

HEE Quality Interventions Review Report

**Barking, Havering and Redbridge
University Hospitals NHS Trust (Trust wide)
Acute Medicine, Anaesthesia, Critical Care and
Obstetrics and Gynaecology
Senior leader engagement visit**



London – North East London

01 October 2020

Review Overview

Background to the Review:	This review was an agreed follow-up to the senior leads conversation held on 19 May 2020. The purpose was to review the progress of work on ongoing issues identified in acute medicine, anaesthesia, critical care, and obstetrics and gynaecology during reviews which took place between 2017 and 2020.
Training Programme/Learner Groups Reviewed:	Acute medicine, anaesthesia, critical care, and obstetrics and gynaecology
Who we met with:	<p>Divisional Director, Emergency, Acute & Critical Care Medicine Clinical Lead, Acute Medicine Divisional Manager, Acute Medicine College Tutor, Acute Medicine Clinical Lead, Critical Care Medicine Service manager, Anaesthetics General manager, Anaesthetics Divisional Director, Women's & Children's services Specialty Tutor, Obstetrics & Gynaecology Divisional Manager, Women's & Children's Services College Tutor, Obstetrics & Gynaecology Chief Medical Officer Associate Director of Medical Education Associate Director, Research & Chief Medical Officer's Services Divisional Manager, Specialist Medicine/Workforce Hub Lead Deputy Medical Education Manager Interim Director of Medical Education</p>
Evidence utilised:	No evidence was requested from the Trust.

Review Panel

Role	Job Title / Role
Quality Review Lead	Gary Wares Postgraduate Dean Health Education England (North London)
HEE representative	Louise Schofield Deputy Postgraduate Dean Health Education England (North East London)
Specialty Expert	Catherine Bryant Deputy Head of the London Specialty School of Medicine

Specialty Expert	Cleave Gass Head of the London Academy of Anaesthesia and Intensive Care Medicine
Specialty Expert	Charlotte Anderson Deputy Head of the London Academy of Anaesthesia and Intensive Care Medicine
External Specialty Expert	Chris Sadler Training Programme Director for London School of Anaesthesia and Intensive Care Medicine
Specialty Expert	Greg Ward Head of the London Specialty School of Obstetrics and Gynaecology
GMC representative	Samara Morgan Principal Education QA Programme Manager (London) General Medical Council
HEE Quality Representative	Paul Smollen Deputy Head of Quality, Patient Safety and Commissioning Health Education England (London)
HEE Quality Representative	Andrea Dewhurst Quality, Patient Safety and Commissioning Manager Health Education England (London)
HEE Quality Representative	Chloe Snowdon Learning Environment Quality Coordinator Health Education England (London)
HEE Quality Representative	Naila Hassanali Quality and Patient Safety Officer Health Education England (London)

Executive summary

A risk-based senior leader engagement visit was arranged as a follow up to a senior leads conversation in May 2020. The review took place to assess Barking, Havering and Redbridge University Hospitals NHS Trust's progress towards improving training and support to trainees in acute medicine, anaesthetics, critical care, and obstetrics and gynaecology after a range of issues were identified in a series of visits to these specialties between 2017 and 2020. During the review, the review team stressed the importance of the Trust focusing on, and being able to evidence, sustainable change.

Acute medicine

Regarding acute medicine, the Trust representatives assured the review team that progress towards filling rota gaps had taken place, although further work was required. The review team heard that the relationship between acute medicine and the emergency department (ED) had improved, and work was ongoing. The Trust representatives also explained the new induction process for trainees in acute medicine. The review team and Trust representatives spoke about the importance of the Trust action planning and collecting evidence to allow it to be taken out of General Medical Council (GMC) enhanced monitoring (for staff behaviour and supportive environment).

Anaesthetics and critical care

For anaesthetics and critical care, the review team heard about support provided to Medical Training Initiative (MTI) doctors, rota cover, support for trainees involved in serious incidents (SIs), and attendance of trainees at the department's local faculty group (LFG) meetings. The Trust representatives also informed the review team about the lessons they learnt from the first wave of Covid-19, particularly around ensuring trainees redeployed from anaesthetics to intensive care had an assigned clinical supervisor in intensive care. The review team and Trust representatives also discussed that the Trust needed to ensure all educational supervisors were up to date with their appraisals.

Obstetrics and gynaecology

The Trust representatives for obstetrics and gynaecology (O&G) informed the review team that a cap on bookings from women outside of the Trust's catchment area meant fewer deliveries were taking place at the Trust than before the cap was introduced. The Trust representatives told the review team that the workload in the Early Pregnancy Assessment Unit had also improved with the introduction of two advanced nurse practitioners, and there were plans to introduce a triaging system. The review team heard that a survey of trainees in O&G had produced named feedback on consultants. The Trust representatives informed the review team that a summary of the feedback would be provided to trainees and consultants in the department. Additionally, the review team heard that one to one feedback sessions were planned with each consultant to discuss the named responses.

Next steps

Health Education England (HEE) and the GMC agreed that acute medicine would remain under GMC enhanced monitoring but encouraged the Trust to collect evidence of its actions relating to improvements around the enhanced monitoring item. The review team agreed that further monitoring (including a return senior leadership engagement visit in 2021) would be required to ensure that the positive steps taken by the Trust were being sustained and further improvements made (please see Requirements section).

Review Findings

Not all the Quality Framework standards have been included within the tables below. The standards included are where the quality interventions are expected to have a direct operational impact on the quality of the learning environment. The other standards are still expected to be reviewed for each organisation and will be undertaken through different tools than the Quality Interventions identified within Table 2.1

Identify the review findings for each of the relevant standards below and remove the standards where there is no comment to be made.

Domain 1 - Learning environment and culture		
<p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p> <p>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.</p> <p>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).</p> <p>1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.</p> <p>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.</p> <p>1.6. The learning environment promotes interprofessional learning opportunities.</p>		
HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.1	<p>Serious incidents and professional duty of candour</p> <p><u>Critical care and anaesthetics</u> The review team asked what support was in place for trainees if they were involved in a serious incident. The Divisional Director (DD) for emergency, acute and critical care medicine reported that there was no formalised programme of support for trainees involved in a serious incident, but the quality and safety team for the division was responsible for continuity when dealing with serious incidents.</p>	CC1.1
1.2	<p>Bullying and undermining</p> <p><u>Acute medicine</u> The review panel enquired about the relationship between acute medicine and the emergency department (ED), given previously reported tensions in 2019. The Trust representatives told the review panel that the relationship was much improved due to more collaborative working. The review team heard that consultants from the ED and acute medicine met regularly to discuss any issues and quality and improvement meetings were held across the two departments. The Trust representatives also informed the review team that acute medicine and the ED shared some teaching sessions and positive trainee feedback had been received on these.</p> <p>The DD for emergency, acute and critical care medicine explained that an acute medicine consultant was based in the ED to support trainees from acute medicine also based there. The DD also told the review team that a specially designed multi-disciplinary staff area (including staff room and handover room) was being created between the ED and acute assessment unit which was to be used by ED and acute medicine staff. The DD thought this staff area would</p>	AM1.2a

	<p>be available by the end of 2020. Overall, the Trust representatives were confident the day to day working relationship between acute medicine and the ED was much improved, and although some issues remained, these were dealt with much more satisfactorily than in the past.</p> <p>The review team asked what work the Trust was doing to ensure it could move out of General Medical Council enhanced monitoring for acute medicine (relating to staff behaviour and supportive environment). The Medical Director (MD) explained that the Trust had learnt a lot around supporting teams and staff wellbeing during the Covid-19 response in spring 2020 and that one of the seven pillars the chief executive wanted to focus on was culture and professionalism. The MD said the Trust had more work to do on this. The review panel encouraged the Trust representatives to ensure evidence of work being done on the enhanced monitoring item was clearly documented and evaluated (including trainee feedback) to aid the Trust to move out of enhanced monitoring.</p> <p><u>Obstetrics and gynaecology</u> The review team were encouraged to hear that as part of the department's efforts to address bullying and undermining behaviour, a survey of trainees was completed which asked for feedback on named consultants. The MD explained that the Trust was in the process of reviewing the responses and that the plan was to pull together feedback to share with consultants and trainees in the department in a confidential manner. The MD said the Trust would share this with Health Education England (HEE) too. The MD told the review team that additionally, individual sessions were being planned with consultants to address issues in the named feedback. The review team enquired about the expected timelines on this piece of work and the Trust representatives informed that it was expected the one to ones with consultants would be completed by the end of November 2020. The MD explained that conducting the survey had highlighted the need for regular confidential feedback mechanisms for the trainees in obstetrics and gynaecology (O&G), which the Trust was looking to instate.</p>	<p>AM1.2b</p> <p>OG1.2a</p> <p>OG1.2b</p>
<p>1.4</p>	<p>Appropriate levels of Clinical Supervision</p> <p><u>Critical care and anaesthetics</u> The review team heard that trainees who were redeployed from anaesthetics into intensive care during the Trust's response to Covid-19 in spring 2020 were not allocated a clinical supervisor in intensive care (retaining their supervisor in anaesthetics only). The review team were told that any trainees to be redeployed in future, would be allocated a clinical supervisor in the department they were working in.</p>	
<p>1.4</p>	<p>Appropriate levels of Educational Supervision</p> <p><u>Critical care and anaesthetics</u> The review team asked about support provided to Medical Training Initiative (MTI) doctors in the division. The Trust representatives explained that MTI doctors received the same level of educational supervision as other trainees and that with a total of 22 trainees (including MTI trainees) and 27 consultants in the intensive care unit, educational supervision was well covered.</p> <p><u>Obstetrics and gynaecology</u> The review team asked about support provided to MTI doctors in O&G. The Trust representatives told the review team that the department had had two MTI doctors every year for the past seven or eight years so the programme of support for MTI trainees was well established. The speciality tutor for O&G</p>	

	<p>confirmed that every MTI doctor had an educational supervisor. The speciality tutor also told the review team that MTI doctors usually started at a core speciality training grade, progressing to a higher specialty training grade after about a year (some progressed sooner if they felt confident to). The specialty tutor said the Trust worked with the MTI team at the Royal College of Obstetrics and Gynaecology to ensure good support and opportunities for MTI doctors in the department.</p>	
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Domain 2 – Educational governance and leadership

- 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.

HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>The review team were pleased to hear about the changes the Trust was making to ensure good quality education and support for trainees throughout the Trust. The review team stressed to the Trust representatives the need to ensure any changes applied were sustainable - and the Trust needed to be able to reassure HEE and the GMC of this sustainability. The review team asked that the Trust pull together a centralised implementation plan containing the details of all HEE actions and details of who was responsible for each action.</p>	G2.1
2.1	<p>Impact of service design on users</p> <p><u>Acute medicine</u></p> <p>The review team asked for an update on previous issues surrounding rotas and rota gaps in acute medicine. The DD for emergency, acute and critical care medicine highlighted that the Trust had assigned £1.7 million of funding to increase the number of junior doctors in medicine in the Trust. The DD also indicated to the panel that during the Trust's response to the first wave of Covid-19, there was uniform rota cover 24 hours a day, which received good feedback from trainees. The DD said that when the rota moved away from the temporary cover provided during those months, trainees said they wanted more out of hours cover. Because of this, the DD explained that the Trust was working with trainees and consultants to change the rota pattern and increase out of hours cover. The Medical Director (MD) explained that rota changes had been made in medicine on both hospital sites in the Trust, increasing middle grade doctor cover to ensure two medical higher specialty trainees were rostered 24 hours a day on both sites. The MD said that further work on filling rota gaps was required, especially at Queen's Hospital. The MD indicated to the review team that the £1.7 million funding increase was just phase one in improving rotas in acute medicine.</p>	AM2.1

	<p>The Trust representatives provided the review team with assurance of consultant cover on the rotas in acute medicine, with consultants onsite seven days a week from 8:00 to 22:00 at Queen’s Hospital and 8:00 to 20:00 at King George Hospital. The DD said that due to the extended working hours at both hospital sites, a business case had gone to the executive board to increase the acute medicine consultant workforce.</p> <p><u>Critical care and anaesthetics</u> The review team asked how rotas for critical care were being organised in the Trust. The DD for emergency, acute and critical care medicine highlighted that critical care rotas were guidelines for the provision of intensive care services (GPICS) version 1 compliant and sometimes GPICS version 2 compliant. The DD told the review team that during the Trust’s response to the Covid-19 pandemic in spring of 2020, all junior doctors who were redeployed were allocated based on competency, which ensured a good skill mix across rotas. The DD explained that although the rotas changed coming out of the Covid-19 rotas, rotas were still based on ensuring good skill mix at all times of day.</p> <p>The review team enquired about cover on anaesthetics rotas, especially out of hours. The DD reported that at Queen’s Hospital, theatre was covered by two higher specialty trainees (with assistance from a core trainee) and the obstetrics theatre was covered by two higher specialty trainees. The DD also updated the review team that consultant cover for trauma had been extended from 18:00 to 21:00. The DD explained that at King George Hospital, there was no emergency operating anymore but elective surgery had one higher specialty trainee out of hours, and one higher specialty trainee and a fellow specialty doctor covering the Intensive Care Unit (ITU) out of hours. The review team also heard that rotas were designed in the anaesthetics department so that the average number of hours worked a week was 32 to 33 hours (even during the Covid-19 response in spring 2020). The DD also informed the review team that changes had been agreed to the higher specialty trainees’ rota to allow for more weekday working. The review team said they would appreciate seeing some rotas for anaesthetics and critical care to better understand what cover was provided.</p> <p>When the review team enquired about support for MTI doctors in the division, the Trust representatives informed the review team that MTI doctors were rostered in the same way as other trainees. The DD told the review team that the department supported MTI doctors through the Certificate of Eligibility for Specialist Registration (CESR) process.</p> <p>The DD explained that the Trust had entered a joint programme with Basildon and Thurrock Hospitals NHS Foundation Trust and Mid and South Essex NHS Foundation Trust to allow non-training grade doctors from across the three Trusts to move about and receive training not available at their own Trust, in order for them to pursue a CESR application.</p>	CC2.1
2.2	<p>Appropriate systems for raising concerns about education and training</p> <p><u>Critical care and anaesthetics</u> The review team asked whether trainees and trainee representatives attended LFG meetings and if there was good engagement about training and support provided to trainees during these meetings. The Trust representatives said that trainees were involved in LFGs and said the use of Microsoft Teams had made it easier for trainees to attend. The DD said that some trainees at Queen’s Hospital only rotated into the department for three months so there</p>	CC2.2

	was work ongoing to establish a longer standing trainee representative at LFG meetings who could explain to trainees the background to decisions made previously.	
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Domain 3 – Supporting and empowering learners

- 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.

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.4	<p>Induction (organisational and placement)</p> <p><u>Acute medicine</u> The review team asked how the Trust managed the trainee induction into medicine in the August rotation. The Trust representatives explained that a generic template induction booklet was created for every speciality to use. This was updated with information specific to medicine for the incoming trainees. The booklet was emailed to trainees ahead of them starting their placements. Trainees were also able to access the induction booklet through the medical education app on their smart phones. The app provided virtual tours of departments, maps and information of key contacts, and was created with trainee input. The trainees also attended Trust inductions which, due to the ongoing Covid-19 situation, were mostly delivered virtually. The medical education department said the move to virtual inductions had increased attendance.</p> <p>The review team asked whether any feedback on induction had been collected from trainees. The Trust representatives explained that the Trust moved away from paper-based feedback forms on induction, to an online form. The online form was added to the same website where trainees completed their mandatory eLearning training. The Trust representatives said that the response rate was quite low, and the feedback has not been explored yet. The review team encouraged the Trust to ensure collection and consideration of feedback on inductions, in order to make improvements.</p> <p><u>Obstetrics and gynaecology</u> The review team asked about support provided to MTI doctors. The speciality tutor was able to confirm that all MTI doctors received a full Trust and local induction.</p>	AM3.4
3.1	<p>Access to resources to support learners' health and wellbeing and to educational and pastoral support</p> <p><u>Director of Medical Education appointment</u> The review team asked for an update on the recruitment of a new Director of Medical Education (DME). The MD informed the review team that three candidates had been shortlisted and interviews were due to take place in October 2020. The MD confirmed that the DME would report directly to the MD</p>	

	<p>and would be responsible for producing regular education summary reports to go to the Trust's executive committee.</p> <p>The review panel enquired whether the DME would be responsible for the Learning Development Agreement (LDA) budget the Trust receives from HEE and the MD confirmed this was the case. The review team also asked for an update on the work the Trust undertook around identifying the LDA budget and where it was being used. The Trust representatives explained that the Trust had worked with HEE to understand where the budget went in the Trust and were confident that it was flowing through to the learning and development of trainees.</p> <p><u>Guardian of Safe Working Hours appointment</u> The review panel enquired whether a Guardian of Safe Working Hours (GOSWHs) had been appointed. The MD explained that there were now two in post to ensure that they provided support to both non-training grade doctors and trainees The MD said the two GOSWHs were working out how to split the workload among themselves and would provide exception reports to the executive board for both non-training grade doctors and trainee doctors.</p> <p><u>Critical care and anaesthetics</u> The review team asked the Trust about pastoral support given to trainees in critical care and anaesthetics. The DD for emergency, acute and critical care medicine reported disappointment that some trainees felt unsupported when they were redeployed from anaesthetics to the intensive care unit during the Trust's Covid-19 response. The DD explained that as all junior doctors in anaesthetics were redeployed, consultants were covering anaesthetics 24 hours a day, which meant they were not always available to the trainees they supervised. The review panel asked how the Trust would ensure trainees were supported if there were another surge of Covid-19. The DD confirmed that the Trust had no plans to redeploy to the same extent as in spring 2020 and if trainees were redeployed, it would be for a percentage of their time only. The DD informed the review team that if trainees were redeployed to the intensive care unit going forwards, they would be given an allocated clinical supervisor in the unit.</p> <p>The DD reported that an additional college tutor had been appointed in anaesthetics (making two in total) and a newly appointed consultant in critical care was due to spend 40% of their time on medical education. The DD also highlighted that the Trust made two clinical psychologists available to patients, carers and staff in intensive care during the Covid-19 response in spring 2020. The DD explained that the Trust had asked North East London NHS Foundation Trust to interview and select two clinical psychologists to continue this work as good feedback was received from trainees. The DD also reported changes were being made to the environment in critical care, creating more space for staff to spend time outside of the clinical area. The DD explained this space was used for handovers and breaks and had a positive impact on interaction and support among staff.</p>	<p>CC3.1</p>
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Domain 4 – Supporting and empowering educators		
<p>4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.</p> <p>4.2. Educators are familiar with the curricula of the learners they are educating.</p> <p>4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.</p> <p>4.4. Formally recognised educators are appropriately supported to undertake their roles.</p>		
HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
4.3	<p>Educational appraisal and continued professional development</p> <p><u>Critical care and anaesthetics</u> The DD for emergency, acute and critical care medicine reported to the review team that educational appraisals in the division had not been kept up to date over the last three or four years and was being looked into.</p>	CC4.3

Domain 5 – Delivering curricula and assessments		
<p>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.</p> <p>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.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
5.1	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p><u>Obstetrics and gynaecology</u> The review team enquired about the workload in the department, after a high number of deliveries were reported during a review to the department in January 2020 and subsequently, the Trust introduced a cap on bookings from women outside the Trust catchment area. The DD of Women’s & Children’s Services told the review team that the cap on bookings from women outside of the catchment area remained and this had brought down the number of deliveries by about 50 to 120 deliveries a month.</p> <p>The review team asked for an update on the high scanning workload reported in the Early Pregnancy Assessment Unit in January 2020. The DD informed that there were now two advanced nurse practitioners who supported the unit, and when they were there, the workload was manageable. The DD said the Trust was looking to increase the number of advanced nurse practitioners. The DD also told the review team that the department was looking at setting up a triaging system to assess patients by need and intended to have this in place by the end of December 2020. The review team heard that the department was looking to restart consultant-led training sessions dedicated to scanning (paused due to the Trust’s Covid-19 response). Similarly, the Trust representatives told the review team a programme to train midwives to carry out scanning activities was halted due to the Covid-19 response, but the department intended to restart it. The DD reported that the department had expanded rotas from 21 higher specialty trainees to 24, and from 20 foundation and core trainees to 24. The DD reported that there had been a reduction in the number of routine scans</p>	<p>OG5.1a</p> <p>OG5.1b</p>

	carried out during the Trust's Covid-19 response, but this was expected to increase again.	
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Domain 6 – Developing a sustainable workforce		
<p>6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>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.</p> <p>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 of patients and service.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
	Not discussed at the review.	

Requirements (mandatory)

Any Immediate Mandatory Requirements (IMRs) identified should be identified separately in the appropriate table below. The requirement for any immediate actions will be undertaken prior to the draft Quality Review Report being created and forwarded to the placement provider. The report should identify how the IMR has been implemented in the short term and any longer termed plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

- All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the 'Review Findings' section
- Requirements identified should be succinct, SMART and not include the full narrative from the detailed report
- Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider

Immediate Mandatory Requirements		
<p>Given the severity of an Immediate Mandatory Requirement, initial action must be undertaken as required within 5 days and will be monitored by HEE Quality Team. Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales</p>		
Requirement Reference number	Review Findings	Required Action, timeline, evidence (to be completed within 5 days following review)
	None	
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence (to be completed within an agreed timeframe)
	N/A	

Mandatory Requirements

The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.

Requirement Reference number	Review Findings	Required Action, timeline, evidence
AM1.2a	Tensions between staff in acute medicine and staff in the emergency department were previously reported in 2019. The Trust representatives said there has been much improvement on this, but work is ongoing.	LFG minutes from 2020 where the relationship between acute medicine and the emergency department is discussed with acute medicine trainees, and updates on progress of any resulting actions from these meetings. To be provided by 01 March 2021.
AM1.2b	The Trust has been in General Medical Council (GMC) enhanced monitoring for acute medicine since 2019. In the absence of a full GMC National Training Survey in 2020, the Trust needs to consider how it will evidence improvements in acute medicine in order to move out of enhanced monitoring.	An action plan is required to demonstrate how the Trust plans to move out of GMC enhanced monitoring for acute medicine, including details on timescales and the evidence the Trust plans to collect to demonstrate progress. To be provided by 01 March 2021.
AM2.1	Although the Trust has assigned additional funding and is gaining trainee feedback on rota gaps in acute medicine, the Medical Director said the Trust was in phase one of this work and further actions were required.	An action plan on the steps the Trust plans to take (including trainee feedback to be collected) to manage rota gaps within acute medicine is required by 01 March 2021.
AM3.4	The induction process for trainees who started in acute medicine at the Trust in August 2020 used a new induction booklet template and the Trust's medical education app. The Trust has not yet reviewed feedback collected on the induction process so as to make improvements for future inductions.	Evidence that formal feedback about trainee induction in acute medicine has been collected and analysed, and details of plans for improving the process (based on the feedback). To be provided by 01 March 2021.
CC1.1	There is no formal process for dealing with, and supporting trainees involved in, serious incidents (SIs) in critical care and anaesthetics.	A formal process for SI management in critical care and anaesthetics (created with trainee involvement) which documents the support which should be provided to trainees involved in a SI. To be provided by 01 March 2021.
CC2.1	The Trust has made many changes to rotas in anaesthetics and critical care in 2020 to try and ensure good skill mix at all times of day.	Examples of recent rotas from anaesthetics and critical care to allow the review team to assess the cover and skill mix at different times of day. To be provided by 01 March 2021.
CC2.2	The Trust said that trainees and trainee representatives attend LFGs for critical care and anaesthetics where concerns around training and support are discussed.	LFG minutes from critical care and anaesthetics between February 2020 and February 2021 where training and support issues were discussed (with trainee or trainee representative input), and updates on progress of any resulting actions from these meetings. To be provided by 01 March 2021.

CC3.1	When anaesthetic trainees were redeployed to intensive care during the first wave of the Covid-19 pandemic, they were not allocated a clinical supervisor in intensive care and felt unsupported by their supervisors in anaesthetics.	Copy of joining information to be given to trainees redeployed to intensive care in future Covid-19 surges, and trainee feedback on this. The information pack should include space for the details of their clinical supervisor within the department and how to contact them. To be provided by 01 March 2021.
CC4.3	Educational appraisals in critical care and anaesthetics have not been kept up to date in the last three or four years.	Evidence that all educational supervisors in critical care and anaesthetics have had, or are scheduled to have, an appraisal of their education role in line with GMC guidelines by 01 March 2021.
OG1.2a	The Trust has conducted a survey of trainees in the obstetrics and gynaecology department asking for feedback on the education and support in the department.	A summary of the findings of the trainee survey and an action plan of what remedial actions will be taken as a result of the survey's findings (including timescales). To be provided by 01 December 2021.
OG1.2b	The survey of trainee feedback that the Trust undertook in obstetrics and gynaecology highlighted the need for trainees to be able to give regular feedback.	To provide evidence that a formal mechanism has been established to allow trainees to give regular, confidential feedback on the department. To be provided by 01 March 2021.
OG5.1a	The Trust reported that the number of deliveries decreased when a cap on bookings from women outside the Trust catchment area was introduced.	A breakdown of the number of deliveries at the Trust each month for the period of April 2020 to January 2021. To be provided by 01 March 2021.
OG5.1b	The Trust plans to set up a triage service for scanning in the Early Pregnancy Assessment Unit to ensure patients are seen according to need.	A pathway document of the triaging system in the Early Pregnancy Assessment Unit to be provided by 01 March 2021.
G2.1	The review team stressed to the Trust representatives the need to demonstrate sustainability and impact of changes made in relation to all HEE actions.	Evidence that open HEE actions, including timelines and responsible action owners, are reported to the executive board regularly. To be provided by 01 March 2021.

Recommendations

Recommendations are not mandatory, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

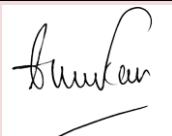
Recommendation	
Related Domain(s) & Standard(s)	Recommendation
1.1	The panel advises that all departments in the Trust should have a formal process for managing serious incidents.
4.3	The panel encourages the Trust to ensure that all educational supervisors in the Trust are up to date with an appraisal of their education role, in line with GMC guidelines.


Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the HEE Quality representatives, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)

Report sign off

Outcome report completed by (name):	Chloe Snowdon
Review Lead signature:	 Gary Wares
Date signed:	02 November 2020

HEE authorised signature:	 Gary Wares
Date signed:	02 November 2020

Date final report submitted to organisation:	02 November 2020
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What happens next:

Any requirements generated during this review will be recorded and monitored following the usual HEE Quality Assurance processes. As part of our intention to develop a consistent approach to the management of quality across England, Quality Reports will increasingly be published and where that is the case, these can be found on (web link) Information from quality reports will be shared with other System Partners such as Regulators and Quality Surveillance Groups