

HEE Quality Interventions Review Report

**Barking, Havering and Redbridge University
Hospitals NHS Trust (Trust-wide)**

**Acute medicine, foundation medicine, critical care
and anaesthetics**

Senior leader engagement visit



London – North East London

Date of review: 10 June 2021

Date final report submitted to Trust: 29 June 2021

Review Overview

Background to the review:	This review was an agreed follow-up to a senior leader engagement visit held on 01 October 2020. The purpose was to review the progress of work on ongoing issues identified in the specified departments during reviews which took place between 2017 and 2020.
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	Acute medicine, foundation medicine, critical care, and anaesthetics
Who we met with:	<p>Director of Medical Education Head of Medical Education Deputy Manager Medical Education Associate Director of Research & Chief Medical Officers Services Chief Medical Officer</p> <p>Acute medicine attendees: RCP College Tutor and TPD Clinical Lead Divisional Director Director of Medical Workforce Hub Divisional Manager Specialty Manager</p> <p>Foundation Medicine attendees: Foundation Training Programme Director (FY1's Queen's) Foundation Training Programme Director (FY1's KGH) Divisional Manager Specialist Medicine</p> <p>Critical care/anaesthetics attendees: College Tutor College Tutor Clinical Lead Specialty Manager Divisional Director Critical Care Consultant Clinical Director, Anaesthetics</p>
Evidence utilised:	Internal Professional Standards in the Emergency Department document.

Review Panel

Role	Name / 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	Keren Davies Foundation School Director (North Central and East London)
Specialty Expert	Aasifa Tredray Head of the London Specialty School for Intensive Care Medicine and Anaesthesia
Specialty Expert	Charlotte Anderson Deputy Head of the London Specialty School for Intensive Care Medicine and Anaesthesia
External Specialty Expert	Chris Sadler Training Programme Director for London School of Anaesthesia
GMC Representatives	Kevin Connor Principal Education QA Programme Manager (Midlands and East), General Medical Council
	Lucy Llewellyn Education QA Programme Manager (London), General Medical Council
HEE Quality Representatives	Ed Praeger Deputy Quality, Patient Safety and Commissioning Manager Health Education England (North East London) Chloe Snowdon Learning Environment Quality Coordinator Health Education England (North East London) Naila Hassanali Quality and Patient Safety Officer Health Education England (North East London)

Executive summary

This review to Barking, Havering and Redbridge University Hospitals NHS Trust was an agreed follow-up to a senior leader engagement visit held on 01 October 2020. The purpose was to review the progress of work on ongoing issues identified in acute medicine, foundation medicine, critical care and anaesthetics during reviews which took place between 2017 and 2020.

Acute medicine and foundation medicine

The Director of Medical Education provided the review panel with a short presentation update on the financial investment in recruitment in the department (which meant a full consultant body of 11 would shortly be employed in acute medicine), the new 'Internal Professional Standards in the Emergency Department' document which laid out the Trust's expectations of values and behaviours in interactions between acute medicine and the emergency department, and the medical workforce hub which was responsible for all medicine rotas. The Trust representatives and review panel also discussed that to ensure the Trust moves out of General Medical Council Enhanced Monitoring, the Trust would need to evidence that it was able to identify and resolve education and training issues satisfactorily and in a timely way, with good executive board oversight. The review panel informed the Trust that Health Education England would return to conduct a follow up review in Autumn 2021, to speak with trainees.

Critical care and anaesthetics

The review team heard that cross-area working had improved in critical care and anaesthetics with the commitment of consultants to ensure 50% of trainee training time was maintained during the second Covid-19 surge. The Trust representatives explained that this meant consultants had had to cover out of hours shifts and work cohesively together across areas and specialities. The Trust representatives also updated the review team on pastoral care for trainees (including psychologist access), a shared learning app across critical care and anaesthetics, continuous good feedback from and support offered to Medical Training Initiative doctors and improvements to local faculty group meetings.

Review findings

The findings detailed in the sections below should be referenced to the quality domains and standards set-out towards the end of this template. Specifically, mandatory requirements should be explicitly linked to quality standards. Not all of HEE's domains and standards have been included, only those that have a direct operational impact on the quality of the clinical learning environment, which a quality review will be most likely to identify (although this does not preclude other standards outlined in the Quality Framework being subject to review, comment and requirements where relevant).

Mandatory requirements

Mandatory requirements and Immediate Mandatory Requirements (IMRs) should be identified as set out below. IMRs are likely to require action 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

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
	N/A	
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
	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
AM2.2	The review team heard that the postgraduate medical education team collected midpoint feedback from trainees in all departments. The Head of Medical Education offered to share the most recent anonymised acute medicine feedback with Health Education England.	To provide the most recent 2021 anonymised midpoint feedback from acute medicine trainees by 01 September 2021.
CCA2.2	The review team heard that local faculty group (LFG) meetings in critical care and anaesthetics were being supported by the postgraduate medical education department to improve structure and documentation.	To provide the terms of reference and governance structure of LFG meetings in critical care and anaesthetics (including how the minutes of the meetings are shared and who with). To be provided by 01 September 2021.
CCA4.1	The Trust representatives said that the training needs of educational and clinical supervisors were picked up in their annual medical appraisals, educational supervisors completed the 'eLearning for Healthcare' training and clinical supervision training was going to be provided to all clinical supervisors.	To provide details of training related to supervision completed by educational and clinical supervisors in critical care and anaesthetics (including titles of courses, providers and percentage of supervisors who have completed them) by 01 September 2021.

Recommendations

Recommendations are not mandatory but intended to be helpful, 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
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Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review Team, 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)
Trust-wide initiative	The review team heard about the Trust's "Little Book of Wellbeing" which signposted doctors to a list of wellbeing support resources. If the Trust is willing to share this, Health Education England would be grateful to see a copy.	3.1

HEE Quality Standards and Domains for Quality Reviews

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>Handover</p> <p><u>Acute medicine and foundation medicine</u> The Foundation Training Programme Directors (TPD) informed the review team that medicine handovers had been standardised. The Foundation TPDs said there was always a consultant present but that they were registrar empowered. The Foundation TPDs said that handovers were a very open and constructive environment where all patients from the acute take and on the wards were discussed, and that good trainee feedback had been received about the format. The Foundation TPDs said trainee buy in to the consistent approach of the handovers was why the format would be sustainable. The Clinical Lead for Acute Medicine said handovers took place in the morning, afternoon and evening.</p>	
1.2	<p>Bullying and undermining</p> <p><u>Acute medicine and foundation medicine</u> During a short presentation, the DME told the panel about the recently signed off and launched 'Internal Professional Standards in the Emergency Department' document which laid out the Trust's expectations of values and behaviours at the front door of the Trust. The DME explained that the document was developed due to poor relationships between acute medicine and the emergency department (ED) in the past. The DME recognised that at present, the code of conduct in the document contained aspirational recommendations, rather than mandatory behaviours, and said it would take time for the values to be embedded in the organisation. The Chief Medical Officer added that the standards were designed not as a punitive system, but as a way of monitoring where there were gaps in these standards being met. The Chief Medical Officer explained that the standards were similar to those used in other Trusts so should be familiar to trainees who had worked elsewhere.</p>	
1.4	<p>Appropriate levels of Clinical Supervision</p> <p><u>Acute medicine and foundation medicine</u> The DME advised that the Trust was aware appropriate levels of clinical supervision in acute medicine and foundation medicine was a long-standing challenge but that recently, a lot of work had been done around this issue through the local faculty development programme. The DME</p>	

	<p>told the review team that the Trust encouraged trainees to flag poor clinical supervision through the wellbeing support channel, the Freedom to Speak up Guardian, the junior doctors' forum (JDF), local faculty group (LFG) meetings, and focus groups run for foundation trainees. The DME said that a recent report of a foundation trainee not being properly supervised had been dealt with much more quickly than incidences in the past.</p> <p>The Clinical Lead for Acute Medicine told the review team that during the Trusts response to Covid-19, consultant supervision in acute medicine increased due to consultants working similar rota hours to trainees. The Clinical Lead said this received good feedback from trainees so consultant rota hours had been extended to 22:00 on the non-Covid-19 rotas also. The DME told the review panel that the Trust was working to establish a consultant on call roster in acute medicine.</p> <p><u>Critical care and anaesthetics</u></p> <p>The Divisional Director informed the review team that in the past, the Trust had issues with supervision out of hours due to limited consultant presence but that during Covid-19 surges, consultants were on site more often out of hours. The Trust representatives said that because of positive trainee feedback, consultant presence had changed on non-Covid-19 rotas, with consultants on site until 23:00. The Trust representatives acknowledged that during Covid-19 surges, anaesthetics trainees were sometimes supervised by consultants with less experience in educating (due to consultant cross-cover of theatre lists).</p> <p>The Trust representatives explained that trainees had named consultants according to the need (e.g. a named consultant for resuscitation and another for pre-assessment).</p>	
1.4	<p>Appropriate levels of Educational Supervision</p> <p><u>Critical care and anaesthetics</u></p> <p>The review panel heard that the Medical Training Initiative (MTI) programme was well established at the Trust, with good feedback and career progression (with some deciding to stay at the Trust by following the Certificate of Eligibility for Specialist Registration (CESR) process). The Trust representatives said that all MTI doctors were well supervised and had annual appraisals which allowed them to identify early on what areas they wanted to focus on. The review team also heard that MTI doctors were paired up for the first month as part of their induction to the Trust and after this point, a review meeting took place with them to ensure they were happy to join the standard rotas.</p>	

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><u>Acute medicine and foundation medicine</u></p> <p>During a short presentation, the DME explained that the Trust understood the importance of the Trust being in General Medical Council Enhanced Monitoring (GMC EM) for acute medicine and foundation medicine. The DME explained that the Trust wanted to produce a roadmap of plans to remove GMC EM but requested guidance from the review panel on how to do this.</p> <p>The review panel asked the DME what the Trust's understanding was of why the Trust was put into GMC EM and the DME explained that it was due to unprofessional behaviours and the culture at the front door of the Trust, as well as interactions between the radiology department and acute medicine. The DME explained that radiology requests were now completed electronically which had removed the human interaction from the process. The DME said that there was also work ongoing around culture in the radiology department. The DME told the review panel that in relation to interactions between acute medicine and the ED, the new internal professional standards had been produced to ensure staff understood behaviour expectations during interactions about referrals. The DME added that the recruitment of more staff in acute medicine had also helped to ease pressure and improve behaviours. The review panel acknowledged these pieces of work and asked the Trust representatives how the Trust was sure that these changes had helped and how they collected trainee feedback on them. The DME told the review panel that the restructuring of how LFG meetings were run in all educational areas was key to ensuring the Trust heard trainee feedback and suggestions. The DME said LFG meetings were coordinated by the postgraduate medical education (PGME) department and this meant the team was able to gain a copy of all minutes from the meetings and attend the vast majority to observe and take any additional notes. The PGME department were also able to ensure that LFG agenda items were included according to open Health Education England (HEE) actions.</p> <p>The review panel informed the Trust representatives that one of the main assurances the GMC wanted to see in regard to the Trust coming out of GMC EM was that the Trust could demonstrate systems which identified and resolved issues, with good executive board oversight of this. The DME said that the Trust recognised that previously there had not been a robust reporting system to the executive board on education and training matters but that this had been picked up and a quarterly reporting</p>	

	<p>structure had been established. The DME added that the executive board were in no doubt of the serious challenges the Trust faced in terms of education and training.</p> <p>The review panel informed the Trust representatives that HEE intended to do a return review to speak to the trainees in acute medicine and foundation medicine in Autumn 2021. The review panel encouraged the Trust to collect as much evidence as possible on the open HEE actions and the work on culture at the front of the Trust so that this could be used as evidence to remove the Trust from GMC EM.</p>	
2.1	<p>Impact of service design on users</p> <p><u>Acute medicine and foundation medicine</u></p> <p>The DME explained during a short presentation that the medical workforce hub (which was set up initially to rapidly create Covid-19 rotas) managed the rotas of five divisions, including dealing with annual leave requests and study leave. The DME showed the review team that between March and May 2021, only nine shifts in acute internal medicine were not filled. The Director of the Medical Workforce Hub informed that the hub had a seven-day presence and a daily presence at handovers, allowing any unplanned absences to be picked up and quickly filled. The Director of the Medical Workforce Hub explained that trainees accessed their rotas online and weekly drop-in sessions were available at the hub for trainees to come in to discuss their rotas. The review team enquired whether any formal written feedback from trainees had been collected on the medical workforce hub and the Director of the Medical Workforce Hub said that this was collected between the first and second Covid-19 surges and was very positive. The Trust representatives said that more recently, informal feedback and feedback from the JDF had been positive. The Chief Medical Officer explained that the Trust's executive board was going through a process to define the medical workforce hub's role moving forwards, and how it can aid in further smoothing out rota issues. The Chief Medical Officer explained that the hub sits alongside the nursing workforce hub and the medical workforce hub had been doing work to see what learning could be taken from the nursing hub.</p> <p>The DME told the review team that the Trust recognised that understaffing was still sometimes a problem out of hours (as had been flagged in the General Medical Council National Training Survey (GMC NTS) 2021 comments section) and that this was being reviewed ahead of the August rotation. The DME explained that the Trust had invested in its acute medicine workforce and would soon have a full consultant establishment of 11 consultants and was looking to expand this further. The Director of the Medical Workforce Hub said the recruitment process had been successful and hoped the Trust would have further success in finding additional consultants. The DME also told the review team of other recruitment work, including new Internal Medicine Training (IMT) 3 posts, teaching fellows and trainees from the F2GP access pilot.</p> <p>The DME told the review team that the Trust was under a lot of pressure to improve its front door services due to the consistent poor performance against the four-hour ED waiting time target. The DME said that as part of this, the Trust was undergoing structural reconfiguration work (particularly at the Queen's Hospital site).</p>	

	<p><u>Critical care and anaesthetics</u></p> <p>The Trust representatives told the review team that historically there had been problems with cross-working between critical care and anaesthetics but that a lot was learnt during the first Covid-19 surge and trainee representatives were used to gain trainee feedback on culture and cohesiveness between departments. The College Tutors said that they were in good communication with each other to understand issues across both areas and that trainees were encouraged during their induction and throughout their placements to raise concerns. The DME said that a cultural thermometer check had been carried out in 2019 but there were currently no plans to do another one.</p> <p>The Trust representatives said the MTI programme helped to plug workforce gaps.</p>	
2.2	<p>Appropriate systems for raising concerns about education and training</p> <p><u>Acute medicine and foundation medicine</u></p> <p>The Clinical Lead for Acute Medicine told the review team that an open-door policy was operated in acute medicine to allow trainees to raise issues at any time. The Clinical Lead also said the department was due to send out a trainee experience survey soon and would act on the feedback accordingly. The Foundation TPDs said that they ran entry and exit focus groups with trainees, conducted feedback sessions for each specialty and operated an open-door policy which allowed regular trainee feedback to be gained and acted on. The Trust representatives added that the PGME department also had an open-door policy and trainees could go there with any problems. The Trust representatives said this option was well used by foundation trainees.</p> <p>The review team enquired whether the PGME department still conducted midpoint reviews where trainee feedback was collected on each department. The Head of Medical Education confirmed that midpoint feedback was still obtained and the PGME department was able to use this feedback to pick up any trainees requiring additional support, as well as benchmark feedback against Annual Review of Competency Progression (ARCP) outcomes. The Head of Medical Education said anonymised feedback could be shared with the review team.</p> <p>The review team asked about exception reporting in acute medicine and the DME explained that the Trust understood that previously, exception reporting had not been an easy process for trainees and reporting to the executive board on this had not been consistent. The DME said that the Guardian of Safe Working Hours was now ensuring consistent reporting to the board and had spent a lot of time encouraging trainees to exception report. The DME said the Trust could not say definitively that trainees were not being discouraged to exception report but that the message from senior management that trainees should exception report was clear to all staff.</p> <p>The review team asked whether LFG meetings were currently taking place and the Trust representatives confirmed that they were. The Foundation TPDs said an LFG took place for foundation trainees every rotation which was led by the TPDs and attended by a representative from the PGME department.</p>	AM2.2

	<p>The DME told the review panel the Trust was preparing for the release of the GMC NTS 2021 results to ensure a quick reaction to any issues it might raise. The DME said the Trust hoped that HEE could see this commitment to resolving issues swiftly through the Trust's response to the GMC NTS 2021 patient safety, bullying and undermining comments (which the Trust had already received).</p> <p><u>Critical care and anaesthetics</u> The review team heard that the PGME team were helping the department to improve the structure and minuting of LFG meetings and that they were held quarterly (the last was in April 2021). The Trust representatives said that LFG meetings were timed to take place at a similar time to the educator quarterly meetings so that minutes and issues could be compared.</p> <p>The review panel heard that a critical care consultant post had recently been recruited to where the consultant would spend half of their time focused on medical education and working on suggestions and actions from HEE.</p>	CCA2.2
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Domain 3 – Supporting and empowering learners		
<p>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.</p> <p>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.</p> <p>3.3. Learners feel they are valued members of the healthcare team within which they are placed.</p> <p>3.4. Learners receive an appropriate and timely induction into the learning environment.</p> <p>3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.</p>		
HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.1	<p>Access to resources to support learners' health and wellbeing and to educational and pastoral support</p> <p><u>Critical care and anaesthetics</u> The Trust representatives told the review team that three psychologists had recently been appointed in critical care and that they were accessible for all trainees. The review team heard that because this was a new service, no feedback had been collected from trainees yet, but the Trust representatives were confident that trainees knew it was available to them. The DME added that the Trust's wellbeing team had created a document called 'The Little Book of Wellbeing' which signposted doctors to an extensive portfolio of support resources.</p>	
3.3	<p>Access to study leave</p> <p><u>Acute medicine and foundation medicine</u> The DME advised that access to study leave was maintained throughout the second surge of Covid-19.</p>	

3.4	<p>Induction (organisational and placement)</p> <p><u>Acute medicine and foundation medicine</u> The DME told the review team that the universal delivery of the organisational induction and statutory and mandatory training was well established, and that the PGME department had produced a template for departmental inductions. The DME said that feedback collected on inductions was minimal as the Trust had problems getting trainees to fill the feedback forms in but that the PGME team was working to ensure that in future, trainees filled in the feedback form before they left the induction. The Head of Medical Education added that the PGME team was ensuring that induction was added to the agendas for LFG meetings and was also covered in the exit survey at the end of the ARCP process.</p> <p>The Foundation TPDs said that they introduce themselves to all foundation trainees when they start and provide them with their email addresses so that they can get in touch with any issues.</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
4.1	<p>Access to appropriately funded professional development, training and appraisal for educators</p> <p><u>Critical care and anaesthetics</u> The DME informed the review panel that educational appraisals in the Trust had started up again, after not being conducted for some time.</p> <p>The Trust representatives explained that support and training needs of educators were identified as part of the annual medical appraisal process. The Trust representatives added that educational supervisors completed the online training on the 'eLearning for Healthcare' website. The Trust representatives said that the department was expanding support to provide all consultants with clinical supervision training. The Trust representatives said that educational supervisors in the department had quarterly meetings to identify the training needs of trainees and supervisors and discuss any important updates (such as the updated anaesthetics curriculum).</p>	CCA4.1
4.4	<p>Appropriate allocated time in educators job plans to meet educational responsibilities</p> <p><u>Critical care and anaesthetics</u> The Divisional Director informed the review team that consultants had the same amount of time allocated in their job plan for educational supervision of MTI doctors as other trainees.</p>	

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>Placements must enable learners to meet their required learning outcomes</p> <p><u>Acute medicine and foundation medicine</u> The DME told the review team that consultants in acute medicine were very committed to education and training, but the problem was that there were not enough consultants to provide consistent good teaching and meet the needs of the service.</p> <p><u>Critical care and anaesthetics</u> The Trust representatives said that there had been considerable flexibility and cross-working among the consultant body in order to maintain 50% of trainees training time during the second surge of Covid-19. The review team also heard about a shared learning app where critical care and anaesthetics could share teaching and learning resources, which was further helping to strengthen cohesiveness across the departments.</p>	

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
6.1	<p>Retention and attrition of learners</p> <p><u>Critical care and anaesthetics</u> The review team brought to the Trust representatives' attention that anaesthetics was not listed on the Trust's website under 'Services'. The Trust representatives acknowledged that the anaesthetics department was well regarded in the Trust and so the Trust should ensure it was well represented externally also.</p>	

Report sign off

Quality Review Report completed by <i>(name(s) / role(s)):</i>	Chloe Snowdon Learning Environment Quality Coordinator
Review Lead name and signature:	Gary Wares
Date signed:	29/06/2021

HEE authorised signature:	Gary Wares
Date signed:	29/06/2021

Date final report submitted to organisation:	29/06/2021
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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 HEE's national website. Information from quality reports will usually be shared with other System Partners such as Regulators and Quality Surveillance Groups.