



Appendix 1

Health Education England Focus Group findings and Mandatory required actions

Required Actions/Evidence	Action Taken	Reg Rate
M1.1a - The Trust is to ensure that all patients continue to receive a clinically appropriate triage, essential monitoring and treatment by the ED team until the patient has moved to the medical ward.	Chief Medical Officer met with Acute and Emergency Medicine Consultant Teams. ED Clinical Teams will provide continuous care to all medical patients until transfer to the Medical Wards. This will continue to be monitored at the Acute & Emergency Medicine Consultants Meeting.	
M1.2b - The Trust to appoint dedicated AIM consultant lead.	AIM Consultant Lead has been appointed.	
M1.3c - The Trust is required to provide evidence that the daily consultant-led handovers are taking place on MRU.	Consultant led handovers are in place at 8am and these will be monitored by handover registers. These registers will be made available to HEE. Additional handovers are being implemented at 4pm and 8pm in line with consultant job planning.	
M1.3d - The Trust to provide evidence that the consultant on-call is clearly identified and providing supervision and support to medical trainees.	The Consultant on-call is clearly identified and visible on the MRU Seminar/Handover Notice Board. This is updated daily by the Service Manager. Consultants contact detail e.g., DECT/Mobile phone numbers are clearly visible on the notice board.	
M1.4e -The Trust is required to provide a protocol which details the process for management of the medical rota including unplanned rota gaps.	The Trust has a weekly Medical Staffing Meeting in place to forward review rota gaps, and plan appropriate locum cover. The Trust's Medical Rota Oversight Board will develop a rota gap management protocol.	

<p>M1.5f - Further improvements required on the Acute Medicine Induction for cross site.</p>	<p>The Clinical Lead for Acute Medicine is updating the Acute Medicine Speciality Induction Booklet. The Medical Education Team is in the process of creating a virtual local departmental tour/video at both sites with trainee involvement. Once completed this will be sent to all Medical Trainees.</p>	
<p>M1.5g - The Trust to convene a joint Emergency Medicine and Acute Medicine forum.</p>	<p>The Director of Medical Education, in collaboration with the Chief Medical Officer and the People and Organisational Development Team, is overseeing a Trust plan to improve interactions between these two specialties. The Director of Medical Education is leading on a programme of work to improve human factors and professionalism in interaction. The OD Department will monitor behaviours through confidential staff surveys.</p> <p>On the 12th June 2019 the CMO Team together with the DME hosted the first of a series of Working Together – Improving Standards Workshop; these were attended by a multi-disciplinary team with trainee doctors taking part. The Emergency Care Intensive Support Team supported the initiative.</p>	
<p>M1.5h- The Trust to ensure that all medical trainees have an allocated AIM/GIM consultant education supervisor.</p>	<p>All Medical Trainees have been allocated with an AIM/GIM Consultant Educational Supervisor. The allocations list will be made available to HEE.</p>	
<p>M3.1b - The Trust to ensure that all ED referrals at KGH are being received by the medical higher trainee or consultant.</p>	<p>All ED Referrals at KGH will be received by the Higher Medical Trainees; any patient concerns can be escalated and discussed with the Consultant. Inappropriate referrals will be escalated to the Consultant. Referrals will be audited.</p>	

RAG RATE KEY	RED – Not started	AMBER – In Process	GREEN – Completed
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