

HEE Quality Interventions Review Report



The Hillingdon Hospitals NHS Foundation Trust (Hillingdon Hospital)

Core Surgical Training, General Surgery and Trauma and Orthopaedic Surgery

Learner and Educator Review

London – North West London

Date of Review/Intervention: 29 September 2022

Date of Final Report: 14 November 2022

Review Overview

Background to the review

A Risk-based Learner and Educator Review was requested following the 2022 General Medical Council (GMC) National Training Survey (NTS) results. The following outliers were generated for Hillingdon Hospital (Programme Group by Site):

General Surgery- One Red outlier in Supportive Environment. Six pink outliers in Overall Satisfaction, Clinical Supervision out of hours, Adequate Experience, Educational Governance, Educational Supervision and Feedback.

Core Surgery- Ten Red outliers in Overall Satisfaction, Reporting systems, Supportive environment, Induction, Adequate Experience, Educational Supervision, Feedback, Local Teaching, Study Leave and Rota Design. Four Pink outliers in Clinical Supervision, Clinical Supervision out of hours, Teamwork, and Educational Governance.

Subject of the review:

Core Surgical Training, General Surgery and Trauma and Orthopaedic Surgery

Who we met with

20 Doctors in Postgraduate Training (DPTs) from the following programmes: Foundation Programme, Core Surgical Training, General Surgery Specialty Higher Training and Trauma and Orthopaedic Surgery Specialty Higher Training.
10 Clinical and Educational Supervisors in General Surgery and Trauma and Orthopaedic Surgery
Chief Operating Officer
Chief Medical Officer
Education Leads for General Surgery and Trauma and Orthopaedic Surgery
Clinical Directors for General Surgery and Trauma and Orthopaedic Surgery
Director of Medical Education
Medical Education Manager
Director for Planned Care
Assistant Service Manager

Evidence utilised

Trauma and Orthopaedic Surgery Local Faculty Group minutes- June 2021, November 2021, March 2022 and July 2022.

Surgery Local Faculty Group minutes- September 2021, January 2022, April 2022 and July 2022.

Rota information for Doctors in Postgraduate Training (DPTs) in General Surgery and Trauma and Orthopaedic Surgery.

Summary of Datix reports between September 2021- September 2022 for General Surgery and Trauma and Orthopaedic Surgery.

HEE Quality Interventions Review Report

Dashboard Summary on Safe Working Hours and exception reports - Doctors in Training – 7 April 2021 – 6 April 2022

Orthopaedics Teaching Programme

Summary of Evidence and Action Plans

Core Surgery Training (Surgery) Focus Group Minutes August 2022

Core Surgery Training (Trauma and Orthopaedic Surgery) Focus Group Minutes August 2022

Specialty Higher Trauma and Orthopaedic Surgery Focus Group Minutes August 2022

Trauma and Orthopaedic Surgery Induction Booklet

This information was used by the review panel to formulate the key lines of enquiry for the review. The content of the review report and its conclusions are based solely on feedback received from review attendees.

Review Panel

Role	Name, Job Title
Quality Review Lead	Dr Bhanu Williams, Deputy Postgraduate Dean, North West London, Health Education England (London)
Specialty Expert	Dr Dominic Nielsen, Deputy Head of School of Surgery, Health Education England (London)
Foundation School Representative	Dr Keren Davies, North London Foundation School Director, (North Central & East London), Health Education England (London)
Lay Representative	Jane Gregory, Lay Representative, Health Education England (London)
HEE Quality Representative(s)	Rebecca Bennett, Learning Environment Quality Coordinator, Health Education England (London)
	Ummama Sheikh, Learning Environment Quality Coordinator, Health Education England (London) (Observing)
Supporting roles	Laura De Maria Quality, Patient Safety and Commissioning Administrator, Health Education England (London)

Executive Summary

The review panel thanked the Trust for accommodating the review.

The review panel was pleased to hear positive feedback from the specialty higher Doctors in Postgraduate Training (DPTs) in general surgery and trauma and orthopaedic surgery (T&O) who reported that they were very happy with the quality of training they had received, and all specialty higher DPTs noted that they would recommend the post to colleagues. The specialty higher DPTs in general surgery and T&O also informed the review panel that the consultant supervisors were supportive and helpful trainers.

The review panel acknowledged the efforts of the Trust to resolve the staffing issues and fill the rota gaps. However, the review panel was concerned that DPTs and supervisors reported that some patients in T&O were not reviewed daily by a consultant or specialty higher DPT. There were also concerns reported from all DPTs about clinical supervision for urology on-calls. It was reported that the urology consultants were difficult to contact out of hours and were often reluctant to come in to support the general surgery DPTs when on-call.

The foundation and Core Surgical Training (CST) DPTs expressed serious concerns about induction, staffing levels, and workload. The review panel was concerned about the training experience of foundation and CST DPTs which was reportedly vastly different to the specialty higher DPT experience. The majority of foundation and CST DPTs would not recommend their post to colleagues. The review panel felt that there were considerable improvements needed to ensure a suitable learning environment for foundation and CST DPTs.

This report includes a number of requirements and recommendations for the Trust to take forward, which will be reviewed by HEE as part of the three-monthly action planning timeline. Initial responses to the requirements below will be due on 1 March 2023.

Review Findings

This is the main body of the report and should relate to the quality domains and standards in HEE's Quality Framework, which are set out towards the end of this template. Specifically, mandatory requirements in the sections below should be explicitly linked to the quality standards. It is likely that not all HEE's domains and standards will be relevant to the review findings.

Requirements

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
CST1.5a	The review panel was concerned about staffing levels within trauma and orthopaedic surgery (T&O), particularly at the weekends. Some foundation Doctors in Postgraduate	The Trust should review the workload of DPTs and the staffing levels to ensure that the workload of DPTs is appropriate for their level of training.

HEE Quality Interventions Review Report

	<p>Training (DPTs) reported that the staffing issues were not isolated to the medical staff and noted there had been staffing shortages with the nurses too.</p> <p>The Core Surgical Training (CST) DPTs reported that they were responsible for managing wards with approximately 30-40 patients on their own. The CST DPTs stated that they did not feel it was safe for them to be responsible for this many patients and they felt that they were missing things clinically as a result.</p>	<p>Please provide evidence that this has been done and that workload for T&O CST DPTs, particularly at weekends, meets DPT needs.</p> <p>Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
CST1.5b	<p>The review panel was concerned that Doctors in Postgraduate Training (DPTs) and supervisors reported that some patients in trauma and orthopaedic surgery (T&O) were not reviewed daily by a consultant or specialty higher DPT.</p>	<p>The Trust should conduct an audit of current practice and the standard operating procedure (SOP) for the review of patients on the wards in the T&O department. Please provide evidence of this work including evidence that demonstrates compliance with requirement for daily review, in line with the framework for seven-day hospital services.</p> <p>Please also provide feedback from DPTs and supervisors on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
CST1.5c	<p>The Core Surgical Training (CST) Doctors in Postgraduate Training (DPTs) advised the review panel that they were concerned about unsafe referrals which they had received from the Emergency Medicine Department (ED) and noted that they were often</p>	<p>The Trust should conduct a review of the ED criteria for referral to specialist teams and the urgency of such referrals. Please provide evidence of the changes put in place to ensure that referrals are appropriate.</p> <p>Please also provide feedback from DPTs and supervisors on</p>

HEE Quality Interventions Review Report

	<p>called to ED for unnecessary reasons when on-call.</p>	<p>this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
<p>FS2.6</p>	<p>It was reported that the foundation Doctors in Postgraduate Training (DPTs) were not clear on how to complete exception reports and the requirements of the process.</p>	<p>The Trust should ensure all DPTs are aware of the process for exception reporting and are comfortable to do this. Please arrange a tutorial on exception reporting for the current foundation DPTs, including information on when to exception report and what to include in the reports.</p> <p>The Trust should also ensure that training on exception reporting is built into the local induction programmes.</p> <p>Please provide evidence that this work has been completed and please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
<p>FS3.5</p>	<p>The majority of foundation Doctors in Postgraduate Training (DPTs) reported issues with knowing who to escalate to and how to access help for clinical situations.</p> <p>The foundation DPTs clarified that if there was a non-surgical issue, they did not know how to seek help in acute situations and felt they were often left to deal with these situations unsupported. In addition, the foundation DPTs reported that they had not been informed of</p>	<p>The Trust must conduct an urgent review of the supervision arrangements for foundation DPTs in surgical posts to ensure that DPTs have access to appropriate levels of clinical supervision, particularly for out of hours and in acute clinical situations.</p> <p>The Trust must ensure that all foundation DPTs are aware of the relevant escalation pathways and that the foundation DPTs are supported when requesting help.</p>

HEE Quality Interventions Review Report

	<p>the process for escalating to the medical doctor on-call.</p>	<p>Please provide evidence that this has been done and that there is appropriate clinical supervision for foundation DPTs. Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
<p>CST3.5a</p>	<p>The Core Surgical Training (CST) Doctors in Postgraduate Training (DPTs) reported that there had been occasions for both general surgery and trauma and orthopaedic surgery (T&O), where the specialty higher DPT on-call had been very reluctant to come into the hospital, even in serious clinical situations. It was also noted that some specialty higher DPTs were not supportive when CST DPTs escalated concerns to them whilst on-call.</p> <p>The CST DPTs informed the review panel that they felt apprehensive about contacting approximately half of the T&O specialty higher DPTs as they did not respond positively to the calls and were very reluctant to come into the hospital to support the CST DPTs when they felt they needed support.</p>	<p>The Trust is required to review the support CST DPTs receive from specialty higher DPTs and improve the internal processes for escalation for both T&O and general surgery.</p> <p>Please provide evidence that this has been done and that there is appropriate clinical supervision for CST DPTs. Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
<p>CST3.5b and GS3.5b</p>	<p>It was reported that the urology consultants were difficult to contact out of hours and were often reluctant to come in to support the general surgery Doctors in Postgraduate Training (DPTs) when on-call. The Core Surgical Training (CST) DPTs advised that whilst there had not been a serious incident so far, the DPTs felt</p>	<p>The Trust must conduct an urgent review of the supervision arrangements for the urology on-call to ensure that DPTs have access to appropriate levels of clinical supervision out of hours.</p> <p>Please provide evidence that this has been done and that there is appropriate clinical supervision for the general</p>

HEE Quality Interventions Review Report

	<p>there was a risk of one occurring.</p> <p>The specialty higher DPTs in general surgery informed the review panel that there were not enough general surgery doctors out of hours to cover the urology workload and additional middle grade support for urology out of hours would be helpful.</p>	<p>surgery DPTs on-call. Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
CST3.5c	<p>It was reported that the specialty higher Doctors in Postgraduate Training (DPTs) for trauma and orthopaedic surgery (T&O) did not carry a bleep therefore DPTs found it difficult to contact them, especially when relying on mobile phone signal.</p>	<p>The Trust must ensure that staff offering supervision and support to DPTs are able to be contacted easily. Please ensure staff are provided with the necessary equipment to enable them to be reliably contacted when needed.</p> <p>Please provide evidence that this has been done and please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
CST3.9a	<p>The foundation and Core Surgical Training (CST) Doctors in Postgraduate Training (DPTs) reported that they had not had a local induction or that the induction they had received had been inadequate in preparing them for their role.</p>	<p>CST DPTs must receive an adequate departmental induction prior to starting clinical activity. The departmental induction should include sufficient information on escalation pathways, particularly for acute clinical situations.</p> <p>Please provide evidence that all new DPTs to both trauma and orthopaedic surgery (T&O) and general surgery receive a thorough induction prior to starting clinical activity. The Trust should include input from the DPTs in designing the</p>

HEE Quality Interventions Review Report

		<p>induction and induction materials.</p> <p>Please provide evidence that improvements have been made to the induction and that DPTs feel the induction sufficiently prepares them for the role, via Local Faculty Group (LFG) meeting minutes, or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE’s action plan timeline.</p>
<p>FS3.9a</p>	<p>The foundation and Core Surgical Training (CST) Doctors in Postgraduate Training (DPTs) reported that they had not had a local induction or that the induction they had received had been inadequate in preparing them for their role.</p> <p>The foundation Doctors in Postgraduate Training (DPTs) reported that the two-day shadowing had been useful but noted that this would have been more helpful if it was for a week rather than two days.</p> <p>The foundation DPTs advised that a longer shadowing period would have been more representative what the departments were like day-to-day and would have allowed opportunities to shadow a wider variety of experiences</p>	<p>Foundation DPTs must receive an adequate departmental induction and period of shadowing prior to starting clinical activity. The departmental induction should include sufficient information on escalation pathways, particularly for acute clinical situations.</p> <p>Please provide evidence that all new DPTs to both trauma and orthopaedic surgery (T&O) and general surgery receive a thorough induction prior to starting clinical activity. The Trust should include input from the DPTs in designing the induction and induction materials.</p> <p>Please provide evidence that improvements have been made to the induction and that DPTs feel the induction sufficiently prepares them for the role, via Local Faculty Group (LFG) meeting minutes, or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE’s action plan timeline.</p>
<p>CST3.9b</p>	<p>The Core Surgical Training (CST) Doctors in Postgraduate</p>	<p>DPTs must have access to the relevant IT systems to carry</p>

HEE Quality Interventions Review Report

	<p>Training (DPTs) reported that they had found it difficult to get access to e-Trauma and it had not been arranged prior to starting. Some CST DPTs reported that they had not received any training for e-Trauma.</p>	<p>out their work and should receive the necessary training to be able to use the system.</p> <p>Please provide evidence that the access and training for e-Trauma has improved and information about how this is being addressed.</p> <p>Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE’s action plan timeline.</p>
<p>CST3.9c</p>	<p>The Core Surgical Training (CST) Doctors in Postgraduate Training (DPTs) also informed the review panel that they had not received an induction for urology on-calls. It was reported that there was an expectation that the CST DPTs should be able to do certain procedures, but many had not been trained on these procedures.</p>	<p>All DPTs must receive an adequate departmental induction for all clinical areas the DPTs will be working in for the post, prior to starting clinical activity. The departmental induction should include sufficient training on common clinical procedures that the DPTs are expected to carry out.</p> <p>Please provide evidence that all new CST DPTs to general surgery receive a thorough induction for any urology related clinical activity. The Trust should include input from the CST DPTs in designing the induction and induction materials.</p> <p>Please provide evidence that improvements have been made to the induction and that CST DPTs feel the induction sufficiently prepares them for the role, via Local Faculty Group (LFG) meeting minutes, or other evidence.</p>

HEE Quality Interventions Review Report

		Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.
CST5.1a	<p>The Core Surgical Training (CST) Doctors in Postgraduate Training (DPTs) advised that they had not had any specific CST teaching and noted that more opportunities for this would improve the learning experience.</p>	<p>The Trust must provide the CST DPTs with the necessary teaching and education opportunities needed to meet curriculum requirements.</p> <p>The Trust must support trainees to attend programme specific education activities as necessary and this time should be adequately protected.</p> <p>Please provide evidence, via Local Faculty Group (LFG) meeting minutes or other evidence, that improvements have been made to CST teaching and that CST DPTs feel the teaching supports them to meet curriculum requirements.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
CST5.1b	<p>It was reported that some specialty higher Doctors in Postgraduate Training (DPTs), particularly in trauma and orthopaedic surgery (T&O), were not supportive of Core Surgical Training (CST) DPTs accessing surgical experience in theatre.</p> <p>Several CST DPTs reported that some specialty higher DPTs had expressed that they were not interested in teaching and therefore the CST DPTs had less learning opportunities.</p> <p>The CST DPTs informed the review panel that they would have liked more support from the specialty higher DPTs to ensure the CST DPTs were</p>	<p>The Trust must ensure that CST DPTs in both T&O and general surgery have sufficient opportunities to develop their surgical skills to meet curriculum requirements. Please provide evidence that access to theatre opportunities has been improved for CST DPTs.</p> <p>The Trust must ensure that specialty higher DPTs in both T&O and general surgery are supported, and developed, to undertake supervision responsibilities, including teaching, with more junior staff as appropriate.</p> <p>Please provide evidence, via Local Faculty Group (LFG) meeting minutes or other</p>

HEE Quality Interventions Review Report

	included and had more access to theatre experience.	<p>evidence, that improvements have been made to access to theatre and that the CST DPTs feel the access is sufficient for them to meet curriculum requirements.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
CST5.1c and TO5.1c	The review panel was informed that there was a post-take ward round in trauma and orthopaedic surgery (T&O), and it was noted that the patients for the Doctors in Postgraduate Training (DPTs) who had been on nights would be seen first so they could leave promptly.	<p>The Trust should ensure that T&O DPTs on night shifts should not be expected to stay at work beyond their scheduled hours to attend the ward round and ensure DPTs are supported to gain sufficient rest following night shifts.</p> <p>Please provide evidence of the work being done to improve this. Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
FS5.1	The foundation Doctors in Postgraduate Training (DPTs) informed the review panel that there was supposed to be weekly general surgery teaching on Mondays however it was noted that this had only happened once so far in the post. However, the supervisors noted that there was teaching every Monday afternoon and the attendance from the foundation and Core Surgical Training (CST) DPTs was good.	<p>The Trust must support foundation DPTs to attend relevant departmental education activities and this time should be adequately protected.</p> <p>Please provide evidence of the work being done to improve this. Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
CST5.6a	The review panel was informed that the Trust had put measures in place to relieve the trauma	The Trust should continue to monitor the progress of the measures put in place to

HEE Quality Interventions Review Report

	<p>and orthopaedic surgery T&O rota gaps but there had not been enough time for the benefits to be realised. The Trust representatives confirmed that the rota gaps had been recruited to with overseas doctors and reported that the overseas doctors received a four-week shadowing period which was almost complete.</p>	<p>improve the T&O rota gaps and staffing issues and ensure the improvements are sustainable.</p> <p>Please provide an update on the progress and also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>
CST5.6b	<p>The review panel also heard that Core Surgical Training (CST) Doctors in Postgraduate Training (DPTs) in general surgery had spent a significant amount of their on-calls in the Emergency Medicine Department (ED) rather than in emergency surgery. The CST DPTs reported that the CST DPTs on-call struggled to access the CEPOD theatre lists as they were too busy with the ED workload.</p> <p>The specialty higher DPTs in general surgery also discussed this and informed the review panel that access to emergency surgery was difficult for CST DPTs given the workload of the on-call.</p>	<p>The Trust must review the CST DPT rota and ensure that the DPTs have sufficient and timetabled access to CEPOD theatre lists to meet the curriculum requirements.</p> <p>Please provide evidence of the work being done to improve this. Please also provide feedback from DPTs on this topic, via Local Faculty Group (LFG) meeting minutes, or other evidence.</p> <p>Please submit this evidence by 1 March 2023, in line with HEE's action plan timeline.</p>

Immediate Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
N/A		
Requirement Reference Number	Progress on Immediate Actions	Required Action, Timeline and Evidence
N/A		

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.

Reference Number	Related HEE Quality Framework Domain(s) and Standard(s)	Recommendation
N/A		

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/Professional Group/Department/Team	Good Practice	Related HEE Quality Framework Domain(s) and Standard(s)
Locally Employed Doctors	The review panel noted that the four-week shadowing period for overseas doctors who were new to the NHS was commendable.	3.9

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	<p>The learning environment is one in which education and training is valued and championed.</p> <p>The specialty higher Doctors in Postgraduate Training (DPTs) in general surgery and trauma and orthopaedic surgery (T&O) reported that they were very happy with the quality of training they had received, and all specialty higher DPTs noted that they would recommend the post to colleagues. The specialty higher DPTs advised that they had experienced a very supportive environment in both general surgery and T&O. Some specialty higher DPTs described their post in T&O as the best placement they had experienced in the North West Thames programme. General surgery specialty higher DPTs reported that the hospital was structured well for gastrointestinal (GI) training and the attitude towards learning was very good. It was noted that Hillingdon Hospital (HH) had a reputation amongst DPTs in the wider training community for excellent general surgery training. The review panel was also informed by the specialty higher DPTs that they felt there had been a lot of changes made and as a result there had been improvements over the last year.</p> <p>In contrast, the majority of foundation and Core Surgical Training (CST) DPTs would not recommend their post to colleagues. Some foundation DPTs informed the review panel that they had enjoyed some aspects of the post. However, they described their experience as chaotic and stressful overall. It was also reported that staffing issues had been significant and therefore they would not recommend the post. The foundation DPTs reported that they felt fortunate that no serious incidents had occurred as a result of these staffing issues. Some foundation DPTs advised the review panel that they felt the department was not providing the best care possible to the patients and therefore they would not recommend the post to colleagues. The CST DPTs advised that they felt the CST role in T&O was not valued and often felt that they were viewed as service provision rather than DPTs. Some CST DPTs reported that they would recommend the Intensive Care Unit (ITU) post and aspects of the general surgery post. The CST DPTs advised the review panel that they felt they were better clinicians as a result of having to make decisions with limited senior support however they did not feel their posts had made them better surgeons.</p>	

HEE Quality Interventions Review Report

	<p>Some foundation DPTs in general surgery advised the review panel that they would recommend the teams-based aspect of their post as they felt they were able to get to know the staff more easily. It was reported that they had felt generally well supported in their team and by the specialty higher DPTs in those teams.</p>	
1.3	<p>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</p> <p>The CST DPTs reported that they had experienced instances in both T&O and general surgery where they felt undermined and have felt pressured into doing things that they would not usually be comfortable doing.</p>	
1.5	<p>Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.</p> <p>The review panel was concerned about staffing levels within T&O, particularly at the weekends. Some foundation DPTs reported that the staffing issues were not isolated to the medical staff and noted there had been staffing shortages with the nurses too. The CST DPTs reported that they were responsible for managing wards with approximately 30-40 patients on their own. The CST DPTs stated that they did not feel it was safe for them to be responsible for this many patients and they felt that they were missing things clinically as a result. It was also reported that on weekends DPTs in T&O could flag patients for a review by a more senior doctor on e-Trauma, however it was noted that there had been several instances where the patient flagged for a weekend review had not been reviewed. DPTs were also concerned that locums were not always aware of the flagging system which was challenging given the number of rota gaps requiring locum cover. The CST DPTs also reported that patients were not always flagged for weekend review when they needed to be therefore the CST DPTs working at the weekend had to review all of the patients to ensure patients were not missed. The review panel was informed by the specialty higher DPTs that concerns on the ward were always discussed at the trauma meeting at the weekend and patients who required review could be identified in this meeting. The review panel heard from the supervisors that they had looked at providing additional staffing at weekends but advised it had been challenging to implement as the funding was limited.</p> <p>All T&O DPTs and supervisors reported that some patients in T&O were not reviewed daily by a consultant or specialty higher DPT. It was noted that patients who had been admitted for</p>	<p>Yes, please see CST1.5a</p>

<p>several days were not regularly reviewed by a consultant and were predominately only seen by CST DPTs or locally employed doctors (LEDs) at a similar level. The CST DPTs reported that the consultant of the week reviewed newly admitted patients and any of their own patients, but the remainder of patients were the responsibility of the CST DPTs and LEDs. The supervisors informed the review panel that the trauma consultant reviewed all new admissions and consulted with the sister in charge to identify any issues and decide which other patients needed to be reviewed. The review panel was informed by the supervisors that there was also a morning and afternoon ward round with the trauma consultant in which issues could be escalated to them. The supervisors also reported that there was a handover list for post-operative patients and other patients who needed to be reviewed. It was noted by CST DPTs that the consultants reviewed patients post-operatively and followed up for the next few days, after which they only reviewed patients if there were issues. The CST DPTs advised that the specialty higher DPTs did not often review the patients under their consultant's care either and when they did review patients, they required the CST DPTs to attend with them to document which the CST DPTs felt was not a good use of their time. The specialty higher DPTs informed the review panel that when they were at HH, they did go to see the patients on the ward under their consultant's care, however, it was noted that the cross-site cover was challenging. The specialty higher DPTs confirmed that patients who had been on the ward for more than five days were not reviewed by a specialty higher DPT or a consultant, but they advised that there was an escalation pathway in place for the CST DPTs.</p> <p>The CST DPTs commented that the care of orthogeriatric patients was not very good. The CST DPTs reported that they were often left to deal with medical issues which was a considerable amount of work for the DPTs. The CST DPTs felt that there was not enough collaboration between orthopaedics and geriatrics.</p> <p>The supervisors confirmed that all patients in general surgery were reviewed by a consultant every day. The review panel was informed that there was a general surgery handover at 08:00 and 20:00 and people were able to join via MS Teams if they could not attend the evening handover in person. It was confirmed that the morning handover was always face-to-face. The CST DPTs advised that the ward round was led by a specialty higher DPT therefore all patients were reviewed by a specialty higher DPT every day. The CST DPTs advised that the general surgery wards were supported mostly by foundation DPTs and noted that the foundation DPTs had worked well independently. The specialty</p>	<p>Yes, please see CST1.5b</p>
---	--------------------------------

HEE Quality Interventions Review Report

	<p>higher DPTs discussed the ward round arrangements for the general surgery wards at the weekend and reported that the system worked well. It was advised that there was a post-take ward round in addition to the standard ward round. It was advised that the weekend cover comprised of a CST DPT or LED, two specialty higher DPTs in the hospital and one on-call in addition to a post-take consultant. The specialty higher DPTs felt that they were very well supported at the weekends. The specialty higher DPTs reported that both elective and emergency patients were reviewed by the specialty DPT during the day.</p> <p>The foundation and CST DPTs reported that they would not be comfortable with their friends and family being treated at the hospital. It was noted that this was partly due to the Emergency Medicine Department (ED). The specialty higher DPTs also noted that whilst they would be happy for their friends and family to be treated by the surgical team, they also had reservations about the ED. The CST DPTs advised the review panel that they were concerned about unsafe referrals which they had received from the ED and noted that they were often called to ED for unnecessary reasons when on-call.</p>	<p>Yes, please see CST1.5c</p>
<p>1.12</p>	<p>The learning environment promotes multi-professional learning opportunities.</p> <p>The specialty higher DPTs in general surgery and T&O were particularly complimentary of the Surgical Assessment Unit (SAU) and praised the nursing staff in the unit. The specialty higher DPTs in T&O were also appreciative of the nurses and other supportive staff in the T&O department.</p> <p>The foundation DPTs informed the review panel that the critical outreach nurses had been very supportive and responsive when the DPTs needed to access them.</p>	

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
<p>2.6</p>	<p>Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.</p> <p>The Trust representatives advised the review panel that in general surgery DPTs were strongly encouraged to exception report and it was noted that the reports were handled promptly and positively. The Trust representatives informed the review</p>	<p>Yes, please see FS2.6</p>

	<p>panel that they had ensured that DPTs were taking their zero-days as required and strongly encouraged the DPTs to exception report when they had missed educational opportunities. The review panel was pleased to hear that DPTs were encouraged to complete exception reports, however, it was reported that the foundation DPTs were not clear on how to complete them and the requirements of the process. The foundation DPTs reported that their workload had been very high and as a result they had frequently stayed late. The foundation DPTs informed the review panel that they were not sure whether they should have exception reported for staying late and also commented that they did not know how to complete the form. The review panel strongly encouraged the foundation DPTs to exception report, so the Trust were aware of the workload issues.</p>	
--	---	--

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.1	<p>Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.</p> <p>The Trust representatives for general surgery informed the review panel that DPTs were provided with a wide range of options for raising concerns or issues. It was noted that DPTs were signposted to their supervisor, the head of the department, college tutor and the Postgraduate Medical Education Team (PGME). The Trust representatives advised that the DPTs had used these options to raise concerns. The Director of Medical Education (DME) also advised that the PGME informed the DPTs of the support options that the PGME offered at the Trust induction and included information about the Professional Support Unit (PSU).</p>	
3.5	<p>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</p> <p>Whilst it was acknowledged that all foundation DPTs were aware of who their clinical supervisors were, the majority of foundation DPTs reported issues with knowing who to escalate to and how to access help for clinical situations. However, this was not the case for all foundation DPTs. It was reported that foundation DPTs felt unsupported for on-call and weekend shifts. The foundation DPTs clarified that if there was a non-surgical issue, they did not know how to seek help in acute situations and felt they were often left to deal with these situations unsupported. The review panel was informed that there had been situations where the foundation DPTs had called the CST DPT/LED and the specialty higher DPT for help with a medical issue, but both had refused to help and the medical</p>	<p>Yes, please see FS3.5</p>

<p>doctor on-call had also refused to help. In addition, the foundation DPTs reported that they had not been informed of the process for escalating to the medical doctor on-call. The foundation DPTs reported that they felt out of their depth, particularly with the staffing issues. It was reported that the foundation DPTs could not always access the specialty higher DPTs when they needed support as they were in theatre and could not be interrupted or they were not aware of which theatre they were in. It was reported that this delayed the support and the foundation DPTs were concerned about leaving an unstable patient to try and find someone to escalate to.</p> <p>The CST DPTs reported that there had been occasions in both general surgery and T&O, where the specialty higher DPT on-call had been very reluctant to come into the hospital, even in serious clinical situations. It was also noted that some specialty higher DPTs were not supportive when CST DPTs escalated concerns to them whilst on-call. The CST DPTs did note that if there were unable to contact the specialty higher DPT they felt able and comfortable to escalate to the consultant. The CST DPTs advised that the majority of the general surgery specialty higher DPTs were responsive and supportive. However, it was noted that there were a few specialty higher DPTs who were more difficult to contact and request support from. The CST DPTs informed the review panel that they felt apprehensive about contacting approximately half of the T&O specialty higher DPTs as they did not respond positively to the calls and were very reluctant to come into the hospital to support. However, it was noted that there was some excellent T&O specialty higher DPTs who were very supportive of the CST DPTs, and some CST DPTs reporting that they had not experienced any issues with contacting specialty higher DPTs on-call.</p> <p>The specialty higher DPTs in general surgery and T&O advised the review panel that they believed there was a good team environment and felt they had created a good atmosphere for foundation and CST DPTs to contact them when they needed help. The specialty higher DPTs in T&O posts confirmed that the foundation and CST DPTs regularly contacted the specialty higher DPTs and consultants when they needed support. The Trust representatives informed the review panel that they were not aware of any issues between the specialty higher and CST DPTs and confirmed that no issues had been reported to them. The specialty higher DPTs advised that there had been tensions between the specialty higher DPTs and the CST DPTs previously as the specialty higher DPTs were having to fill rota gaps. It was confirmed that this issue had been resolved but the specialty higher DPTs acknowledged that there may be continuing tensions from that time.</p> <p>The foundation DPTs in general surgery reported that during the day between 08:00 and 17:00 the support was acceptable.</p>	<p>Yes, please see CST3.5a</p>
--	--------------------------------

the urology DPT cover that was currently a few days during the week to the weekend as it was felt this might be more useful to the general surgery DPTs. However, the supervisors clarified that urology was on the CST and general surgery curriculum therefore the DPTs would benefit from this experience. The supervisors also informed the review panel that there had not been any instances, that they were aware of, where the urology consultant had not come into the hospital to support the DPTs when needed.

The review panel was informed by the general surgery specialty higher DPTs that there was a specialty higher DPT led ward round almost every day and a consultant-led post take ward round. The specialty higher DPTs in general surgery also advised that there was always a consultant available and the specialty higher DPTs felt there were good communications between everyone in the team. The specialty higher DPTs advised that the foundation and CST DPTs and LEDs escalated readily and the specialty higher DPTs felt they were very supportive of people who had concerns about patients. It was noted that cross site cover was often challenging for the general surgery specialty higher DPTs.

The general surgery specialty higher DPTs in gastrointestinal (GI) posts advised that they had felt well supported in clinics and noted that they were not removed from these opportunities to fill rota gaps. It was reported that the specialty higher DPTs had their own clinics which were supported by their named clinical supervisor.

The general surgery specialty higher DPTs in breast surgery posts informed the review panel that they had been able to attend two to three clinics per week which were always supported by a consultant. The specialty higher DPTs noted that the clinic numbers were well managed, and the clinical exposure was good. However, the specialty higher DPTs advised that they would have liked to attend more follow-up clinics but were prevented from doing that as they had ward round commitments on different sites. The specialty higher DPTs acknowledged that the priority was the ward patients but advised that attending more follow up clinics would have enhanced their experience.

The Trust representatives informed the review panel that for T&O there was a consultant of the week model and there were also consultants and specialty higher DPTs in clinics which the foundation and CST DPTs could call if they were not able to access the consultant of the week. The specialty higher DPTs in T&O informed the review panel that clinics were reduced when consultants were unavailable and confirmed that there was a good culture for cross-covering work. It was reported that specialty higher DPTs were on-call overnight and were available via telephone. The Trust representatives reported that DPTs were always encouraged to call the specialty higher DPT on-call or the consultant if necessary. It was reported that the specialty higher

	<p>DPT for T&O did not carry a bleep therefore DPTs found it difficult to contact them, especially when relying on mobile phone signal. Some CST DPTs reported that a number of the T&O consultants had offered very positive support and feedback. The specialty higher DPTs in T&O reported that the trauma specialty higher DPT was usually happy to offer advice and help troubleshoot issues with the foundation and CST DPTs and advised that the foundation and CST DPTs had been escalating to them as necessary.</p>	CST3.5c
3.6	<p>Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.</p> <p>The specialty higher DPTs in general surgery and T&O informed the review panel that the consultant supervisors were supportive and helpful trainers.</p> <p>All foundation DPTs reported that they knew who their educational supervisors were and confirmed that they had met with them and discussed their portfolios.</p>	
3.9	<p>Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.</p> <p>The Trust representatives reported that the assistant service manager (ASM) met with new DPTs and checked that they had their required log-in information and offered support. The Trust representatives for T&O reported that all DPTs received departmental inductions. It was confirmed that the DPTs were provided with an induction leaflet beforehand and then had a one-hour session with the consultant of the week, which included an introduction to the team. The Trust representatives informed the review panel that there was an engaging induction programme for general surgery. The Trust representatives advised that no DPT would be expected to do nights or on-call shifts before receiving an induction. It was noted that the DPTs were introduced to the team and met with the education lead one-to-one to discuss their educational needs. The supervisors advised the review panel that the induction for general surgery had not changed for several years, and they had not had any concerns raised by DPTs.</p> <p>The specialty higher DPTs for both T&O and general surgery reported that their general experience for the departmental inductions had been positive. It was noted that there had not been any issues with induction and the specialty higher DPTs felt it was sufficient. The specialty higher DPTs reported that the consultants were very supportive in ensuring clinics were not over booked and helped ensure that the specialty higher DPTs had the necessary log-in information. However, the foundation and CST DPTs reported that they had not had a local induction or that the</p>	

	<p>induction they had received had been inadequate in preparing them for their role. The foundation DPTs in surgery posts informed the review panel that the departmental induction was very brief, and the content was somewhat repetitive of what had been discussed at the Trust induction. The foundation DPTs reported that they were informed about the weekly teaching and how to escalate concerns, but they felt this was not sufficient to prepare them to carry out their role. The foundation DPTs reported that they did not feel well prepared for certain aspects of their role, for example booking investigations or chasing things from other departments.</p> <p>The foundation DPTs reported that the two-day shadowing had been useful but noted that this would have been more helpful if it was for a week rather than two days. The foundation DPTs advised that a longer shadowing period would have been more representative of what the departments were like day-to-day and would have allowed opportunities to shadow a wider variety of experiences. The supervisors informed the review panel that in previous cohorts there had been a one-week shadowing period for foundation DPTs however they advised that this year the Trust did not have the funding to accommodate this.</p> <p>The CST DPTs informed the review panel that the departmental induction varied between the different departments, but it was noted that some DPTs had not had an induction prior to starting their role. Some CST DPTs advised that they rotated every four months and sometimes were not in sync with other programmes and therefore had not always had a formal induction. The CST DPTs acknowledged the help and support they had received from their fellow DPTs and LEDs who had supported them when they started. However, it was noted that the DPTs felt unprepared for their work and were concerned about night shifts early in the post as there was less support and they had not been instructed on all the necessary aspects of the role. The CST DPTs also reported that some new staff had started working on nights without a formal induction which the CST DPTs felt was unsafe.</p> <p>The CST DPTs reported that they had found it difficult to get access to e-Trauma and it had not been arranged prior to starting. Some CST DPTs reported that they had not received any training for e-Trauma.</p> <p>The CST DPTs acknowledged that the efforts of the lead for the general surgery departmental induction were appreciated, however it was noted that many of the DPTs had not experienced some of the clinical scenarios and felt unprepared to deal with them, particularly out of hours. The CST DPTs advised the review panel that they would have benefitted from some training around these scenarios in their induction. This feedback was also noted for T&O, some CST DPTs reported that there were several clinical scenarios</p>	<p>Yes, please see CST3.9a and FS3.9a</p> <p>Yes, please see FS3.9a</p> <p>Yes, please see CST3.9a</p> <p>Yes, please see CST3.9b</p> <p>Yes, please see CST3.9a</p>
--	--	--

<p>the review panel that they would have liked more support from the specialty higher DPTs to ensure the CST DPTs were included and had more access to theatre experience. The specialty higher DPTs in general surgery advised the review panel that the consultants often advertised any learning opportunities and invited the CST DPTs to be involved. The review panel was also informed by the specialty higher DPTs in T&O that they felt when the CST DPTs were able to attend theatre, they were offered a lot of opportunities to get involved. This was also reported by some of the supervisors who informed the review panel that if the CST DPTs were in theatre the supervisors insisted that the CST DPTs were involved.</p> <p>The Trust representatives for T&O informed the review panel that there were a variety of teaching opportunities for DPTs. The opportunities reported included trauma ward rounds in which all admissions were discussed, and teaching was a focus. It was noted that this was a good opportunity for DPTs to present cases and discuss with the consultants and specialty higher DPTs. The review panel was informed that there was also a post-take ward round, and it was noted that the patients for the DPTs who had been on nights would be seen first so they could leave promptly. The Trust representatives also discussed the weekly teaching programme, it was noted that the day was varied to allow flexibility. It was reported that DPTs were responsible for presenting for this teaching programme which provided the DPTs the opportunity to teach themselves. The Trust representatives for T&O also reported that the DPTs were supported in undertaking departmental quality improvement projects and research projects. The review panel was also informed that the T&O department ran monthly or bi-monthly skills workshops which were sponsored by external companies. The Trust representatives advised that the DPTs were able to develop skills on new equipment via these simulation workshops. The review panel was also made aware by the supervisors that the T&O department offered in-house plaster courses for DPTs. The review panel was informed by the CST DPTs that whilst they were not allocated clinic time in T&O as standard, they had been able to request it and join clinics when scheduled for an elective theatre list.</p> <p>The specialty higher DPTs in T&O informed the review panel that access to elective theatre lists had been excellent. The specialty higher PDTs reported that the T&O consultants had been very supportive and allowed the DPTs the opportunity to operate under their supervision. The specialty higher DPTs in T&O advised that they had the opportunity to do four elective lists per week and the two full weeks of trauma surgery every 12 weeks. The review panel also heard from the specialty DPTs that they were able to spend the majority of their time with their named consultant. It was confirmed that the specialty higher DPTs in T&O had been able to complete necessary assessments and had been well supported in</p>	<p>Yes, please see CST5.1c and TO5.1c</p>
---	---

<p>theatre and in clinics. The specialty higher DPTs in T&O also commented that the Mount Vernon Hospital (MVH) site had been good, and they had been able to access support from consultants during the day and out of hours. It was confirmed that the majority of the elective surgery lists were conducted at the MVH site and similarly the majority of trauma surgery occurred at the HH site. The review panel was informed by the specialty higher DPTs in T&O that the volume and variety of cases had been very good and noted that consultants had been helpful with reviewing cases to help the DPTs to reflect on their experiences. The specialty DPTs in T&O were appreciative that the consultants took the time to ensure the DPTs were discussing and learning from cases. The specialty higher DPTs in T&O also noted that the consultants were helpful with exam-based discussions.</p> <p>It was also noted by the Trust representatives that the general surgery department was supportive of DPTs seeking educational opportunities and making arrangements to attend different opportunities based on their education needs. The Trust representatives informed the review panel that there was a weekly diary meeting every Monday to discuss scheduling and it was confirmed that these discussions included the DPT workload and training. The supervisors also informed the review panel that there was a monthly morbidity and mortality meeting and confirmed that all clinical activity was suspended to ensure attendance across the board. It was noted that this was mandatory unless there were on-call responsibilities. The foundation DPTs informed the review panel that there was supposed to be weekly general surgery teaching on Mondays, however, it was noted that this had only happened once so far. However, the specialty higher DPTs in general surgery advised that there was weekly teaching in addition to radiology teaching which they had found particularly helpful. The supervisors also noted that there was teaching every Monday afternoon and the attendance from the foundation and CST DPTs was good.</p> <p>The CST DPTs advised the review panel that in general surgery the DPTs had access to the work the consultant was doing given the team-based structure. It was reported that the CST DPTs attended theatre and clinics with their consultants and were able to access hands-on experiences to develop surgical skills in theatre. The CST DPTs reported that the general surgery CST post was great for operating experience and confirmed that they had three theatre sessions and two clinics timetabled per week with their consultant.</p> <p>The general surgery specialty higher DPTs in GI posts informed the review panel that they had three theatre session per week and a half day of private surgery at HH or the MVH site. It was noted that the specialty higher DPTs felt there was a good balance between elective and emergency surgery cases. The specialty</p>	<p>Yes, please see FS5.1</p>
---	------------------------------

	<p>higher DPTs commented that they felt they were doing the minimum and four sessions might be better. It was also noted that there was a single endoscopy training surgery list every three weeks and therefore it was suggested that this post would not be ideal for a DPT who needed significant endoscopy procedure numbers. The specialty higher DPTs informed the review panel that they had been able to gain a lot of experience as the lead surgeon in this post and noted that the consultants had been supportive to enable more independence and experience as the lead surgeon. The review panel heard that the consultants also encouraged the specialty DPTs to operate with other specialty higher DPTs or CST DPTs.</p> <p>The general surgery specialty higher DPTs in breast surgery posts reported that there were two elective breast surgery lists, four days a week. It was noted that the DPTs would sometimes do both lists or share the lists between them. The specialty higher DPTs advised that their theatre access varied from two to four sessions per week. The specialty higher DPTs informed the review panel that they had experienced the highest amount of surgical experience as the lead surgeon in this post.</p>	
<p>5.6</p>	<p>Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.</p> <p>The Trust representatives acknowledged that there had been significant gaps in the T&O rota. It was noted that recruitment to these vacancies had been challenging however all posts were now filled. The Trust representatives confirmed that there was one gap remaining as the individual was waiting for a visa which had been delayed. The Trust representatives informed the review panel that they believed the 2022 General Medical Council (GMC) National Training Survey (NTS) results for CST were largely caused by the gaps in the rota. The specialty higher DPTs confirmed that the rota gaps had made it challenging for CST DPTs in T&O to access theatre experiences and acknowledged it had been frustrating for the CST DPTs.</p> <p>The Trust representatives reported that in T&O there was a nine-week rolling rota for CST DPTs and LEDs which had been in place for several years. It was confirmed that this rota included on-calls, weekends, ward cover and weeks in theatre. It was noted that each slot was allocated to a CST DPT and therefore the learning opportunities were equally distributed. However, the Trust representatives reported that the staff shortages and rota gaps had resulted in DPTs being removed from theatre opportunities to cover the ward and the on-call to maintain the service. It was also noted that there had been difficulty in filling these rota gaps in the short term as the locum cover had been unreliable. The Trust representatives reported that they had</p>	

	<p>of the on-call. The specialty higher DPTs advised that in other Trusts there had been a dedicated CEPOD role at CST level and it was felt that this was a more useful experience for CST DPTs than the elective surgery lists.</p> <p>The Trust representatives for general surgery informed the review panel that they had issues with rotas and staffing following the Covid-19 pandemic and had also struggled to get locum cover. The Trust representatives reported that in 2021 they had conducted many rounds of recruitment and had offered good opportunities but were unsuccessful in recruiting to the gaps. However, the Trust representatives confirmed that they had managed to successfully recruit to the gaps and were now fully staffed for general surgery. The Trust representatives noted that there had been delays in the new staff starting due to a delay in visas being approved. The Trust representatives advised the review panel that recruitment had also been made challenging due to the limited notice that the Health Education Team (HET) at HEE had given when releasing unfilled training posts for external recruitment. It was noted that recruitment was expensive and time consuming and having unfilled posts to recruit to at short notice had negatively impacted the training experience. The Trust representatives requested that more notice be given by the HET team to allow more time for recruitment and to prevent rota gaps for the period when these posts were unfilled. The review panel informed the Trust that HET does attempt to ensure the three-month notice period is adhered to but noted that they would pass this feedback on.</p> <p>The Trust representatives for general surgery reported a rota coordinator was now in place to support the department. The Trust representatives advised the review panel that they had been making efforts with workforce development to find other ways of supporting the DPTs. The Trust representatives for T&O informed the review panel that they had tried to fill some of the rota gaps with a Physician Associate (PA) role however they noted that the impact on the rota had not been as significant as they had anticipated. The Trust representatives reported that they had found that the post was more suitable for a LED which they had recently recruited for. The review panel was also informed that a medical support worker had also been recruited to help with the workload.</p> <p>The Trust representatives advised that it had been difficult to arrange locum cover for the rota gaps as the workload, particularly in relation to the ED, was challenging and the transport links to HH were not as good as the Trusts based in inner London. The Trust representatives informed the review panel that they had to offer very competitive prices, but usually filled the gaps. The review panel enquired about how the Trust ensures the quality of the locum cover and it was confirmed by</p>	
--	---	--

HEE Quality Interventions Review Report

	<p>Trust representatives that if the agency were contacted and the department were unfamiliar with the doctors the on-call consultant or rota managers would review the candidates to ensure they were appropriate. It was noted that there had been some instances where the locum doctors had not behaved appropriately, however the Trust representatives advised that these instances were investigated, and appropriate action was taken in line with the Trust Human Resources (HR) policies.</p>	
--	---	--

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce	Requirement Reference Number
	Domain not discussed at this review	

Report Approval

Quality Review Report completed by	
Name	Rebecca Bennett
Role	Learning Environment Quality Coordinator

Review Lead	
Name	Dr Bhanu Williams
Role	Deputy Postgraduate Dean for North West London
Signature	Bhanu Williams
Date signed	11 November 2022

HEE Authorised Signatory	
Name	Dr Gary Wares
Role	Postgraduate Dean for North London
Signature	Gary Wares
Date signed	12 November 2022

Final Report submitted to organisation	14 November 2022
--	------------------