NHS
Health Education England

HEE Quality Interventions Review Report

Epsom and St Helier University Hospitals NHS Trust (St Helier Hospital)

General Surgery

Risk-based Review (learner and educator review)

London Quality, Reviews & Intelligence Team

1 December 2020

Version Final

Review Overview

Background to the Review:	This risk-based review was arranged to discuss the General Medical Council (GMC) National Training Survey (NTS) results for 2019 relating to general surgery higher specialty training at Epsom and St Helier University Hospitals NHS Trust (EStH), with particular focus on the Trust's St Helier Hospital (StHH) site. General surgery higher training at StHH received seven red and two pink outlier results (negative results) on the GMC NTS 2019. The red outliers related to reporting systems, teamwork, handover, supportive environment, educational governance, local teaching and rota design. The pink outliers related to induction and educational supervision. General surgery higher training at the Trust's Epsom Hospital (EH) site did not receive any negatively outlying results in the GMC NTS 2019. Although the 2019 GMC NTS results for general surgery at EStH were split by hospital site, the department operated cross-site working and training arrangements. Therefore, the review team requested to meet with the higher trainees assigned to both StHH and EH.
Training Programme/Learner Groups Reviewed:	General surgery higher/specialty training at EStH (with particular focus on StHH).
Who we met with:	The review team met with: • Seven higher general surgery trainees ranging from specialty training level three to eight (ST3 to ST8), working across both StHH and EH. The review team also met with the following Trust representatives: • Chief Executive Officer • Joint Medical Director & Deputy Chief Executive Officer • Medical Director for Planned Care Division/Surgery/Urology/Trauma & Orthopaedic surgery • Director of Medical Education • Head of Medical Education and Training • Clinical Director – Surgery Division • Clinical Director – General Surgery • Surgical Tutor – Surgical Specialties • Educational leads • Educational and clinical supervisors • Service Manager – General Surgery

Evidence utilised:	The review team received the following supporting evidence from the Trust in advance of the review: • Medical Education Committee meeting minutes dated 23 July 2020; • Surgery Local Faculty Group (LFG) meeting minutes dated 7 September 2020; • General surgery handover register dated 11 September 2020; • Corporate and departmental induction programme documentation; • General surgery Fellowship of the Royal Colleges of Surgeons (FRCS) teaching programme from November 2020 to September 2021; • General surgery trainee feedback (internal questionnaires); and • Presentation slides for this quality review. The review team also utilised evidence from the GMC NTS 2019, HEE's National Education and Training Survey (NETS) 2018 and 2019, and the Trust's action plans relating to the training programme under review.

Review Panel

Role	Job Title / Role
Quality Review Lead	Anand Mehta, Deputy Postgraduate Dean for South London, Health Education England
Specialty Expert	John Brecknell, Head of the London Specialty School of Surgery, Health Education England
External Specialty Expert	Jennifer Hu, Deputy Training Programme Director for General Surgery, North Central & East London
Lay Representative	Kate Rivett, Lay Representative
HEE Quality Representative	Gemma Berry, Learning Environment Quality Coordinator, Health Education England
Supportive Role	James Oakley, Quality & Patient Safety Officer, Health Education England

Executive summary

The review team would like to thank the Trust for accommodating the review, which was well attended.

The review team was pleased to note a number of areas that were working well within the general surgery department at Epsom and St Helier University Hospitals NHS Trust (ESStH).

All of the trainees who joined the review reported feeling well supervised in their posts and were able to take advantage of all possible learning opportunities in theatres, clinic and on take.

The trainees advised that the department's cross-site working arrangements facilitated their access to learning opportunities.

The review team was pleased to note the development of the local teaching programme.

The review team also noted that the consultant body had been engaged in the education and training agenda. The review team expects that this effort will be sustained and reflected in future trainee feedback and surveys.

All of the trainees said they would recommend their training posts to peers. Most of the trainees had specifically asked to return to the Trust to continue their training.

However, one mandatory requirement was issued by the review team, requiring attention by the Trust. The Trust must ensure that foundation-level trainees in general surgery have direct supervision and support from more senior trainees/locally employed doctors at all times. This provision should be a permanent fixture of the department's staffing and rota arrangements.

The review team also recommended that the Trust undertakes further development of the Local Faculty Group, such as having a separate group for each surgical specialty and encouraging greater trainee representation.

Full details of this mandatory requirement and recommendation are outlined in this report.

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

1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive 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 interprofessional learning opportunities.

HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.1	**Handover** The higher trainees in general surgery confirmed that handover at the Trust's St Helier Hospital (StHH) site took place every morning and was attended by the outgoing night and incoming day teams. Whilst it was stated that the teams did not necessarily discuss every inpatient each morning, they did discuss all new and recent on-call take patients. The trainees said that no surgical inpatients were left unaccounted for and all team members knew the patients' care plans following handover.	
1.1	**Serious incidents and professional duty of candour** All of the higher trainees confirmed that they were familiar with, or had used, the Datix system for reporting incidents, and that these incidents were subsequently discussed during morbidity and mortality meetings. The educational and managerial leads said that on departmental induction, they encouraged trainees to use Datix when required.	
1.4	**Appropriate levels of clinical supervision** The higher trainees informed the review team that their clinical supervisors were interested in teaching and were approachable and accessible both during the daytime and out of hours. The trainees felt well supported in all aspects of their training and daily duties. The higher trainees thought that the level of clinical supervision for junior-level trainees in general surgery was generally appropriate. However, it was highlighted to the review team that a foundation year one (F1) trainee was rostered to work on their own at the Epsom Hospital (EH) site from 08:00 – 12:00 on weekdays, to manage post-operative elective surgery inpatients. A core-level trainee would then arrive at 12:00 to support them, and stay till 20:00. Surgical inpatient numbers were reportedly low at EH (rarely above ten) and the F1 trainee could use WhatsApp or take a short walk to theatres to approach more senior colleagues for advice. However, the review team was concerned that hear that the F1 trainee did not have direct supervision for four hours of their shift. The higher trainees told the review team that the F1 trainees at StHH had a heavier workload than the F1 trainee at EH, but they were never left unsupervised. In response to some of the F1 trainees' concerns about their workload and working hours at StHH, the general surgery team had reportedly tried to improve triaging processes. Furthermore, from October 2020, an upper gastrointestinal (GI) surgery higher trainee was always made responsible for	Yes, please see GS1.4

	reviewing acute inpatient lists with the F1 trainees at StHH at the end of each weekday. The trainees said that F1 trainees' weekend shifts in general surgery at StHH were notoriously busy. The Trust was reportedly using 'winter pressures' monies at present to fund higher trainee-level locum doctors to support the F1 trainees, and the rest of the on-call team, during these shifts. These locum doctors were said to be particularly helpful for discharging patients who may otherwise have waited some time to be seen by the on-call team (due to competing demands from more acutely unwell patients). The trainees said that the locum doctors were from the current body of higher trainees in general surgery and, so far, there had not been a need to recruit anyone who was not familiar to the team. However, these arrangements were only temporary. The educational and clinical supervisors advised the review team that during the Covid-19 pandemic, they had been required to perform elective surgery at a number of local private and NHS hospitals, rather than at EH (elective surgery at EH had only just restarted). Some elective operation lists were carried out at the local Spire Healthcare private hospital, which did not allow trainees to operate under supervision. However, in most other instances, the higher trainees had still been able to accompany their supervisors and had had the opportunity to operate. It was noted that some trainees had even managed to operate more during this time than they would normally, due to the consultants taking on additional operating lists. The supervisors thought their clinical supervision arrangements had remained largely unchanged during the pandemic and they had been keen to ensure trainees did not miss out on learning opportunities. Overall, they did not think the pandemic had had a negative effect upon the trainees' operative numbers or clinical supervision.	Yes, please see GS1.4
1.4	**Appropriate levels of educational supervision** In response to the department's negatively outlying 2019 General Medical Council (GMC) National Training Survey (NTS) specialty training results relating to reporting systems, the managerial and educational leads said they had made some changes to supervision arrangements. Higher trainees in general surgery were now allocated an educational supervisor before starting in post. There were now just three educational supervisors assigned to all of the higher trainees in general surgery. The aim of this arrangement was to ensure that only those consultants with a particularly strong interest in education were assigned as educational supervisors and they were all able to keep well informed about trainees' curriculum requirements. This meant that the higher trainees had separate clinical supervisors and there was no cross-over between the supervisory roles. The leads suggested that one of the benefits of this arrangement was that trainees had a choice about who they could raise any concerns with, if necessary. The trainees thought that having a separate educational and clinical supervisor was a sensible approach. The trainees all confirmed that they had met with their educational supervisors both formally and informally. The trainees thought their educational supervisors were approachable and engaged with their education and training, supporting them to meet their learning requirements.	

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	**Effective, transparent and clearly understood educational governance systems and processes** The educational and managerial leads highlighted to the review team that the 2019 GMC NTS results for general surgery higher training at the Trust were split between the StHH and EH sites, but the higher trainees worked cross-site. They suggested the results were not representative of the department's training arrangements and hoped this issue could be rectified for future surveys. On this basis, the leads said they had addressed the 2019 NTS results at a cross-site level and by reviewing individual survey questions, rather than solely focussing upon the more negative results for the StHH site. Local Faculty Group (LFG) meetings were reportedly held on a quarterly basis and incorporated all surgical specialties. None of the trainees met with during the review had attended LFG meetings and they were not aware of any current trainee representatives for general surgery; only a higher trainee representative that left the Trust in October 2020. The leads said that all members of the surgical departments were invited to attend LFG meetings and that trainee representatives from a range of surgical specialties and grades had been identified upon induction. However, it was reported that none of these trainee representatives had attended any LFG meetings to date, despite encouragement from the Surgical Tutor. The educational and clinical supervisors thought that having nominated higher trainee representatives for general surgery would be useful for the department overall and would support those trainees' management and leadership skills. The review team advised that HEE had developed a training package for nominated trainee representatives. The leads said they would find this useful to improve the trainee representatives' engagement. The supervisors said that although consultants had been engaged with LFG meetings to date, ensuring attendance could be challenging due to job plans and service commitments. The leads and supervisors thought it was necessary to have a LFG specifically for general surgery and this was reportedly being explored by the Surgical Tutor and other members of the department. However, the supervisors suggested that time needed to be set	Yes, please see recomm-endation GS2.1 Yes, please see recomm-endation GS2.1

	aside in job plans to facilitate attendance and to ensure actions were taken forward. The review team recommended using action logs for LFG meetings and other forums, so team members could monitor the steps being taken to address any concerns. The leads and supervisors recognised that trainees might find LFG meetings an intimidating forum to share feedback, so they had started to conduct trainee questionnaires at the end of recent rotations. The leads said the results of these questionnaires had been largely positive to date. In addition, the educational leads advised that they had recently established three-monthly meetings between educational supervisors and all surgical trainees across urology, trauma and orthopaedic surgery and general surgery, which were currently taking place via videoconference due to the Covid-19 pandemic. The aim of these meetings was to allow trainees to share any feedback on their training programmes and the learning environment, separate to consultant-led meetings. The higher trainees also advised that a general surgery higher trainee forum was convened every two months, attended by the department's three educational supervisors. The trainees said this forum allowed them the opportunity to share feedback on their training, to ask questions and to raise any concerns. These meetings tended to be held via videoconference and were scheduled for evenings. The higher trainees said they were not aware of any forums specifically for junior trainees in general surgery, aside from a Trust-wide junior doctors forum. However, the educational leads and supervisors told the review team that monthly meetings with trainees of all grades in general surgery were taking place. It was not stated who attended these meetings from the consultant body. The supervisors thought that the aforementioned trainee forums and questionnaires were an effective way to address any issues before they escalated. The review team was told there were lead higher trainees in both the colorectal and upper GI teams who acted as mentors to more junior trainees. The junior-level trainees could raise any concerns with them as an intermediary, if they did not feel they could raise their concerns in other forums.	
2.1	**Impact of service design on users** The educational and managerial leads suggested that the department's 2019 GMC NTS results for rota design were negative because previous cohorts of trainees had reportedly lost educational opportunities due to the demands of service provision, and at times, had been left unsupervised in clinic. The leads said they had discussed these results with Trust management at the time of the survey and in response, there was now a larger consultant body for general surgery, which had alleviated these issues. If consultants were on leave, their clinics were now cancelled rather than being covered by an unsupervised higher trainee. The leads said they tried to avoid filling any of the trainees' unallocated time with service provision and instead, encouraged trainees to utilise this time for educational activities.	

The review team was informed that general surgery higher trainees were rostered to work cross-site, with elective surgery performed at EH ('cold' site) and emergency cases managed at StHH ('hot' site). The trainees advised that there had been a recent change to the structure of general surgery care provision at StHH. There was now an on-call team and an inpatient team rostered for the week, and all surgical patients were under the care of one of these. As a minimum, the on-call team was reportedly comprised of a consultant, higher trainee and core-level trainee.

The trainees said that when the on-call consultant finished their week, their patients would either be handed to the next on-call consultant or transferred to the inpatient team. The trainees thought this system was effective because there was always a consultant on site at StHH but it was not an absolute requirement for a patient to be seen by a specific consultant throughout their entire inpatient stay.

The supervisors informed the review team that during the Covid-19 pandemic, on-call arrangements had continued as normal, but a 24-hour back-up consultant rota had been established to mitigate against any illness.

The trainees advised that the majority of the Trust's surgical inpatients were based on StHH's Mary Moore ward (a 36-bed unit) or the B3 ward. If a bed was unavailable on the surgical wards, an inpatient might be based on a medical ward initially, but the department aimed for all surgical patients to be based on a surgical ward wherever possible. The trainees suggested it was more likely for a surgical patient to be based on a medical ward if they had been admitted via the emergency department or via EH. The trainees confirmed that they reviewed surgical patients on non-surgical wards during safari ward rounds.

In respect to multi-disciplinary team working, the educational and clinical leads said that over the last few years, the senior nurses on StHH's surgical wards had not generally been engaged with ward rounds. General surgery consultants had repeatedly raised this issue with the Trust's nursing leads in the past, to no avail. However, following a recent change to the Trust's nursing leadership team, the leads reported that engagement from senior nurses on the surgical wards had been much better. The trainees also said that the general surgery consultants were working to ensure there was always a senior surgical nurse rostered onto the surgical wards at night. The trainees said they had not had any issues accessing physiotherapy services or vacuum-assisted closure (VAC) nursing for surgical patients.

The review team heard from the trainees that the propriety and timeliness of surgical referrals from the Trust's nursing staff was variable. This was particularly an issue where surgical patients were being treated on medical wards and the nursing staff caring for them were not necessarily familiar with surgical pathology. The trainees suggested that when there were capacity issues on the Mary Moore or B3 wards, bed managers needed to endeavour to swap stable surgical patients with those on the medical wards that were more unwell. They thought that some bed managers had a tendency to distribute surgical patients wherever there was an available bed, rather than according to their medical needs.

The trainees advised the review team that the Trust was currently undertaking an audit of overnight CT scanning services, to improve triaging and bed management. The trainees said that the medical teams at the Trust found it

	difficult to see outlying patients on non-medical wards and so the need to correctly triage patients on admission was important. In light of this situation, any medical patients on the surgical wards were under the care of the general surgery teams until they were transferred elsewhere. This was to mitigate against any patients being overlooked. However, the trainees said that the consultant body for general surgery was currently reviewing whether a more appropriate pathway should be planned for these patients. Due to staff availability, the review team heard that some of the trainees occasionally had to travel between Trust sites during the course of a shift. They found this somewhat inconvenient, given the significant distance between EH and StHH, but the department reportedly tried to avoid this situation as much as possible. As the general surgery team was not rostered to work out of hours at EH, medical staff at the site liaised with the surgical on-call team at StHH during these times. The higher trainees thought this arrangement worked well. Should any of the post-operative inpatients at EH have any medical issues out of hours, the trainees said that the on-call team at StHH tried to arrange interventions at the EH site, rather than automatically transferring the patient to StHH. However, if a patient did need to be transferred, the Trust's bed managers were reportedly very helpful in this regard.	
2.2	**Appropriate systems for raising concerns about education and training** The trainees confirmed that during departmental induction, they were advised on who to approach both within and outside of the general surgery department if they had any concerns about their training. However, the trainees thought that their supervisors and educational leads were genuinely invested in their training experience and they reported feeling very happy in their posts. Similarly, the supervisors felt they had good working relationships with their trainees and wanted them to succeed. They thought that, in general, if a trainee had any concerns, they would let their supervisors know.	

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**
3.1	**Regular constructive and meaningful feedback** The higher trainees said that the open and approachable nature of the general surgery learning environment meant that they shared constructive two-way feedback with their supervisors and other consultants on a day-to-day basis.	

3.3	**Access to study leave** The educational and managerial leads advised that, prior to the Covid-19 pandemic, it had been difficult to convene in-person local teaching sessions that all higher trainees could attend, partly due to the department's cross-site working arrangements. From November 2020, newly-devised monthly local teaching sessions for general surgery higher trainees had been scheduled for evenings via videoconference. The trainees had reportedly chosen evenings for these sessions, as they were less affected by other work commitments. These sessions were also made available to more junior-level trainees should they wish to attend. The leads said they had received good feedback on the first session. The review team noted that the new local teaching timetable did not yet have presenters assigned to each of the upcoming sessions. The educational leads said this was because they were in the process of offering presenting slots to senior higher trainees (who had obtained their Fellowship of the Royal Colleges of Surgeons (FRCS) qualifications) in the first instance, before securing consultants' time. Based on a similar approach previously taken by colleagues in trauma and orthopaedic surgery, the leads did not think there would be any issues securing presenters each month.	
3.4	**Induction (organisational and placement)** The trainees reported receiving a comprehensive and effective departmental induction on starting in post.	

Domain 4 – Supporting and Empowering Educators		
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 appropriately supported to undertake their roles.		
HEE Standard	**HEE Quality Domain 4 – Supporting and Empowering Educators**	**Requirement Reference Number**
4.1	**Access to appropriately funded professional development, training and appraisal for educators** The educational supervisors said they were expected to keep an up-to-date portfolio for this role, which was renewed on a three-yearly basis. The Trust reportedly held a one-day training course for educational supervisors, which formed part of the evidence for their portfolio. It was not stated how often the supervisors were expected to attend this course.	
4.2	**Educators are familiar with the learners' programme/curriculum** The educational supervisors said they had close contact with their Training Programme Directors and they attended specialty training Annual Review of Competence Progression (ARCP) panels. They found the Trust's Surgical Tutor to be approachable.	

4.4	**Appropriate allocated time in educators' job plans to meet educational responsibilities** The review team heard that the Trust was supportive of the educational supervisors in general surgery. Supporting professional activities (SPA) time was included in the educational supervisors' job plans. The maximum allocation was currently 0.5 planned activities (PA) time, but this reportedly varied per year. Clinical supervisors did not currently receive SPA renumeration.	

Domain 5 – Delivering Curricula and Assessments
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.

HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
5.1	**Placements must enable learners to meet their required learning outcomes** The trainees told the review team that the general surgery department offered high quality training, both in terms of exposure to learning opportunities and the consultant body's interest in teaching. They found their placements to be rewarding. The trainees said that whilst it was occasionally inconvenient to have to travel between the Trust's two hospital sites (particularly during the course of a shift), these arrangements actually helped to facilitate learning opportunities. Whilst they were at EH, the trainees said they could solely focus on elective operative lists without being required to carry out various other tasks associated with emergency cases. The review team heard that higher trainees in the colorectal surgery team attended and presented cases at central multi-disciplinary team meetings held at The Royal Marsden NHS Foundation Trust in Chelsea. The supervisors said these meetings offered the trainees significant learning opportunities, and they were able to liaise with world-renowned consultants. Furthermore, the educational and managerial leads advised that all higher trainees in general surgery were encouraged to present at internal multi-disciplinary team meetings and during handover, when they would receive constructive feedback to support their learning. The supervisors told the review team that their higher trainees were encouraged to take on high level management tasks to further progress their careers.	

Domain 6 – Developing a Sustainable Workforce

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 of 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.

HEE Standard	HEE Quality Domain 6 – Developing a Sustainable Workforce	Requirement Reference Number
6.1	**Retention and attrition of learners** The review team heard that most of the higher trainees had specifically asked to return to the Trust to continue their training. All of the trainees said they would recommend their training posts to peers and that they would be content for their family and friends to be treated by the general surgery team at the Trust.	
6.2	**Opportunities for learners to access careers advice** The trainees confirmed that they had undertaken discussions about careers planning with their supervisors and other consultants in general surgery.	

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 **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**		
Requirement Reference number	Review Findings	Required Action, timeline, evidence (to be completed within 5 days following review)
	N/A	
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**
GS1.4	The Trust is required to ensure that foundation-level trainees in general surgery have direct supervision and support from more senior trainees/locally employed doctors at all times. This provision should be a permanent fixture of the department's staffing and rota arrangements.	Please provide a written plan (referencing rota arrangements and staffing) outlining how clinical supervision processes are being revised to ensure that foundation-level trainees in general surgery have permanent, direct access to senior-level support at all times at both the Epsom and St Helier Hospital sites. Please also provide trainee feedback on these changes to clinical supervision, via Local Faculty Group (LFG) meeting minutes or equivalent. Please submit this evidence by 1 March 2021, in line with HEE's action plan timeline.

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**
GS2.1	The review team suggests further development of the Local Faculty Group (LFG), such as: • having a separate group for each surgical specialty; • encouraging greater trainee representation; and • allocating time in job plans to facilitate attendance.

	The Trust will be provided with the details of Health Education England's training package for nominated trainee representatives, to improve engagement.

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)
	N/A	

Report sign off

Outcome report completed by *(name)*:	Gemma Berry, Learning Environment Quality Coordinator
Review Lead signature:	Dr Anand Mehta, Deputy Postgraduate Dean, South London
Date signed:	31 December 2020

HEE authorised signature:	Prof Geeta Menon, Postgraduate Dean, South London
Date signed:	31 December 2020

Date final report submitted to organisation:	4 January 2021

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 development 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