Health Education England

# HEE Quality Interventions Review Report

## Barts Health NHS Trust (Newham University Hospital)
## Obstetrics and gynaecology
## Learner review

**London – North East London**

**Date of review: 21 June 2021**

**Date final report submitted to the Trust: 02 August 2021**

Version 1

## Review Overview

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| **Background to the review:** | This review was a follow-up to a work programme meeting conducted in 2020 and a multi-professional review to maternity services in 2019. The aim of this review to obstetrics and gynaecology was to elicit learner feedback on the interventions the Trust had put in place since the previous reviews and ensure that improvements were being sustained. |
| **Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)** | Obstetrics and gynaecology |
| **Who we met with:** | • Obstetrics and gynaecology specialty trainees (ST1-ST6)<br>• Foundation trainees and general practice vocational training scheme trainees |
| **Evidence utilised:** | • Local faculty group minutes<br>• Summary of relevant Datix reports (to include SIs and Never Events)<br>• Most recent Medical Education Centre minutes<br>• Details of the number of exception reports/summary of Guardian of Safe Working House board report<br>• Rota including fill rate<br>• Breakdown of learner groups within the department<br>• Learner feedback (including student satisfaction surveys)<br>• Summary of relevant complaints related to learners |

## Review Panel

| Role | Name / Job Title / Role |
|---|---|
| **Quality Review Lead** | Louise Schofield<br>Deputy Postgraduate Dean<br>Health Education England (North East London) |
| **Specialty Expert** | Greg Ward<br>Head of the London Specialty School of Obstetrics and Gynaecology |
| **Specialty Expert** | Sonji Clarke<br>Deputy Head of the London Specialty School of Obstetrics and Gynaecology |
| **Specialty Expert** | Keren Davies<br>Foundation School Director (North Central and East London) |
| **Lay Representative** | Ryan Jeffs |
| **Learner Representative** | Heidi Stelling |
| **HEE Quality Representative(s)** | Chloe Snowdon<br>Learning Environment Quality Coordinator<br>Health Education England (North East London)<br><br>Naila Hassanali<br>Quality and Patient Safety Officer<br>Health Education England (North East London) |

## Executive summary

A learner review to obstetrics and gynaecology (O&G) at Newham University Hospital (NUH) was planned as a follow-up to a work programme meeting conducted in 2020 and a multi-professional review in 2019. The aim of the review was to elicit learner feedback on the interventions the Trust had put in place following the previous reviews and ensure that improvements were being sustained.

The review team met with specialty trainees of various grades in one session and foundation trainees and general practice vocational training scheme trainees (GP VTS) in another. The review team were very pleased to hear that all of the trainees would recommend the O&G department at NUH as a place to train or work. The specialty trainees told the review team that although there were still issues within the obstetrics theatres at NUH, they were happy with the learning and training opportunities they had and thought that relationships with midwives were good (and issues were addressed well when they did arise). The foundation and GP VTS trainees were pleased with the learning opportunities available to them, said clinical supervision and handovers were good and told the review team that everyone in the department was friendly and approachable. None of the trainees the review panel spoke with had ever experienced or witnessed bullying or undermining behaviours in the department.

Based on the findings of the review, the review team identified some actions for the Trust relating to ensuring access to clinics and ultrasounds for specialty trainees and providing a robust induction to trainees when operating at other hospital sites in the Trust. The review team also pinpointed some recommendations relating to areas such as ensuring training variety on foundation year two (FY2) rotas, educational supervisors creating Covid-19 personal training recovery plans with specialty trainees and reviewing supervision and learning opportunities for foundation and GP VTS trainees on the post-natal ward.

## 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**<br>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. | | |
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| 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**<br>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. | | |
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| Requirement Reference number | Review Findings | Required Action, timeline, evidence |
| OG3.4b | The review team heard that when working at Whipps Cross Hospital on gynaecology operating for the first time (as elective gynaecology operating did not take place at Newham University Hospital), specialty trainees had not received a site induction. | Evidence that the Trust has put in place plans to ensure all trainees moving cross-site for operating receive a robust site induction before they arrive to work there for the first time, and trainee feedback to demonstrate this is happening. To be provided by 01 September 2021. |
| OG5.1a | The specialty trainees informed the review team that access to scanning had been difficult due to Covid-19 and trainees had struggled to meet their required number of scans for the year. The specialty trainees explained there was no formal timetable for scanning and no plan was in place to ensure trainees received adequate scanning time. | Evidence that the Trust has identified dedicated time for trainees to meet the required number of scans for their training year. A formal timetable showing time for scanning and trainee feedback that access has improved to be provided by 01 September 2021. |
| OG5.1b | The specialty trainees told the review team they felt that specialty training year three (ST3) and ST4 trainees had not received adequate clinic time this year. | Rotas demonstrating dedicated clinic time for ST3 and ST4 trainees and trainee feedback on this. To be provided 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 | |
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| **Related Domain(s) & Standard(s)** | **Recommendation** |
| OG1.1 | The review team recommend that the obstetrics and gynaecology department review the space available for handovers on the gynaecology ward and identify a quiet space which will allow for safe handovers without interruption. |
| OG1.2 | The review panel heard that some specialty trainees were going to run a workplace behaviour workshop to help with these recent frictions between midwives and doctors. The review team recommended that the trainees running the workshop could look at the workplace behaviour toolkit from the Royal College of Obstetricians and Gynaecologists. |
| OG1.4 | The review panel recommend that the department reviews educational supervisor job plans to ensure that they have sufficient time to meet with trainees monthly in line with the new curriculum. |
| OG2.1a | The panel recommend that the department reviews operating timetables to ensure split days working between Newham University Hospital and Whipps Cross Hospital are avoided. |
| OG2.1b | The review panel recommend that the obstetrics and gynaecology department review the learning opportunities available on the foundation year two rota (FY2) to see if more variety can be added. |
| OG2.2 | The review panel strongly advises educational supervisors in the department spend time with their supervisees identifying how Covid-19 has impacted upon their training and devising a personal action plan to catch up any missed learning. |
| OG3.4a | The review team recommend that the department reviews induction for foundation and general practice vocational training scheme (GP VTS) trainees to ensure that the teaching on common emergency presentations is effective at enabling trainees to feel confident in assessing patients in the emergency department alone. |
| OG5.1c | The review panel recommend the department review how it can be ensured that the post-natal ward provides a great educational experience with good clinical supervision to foundation and GP VTS trainees, and that trainees are clear on the information resources available to them when working there. |

## 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) |
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## HEE Quality Standards and Domains for Quality Reviews

| Domain 1 - Learning environment and culture |
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| **1.1.** Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.<br>**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.<br>**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).<br>**1.4.** There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.<br>**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.<br>**1.6.** The learning environment promotes interprofessional learning opportunities. |

| HEE Standard | HEE Quality Domain 1 - Learning Environment & Culture | Requirement Reference Number |
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| **1.1** | **Handover**<br><br>The specialty trainees said an audit had been conducted on the labour ward morning handovers to improve attendance and timeliness. The specialty trainees explained that as Newham University Hospital (NUH) was not very well connected by public transport, consultants and junior doctors had often been late in the past, meaning night shift staff had to stay past the end of their shifts. The specialty trainees told the review team that a register of names and arrival times to handover and a temporary locked doors policy at the start of handover (so late comers could not enter the ward) had improved attendance significantly. The specialty trainees felt that all handovers ensured safe patient care.<br><br>The foundation and general practice vocational training scheme (GP VTS) trainees said they had no problems with the labour ward handovers; they took place at 08:00, 13:00 and 17:00 and were smooth. The foundation and GP VTS trainees said that on rare occasions where there was a different registrar for each handover, these handovers lacked consistency.<br><br>The specialty trainees explained that on the gynaecology ward, there was no dedicated space for handovers but other than that, handovers on the ward were good. The foundation and GP VTS trainees echoed this saying that the lack of a designated place for handovers meant that they often took place in the break room which meant there were interruptions.<br><br>The foundation and GP VTS trainees said that consultants attended handover on the post-natal wards to review complex patients only. | OG1.1 |
| **1.2** | **Bullying and undermining**<br><br>The specialty, foundation and GP VTS trainees all said that they had never experienced or witnessed bullying or undermining behaviour in their placements at NUH. The specialty trainees said that the consultants in the department had great attitudes and cared about trainees' wellbeing. The foundation and GP VTS trainees said the department was welcoming and everyone was approachable and supportive.<br><br>The specialty trainees said that previously reported cultural problems in operating theatres had improved but were ongoing, and an external | |

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| | investigation was taking place. The specialty trainees explained that the difficulties that remained were process-related with frequent delays in starting the elective operating list in the mornings. The review team heard that the specialty trainees thought it seemed like unnecessary delays were created by other members of the multi-professional team. For example, the specialty trainees said that anaesthetists would insist on waiting for blood cross-matching when the trainees did not think this was needed. The specialty trainees informed the review team that they thought the anaesthetics department at NUH had workforce problems, with very few specialist obstetrics anaesthetists.<br><br>The specialty trainees told the review team that there was no gynaecology operating at NUH (apart from emergencies) and so trainees travelled to Whipps Cross Hospital (WXH) to do this. The trainees said that in comparison to the theatres at NUH, the theatres at WXH were much more functional, with very few delays, good teamworking and proactive multi-disciplinary team members who were willing to go the extra mile. The review team was pleased to hear the specialty trainees describe operating at WXH as an "amazing experience".<br><br>When asked whether they would be happy for friends and family to be treated at NUH, the specialty trainees said they would be happy for them to be treated in the obstetrics and gynaecology (O&G) department but would feel less sure about other departments such as the emergency department (ED). The specialty trainees explained that relationships between the ED and the O&G department had been strained recently. The specialty trainees said that when the ED department referred patients to O&G and the O&G trainees had asked the ED staff to do something (e.g. start antibiotics), they had received push back. The specialty trainees said that this had recently been addressed when the O&G trainees had given a presentation to trainees in ED about their role and how much they had to cover when on call. The specialty trainees explained that this increased understanding about the O&G workload among ED trainees had led to a slight improvement in relationships. The foundation and GP VTS trainees said they would be happy for friends, family, and they themselves to be treated in the O&G department at NUH.<br><br>The specialty trainees said that generally, the relationships between the doctors and midwives were good but there were instances when there were breakdowns in these relationships, particularly when there were a high number of agency midwives who knew less about how NUH operated. The specialty trainees said that individually, all the midwives were helpful and kind but that on the labour ward, the midwives were sometimes less supportive. The specialty trainees told the review team that the midwives had reported that doctors had become rude towards them at times in the last few months. The specialty trainees said some of the trainees were going to run a workplace behaviour workshop to help with these recent frictions. The review team recommended that the trainees running the workshop could look at the workplace behaviour toolkit from the Royal College of Obstetricians and Gynaecologists.<br><br>The foundation and GP VTS trainees said that sometimes in stressful situations, there were conflicts between midwives and doctors but that when these happened, they were resolved quickly and there was mutual respect between the two groups. | OG1.2 |

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| **1.4** | **Appropriate levels of Clinical Supervision**<br><br>The specialty trainees explained that there was consultant cover in the hospital from 08:00 to 22:00 and that sometimes the consultants swapped over during the day. The specialty trainees said there had been significant consultant sickness in the past year. The lower grade specialty trainees said that senior trainees were very good, giving them space to do work alone but happy to help when needed. The specialty trainees said teaching from consultants and other junior doctors had been very good and they had learnt a lot and progressed a lot.<br><br>The specialty trainees said they felt more junior trainees were well supported by them and that they made themselves very contactable. The foundation and GP VTS trainees said specialty trainee colleagues were keen to teach and happy to help when they were unsure or had a problem. The foundation and GP VTS trainees said they worked very closely with more senior colleagues on call and they had very good communication and were keen to ensure they were involved in practical procedures. Similarly, the foundation and GP VTS trainees said they felt consultants were engaged, happy to be called and willing to review patients on the ward. The trainees said this meant they never felt they were alone without oversight.<br><br>The review team asked the foundation and GP VTS trainees how they escalated unwell patients when working alone on the post-natal ward and the trainees explained that there was usually someone more senior to them on the ward or they could always call the antenatal registrar or medical assessment unit (MAU) registrar with any questions or issues. | |
| **1.4** | **Appropriate levels of Educational Supervision**<br><br>The specialty trainees said that they did meet with their educational supervisors (ESs) regularly, but most did not meet monthly (as specified in the new curriculum). The specialty trainees felt they had good relationships with their ESs but sometimes found that finding time to meet was difficult because of workloads. | OG1.4 |

| **Domain 2 – Educational governance and leadership** |
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| **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 |
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| **2.1** | **Impact of service design on users**<br><br>The review panel asked the specialty trainees what they would like to say about the learning and working environment at NUH. The specialty trainees said that it was a busy hospital and some of them had been warned before | |

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| | starting their placements that because of this, there may not be much support, but the trainees said they were pleasantly surprised that this had not been the case. The specialty trainees said the consultants and other doctors were very supportive and midwives were helpful.<br><br>The specialty trainees explained that an operating theatre renovation was happening at NUH which meant that there were only two elective theatres and one emergency theatre and so often, the elective list had to be paused when theatres were needed for emergency operations. The specialty trainees told the review team that as there was no gynaecology operating at NUH (apart from emergencies), trainees travelled to WXH to operate. The specialty trainees said that this was largely fine unless they had to split their days between NUH and WXH in which case the journey across took quite a long time (although this was not a common occurrence).<br><br>The foundation and GP VTS trainees explained that the foundation year one (FY1) rota had a variety of learning opportunities with trainees working on the labour ward, in obstetrics theatres, the MAU, on the post-natal ward, doing gynaecology on call and in clinics. The foundation trainees felt that the FY1 rotas was flexible and that being able to work in the theatres was a great learning opportunity. The trainees said that foundation year two (FY2) trainees mainly worked on the labour ward, post-natal ward and gynaecology on call. The review team heard that some FY2 trainees had not been to clinics but had had opportunities to work on the gynaecology surgical list. The foundation trainees said there was less variety on the FY2 rota than the FY1 rota and it would be nice on shorter days to work in areas such as clinics and antenatal. The trainees said that GP VTS trainees did not work on elective surgical lists but did do clinics and gynaecology on calls. The foundation and GP VTS trainees said that when they expressed an interest in a particular area, the department did try to incorporate this for them. | OG2.1a<br><br>OG2.1b |
| **2.2** | **Appropriate systems for raising concerns about education and training**<br><br>The specialty trainees explained that the trainee representative for O&G coordinated monthly meetings between all the trainees in the department and the consultants and these were well attended. The specialty trainees said that trainees were able to speak to the trainee representative about any education and training issues they had or wanted to raise. The specialty trainees told the review team they were confident that the College Tutor would also raise any issues on their behalf within the Trust or region. The specialty trainees were not sure who their national O&G committee trainee representative was.<br><br>The foundation and GP VTS trainees said they knew who their trainee representative was and felt comfortable that if they raised any issues in the department, they would be solved or at least discussed in the team. | |
| **2.2** | **Appropriate systems to manage learners' progression**<br><br>Most of the specialty trainees said that they had not yet spent time with their ESs planning their personal training recovery plans post Covid-19, although some had. The review panel told the trainees that Health Education England had been encouraging ESs to work with trainees to establish how their training had been affected by Covid-19 and how this could be remedied. | OG2.2 |

## 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 |
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| **3.1** | **Access to resources to support learners' health and wellbeing and to educational and pastoral support**<br><br>The specialty trainees said the consultants had shown a very keen interest in trainee wellbeing during Covid-19 and that the consultants took the time to get to know trainees on a personal level. The foundation and GP VTS trainees echoed this and said there had been a strong focus on wellbeing during Covid-19 pressures. | |
| **3.2** | **Time for learners to complete their assessments as required by the curriculum or professional standards**<br><br>The review panel heard that the specialty trainees did not find they had any problems getting their work-based assessments signed off by consultants and had only needed to chase this on some occasions (as they would expect in any placement). | |
| **3.4** | **Induction (organisational and placement)**<br><br>The foundation and GP VTS trainees said that their induction had been full and thorough.<br><br>The review team asked the foundation and GP VTS trainees what induction they had before working on call and the trainees said that generally, they were always with a more senior colleague so teaching was ongoing. The foundation and GP VTS trainees said the only time they were not supervised was when going to review patients in the ED and they could always call a registrar to ask questions.<br><br>The review team asked the specialty trainees about their induction at WXH when operating there for the first time. The specialty trainees said that they didn't have an induction but as they were being supervised by their consultants from NUH, the consultants were able to guide them through. The specialty trainees reported that they did have problems with gaining door access cards and parking when they operated at WXH. | OG3.4a<br><br>OG3.4b |

## 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 |
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| | Not discussed at the review. | |

## 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 |
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| **5.1** | **Placements must enable learners to meet their required learning outcomes**<br><br>The specialty trainees said they were able to do elective caesareans twice a week and that the consultants provided good teaching. The specialty trainees said that they got to do less gynaecology theatre (based at WXH) but when they did it was great and they received a lot of training.<br><br>The specialty trainees said that ultrasound training for trainees at NUH was a real struggle because, due to Covid-19 restrictions, they were not allowed into the scanning rooms. The review team heard that there was no structured timetable for scanning and the department was very busy. Some specialty trainees said they planned to use days off to do some scanning and others said they had only just managed to complete the required number of early pregnancy scans ahead of their annual review of competency progression (ARCP) meetings. The review team heard that there was no formal plan in place to address access to scanning for trainees, although it had been raised with the College Tutor. The specialty trainees said the onus was on trainees to ensure they gained scanning training.<br><br>The specialty trainees said that they did not think specialty training year three and four (ST3 and ST4) trainees had had enough clinic experience this year, with a heavy reliance on senior specialty trainees to run clinics instead. The specialty trainees thought this was because senior specialty trainees were quicker but that this would affect ST3 and ST4 trainees' training into the future.<br><br>The foundation and GP VTS trainees said the department provided many opportunities to learn and said that specialty trainees provided good teaching even in high pressure situations. | OG5.1a<br><br>OG5.1b |

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| **5.1** | **Appropriate balance between providing services and accessing educational and training opportunities**<br><br>The foundation and GP VTS trainees told the review panel that they were able to express interest in, and work in, different areas of O&G.<br><br>The foundation and GP VTS trainees told the review team that when they first worked on the post-natal ward, they were supervised but after that, they mostly saw patients alone and said that this meant there were perhaps less learning opportunities there than elsewhere. However, some of the trainees felt that seeing patients alone and learning to follow the guidelines and proformas was a good learning experience. The foundation and GP VTS trainees said that having someone run through the common cases seen on the post-natal ward and how to safely prepare them for discharge in the first couple of shifts would be helpful as then they wouldn't have to phone and ask as and when they came up. The trainees said that there was a Trust post-natal handbook but not all of the trainees knew about this. | OG5.1c |

## 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 |
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| **6.1** | **Retention and attrition of learners**<br><br>The specialty trainees all said that they would recommend NUH as a place to train of work. The foundation and GP VTS trainees also told the review team they would recommend their placements, and some had done so. The foundation and GP VTS trainees said they had a lot of responsibility but a lot of support too. | |

## Report sign off

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| **Quaity Review Report completed by** *(name(s) / role(s))*: | Chloe Snowdon<br>Learning Environment Quality Coordinator |
| **Review Lead name and signature:** | Louise Schofield |
| **Date signed:** | 30/07/2021 |

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| **HEE authorised signature:** | Geeta Menon |
| **Date signed:** | 30/07/2021 |

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| **Date final report submitted to organisation:** | 02/08/2021 |

### 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 HEE's national website. Information from quality reports will usually be shared with other System Partners such as Regulators and Quality Surveillance Groups.