having time off for training. It was advised that at times this would be a Foundation Year one (FY1) trainee. If a FY1 trainee was to be left alone the higher trainee would notify the responsible consultant. Educational and clinical supervisors spoken to advised that if an FY1 trainee would be alone on the ward this would be identified in advance and escalated to medical staffing. Supervisors further advised that there were long term senior nurses and management to support the FY1 trainee. Supervisors acknowledged that FY1s had reported that they had found it difficult when they were by themselves, however it had been a good learning opportunity. The review team heard that at night one junior doctor covered the ward, which may be an FY1 trainee. There were two hospital at night meetings at 21:00 and at 02:00. It was advised that the trainee covering the wards could bleep the rostered higher trainee if required. Trainees at CWH advised that there was not a robust system in place for communicating who the responsible consultant was for when cross cover was required. It was discussed that some consultants worked part time and that the need for cross cover occurred regularly. The review team heard that an ad hoc arrangement was in place, where trainees were advised that they could call the consultant when they were not working. Trainees reported that as a result of not having a clearly communicated consultant of the day, when required they had to actively find a consultant in the hospital who could support them. It was advised that the part time working hours and lack of cross cover had affected the number of consultant-led ward rounds and educational opportunities the trainees could attend. It was further discussed that trainees had raised this as an issue, however it had not been sufficiently rectified. Clinical and Educational supervisors at CWH advised that there were cross cover arrangements with a nominated consultant agreed, however they were finding this more difficult to arrange. Supervisors advised that the trainees were aware they could approach consultants when they required support.	Yes, please see action GM2.3a Yes, please see action GM2.3b

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.		
GM3.1.	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** Trainees at CWH advised that the hospital was in the process of establishing a group for higher trainees to discuss problems they faced. Trainees at WMUH told the review team that two meetings for geriatric medicine had taken place, this had been run by a member of staff who had retired from the hospital and was therefore independent from the department.	
GM3.2	**Behaviour that undermines professional confidence, performance or self-esteem** The review team heard that the ED staff at WMUH had behaved unprofessionally towards the geriatric trainees. Trainees spoke of situations where ED junior trainees had approached them to handover patients whilst they had been attending cardiac arrest calls. ED staff were described to sometimes be aggressive in their communication approach, staff had been known to bleep geriatric trainees asking why they had not answered their call. Trainees further spoke of situations where that ED staff had told them that they were going to write their names in the patient notes if the trainee was felt not to have completed a task.	Yes, please see action GMC3.2
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.**		
GM4.1	**Sufficient time in educators' job plans to meet educational responsibilities** Clinical and educational supervisors advised that there was a discrepancy in the number of trainees each consultant supervised. It was reported that there were situations where there was not enough time in the consultant's job plan to reflect the number of trainees supervised.	Yes, please see action GM4.1
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.**		
GM5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** Most trainees reported they felt that they were on track to meet the academic competencies required. It was advised that there were lost educational opportunities on	

	call and on certain wards due to capacity and rota gaps. Both clinical and educational supervisors, and trainees advised that their sub speciality rotation had provided good exposure to a wide variety of presentations and opportunities. Supervisors discussed the opportunities provided, including work around strokes and heart failure. Some WMUH trainees were not able to attend clinics, due to clinics not being available.	Yes, please see action GM5.1

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.

	Not discussed at the review.	

Good Practice and Requirements

Good Practice
Trainees spoken to described their consultants to be approachable and friendly.
The review team was impressed with the higher trainees, who were felt to be insightful, measured and thoughtful.
The stroke unit was commended for the high level of training and support it provided.
The review team commended the department for their efforts in enabling trainees to attend their regional training days. Trainees reported that they had attended most of these training days.

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.
	None.		

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.**
GM1.1	**Trust Wide** The Trust to ensure that trainees receive a Trust and a local induction before starting in post. An induction into the medical take should also occur if the trainee is to be rostered there.	Please provide evidence that all trainees have received the appropriate inductions before starting in post.	R1.13
GM1.2	**Trust Wide** The geriatric departments at both CWH and WMUH are to review the current rota management arrangements in collaboration with trainees. The departments are to ensure that trainees are not spending a disproportionate amount of time on rota management and that appropriate administrative support is provided.	Please provide evidence that the rota management process has been reviewed and that appropriate support is in place for trainees.	R1.15
GM1.3	**West Middlesex University Hospital** The geriatric department at WMUH is to ensure that trainees receive the appropriate protected study time.	Please provide evidence that trainees are receiving the appropriate protected study time.	R1.16
GM1.4	**Trust Wide** The geriatric departments at both CWH and WMUH to review the frequency of meetings between the trainees and their educational supervisors, and that the relevant documentation is completed following a meeting.	Please provide evidence that the frequency of trainees meeting their educational supervisors is being monitored, in addition to the completion of relevant documentation.	R5.9
GM2.1a	**West Middlesex University Hospital** The geriatric department at WMUH to review the medical take rota and processes in collaboration with trainees and the acute medical unit. This may include consideration around workforce transformation.	Please provide evidence that a review of the medical take has occurred in collaboration with trainees, and that plans have been put in place to support trainees.	R1.1
GM2.1c	**West Middlesex University Hospital** The Trust to review the current processes in place around the operation of patient flow in the acute medical unit at WMUH. This	Please provide evidence that this has been reviewed in collaboration with trainees.	R1.1

	should be done in collaboration with trainees.		
GM2.2	**Trust Wide** The Trust to review the current culture of exception reporting, and to ensure steps are in place to actively encourage reporting.	Please provide evidence of a review of the exception reporting culture and plans in place to actively encourage exception reporting.	R1.10
GM2.3a	**Chelsea and Westminster Hospital** The Trust to review the current ward cover and escalation processes in place at CWH for junior trainees working alone.	Please provide evidence that a review of ward cover and the escalation process has occurred. Please provide HEE with plans in place.	R1.7
GM2.3b	**Chelsea and Westminster Hospital** The department to review the current cross cover of consultant working. Cross cover arrangements should ensure that educational opportunities are not lost for trainees.	Please provide evidence that cross cover arrangements have been reviewed and that educational opportunities are not compromised.	R1.6
GM3.2	**West Middlesex University Hospital** The Trust to address the relationship between the emergency department colleagues and geriatric trainees.	Please provide evidence that the relationship has been reviewed.	R1.2
GM4.1	**Trust Wide** The Trust to ensure that adequate time is allocated in the clinical and educational supervisors job plan.	Please provide evidence that all clinical and educational supervisors have the correct time allocated in their job plans.	R4.2
GM5.1	**West Middlesex University Hospital** The Trust to ensure that trainees are attending a sufficient number of clinics.	Please provide evidence that trainees are attending a sufficient number of clinics.	R1.12

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.
	None.		

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.**
GM1.1b	The department is advised to ensure that trainees starting their placement are initially rostered to a day time shift.	
GM2.1b	The Trust to review the current recording of the ward list at the acute medical unit. A short-term plan to be put in place to reduce version control, in the interim of the introduction of Cerner.	

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**
An education leads conversation to take place before May 2020. The conversation will review the cross-cover arrangements of consultants, to ensure that education and training opportunities are protected.	HEE to organise.

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Orla Lacey
Date:	01 May 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.