

QUALITY MANAGEMENT VISIT

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

DAY 1 – ROYAL HALLAMSHIRE WEDNESDAY 19 FEBRUARY 2014

DAY 2 – NORTHERN GENERAL THURSDAY 20 FEBRUARY 2014

This report has been agreed with the Trust.

The Trust Visit Report will be published on the Deanery Website

Conditions that are RAG rated as Amber, Red and Red* will be reported to the GMC as part of the Deanery Reporting process, the reports are published on the GMC website.

Date of First Draft	02/03/ <u>20</u> 14
First Draft Submitted to Trust	06/03/ <u>20</u> 14
Trust comments to be submitted by	<u>20/03/2014</u>
Final Report circulated	<u>04/04/2014</u>

VISITING PANEL MEMBERS:

Day One

VISITING PANELS MEMBERS DAY1 – ROYAL HALLAMSHIRE HOSPITAL

Dr David Eadington (Chair)	Deputy Postgraduate Dean
Dr Bret Claxton	Head of School – Anaesthetics
Miss Sarah Kaufmann	Associate Postgraduate Dean
Mr John Jolly	Associate Postgraduate Dean
Dr Rachel Hyland	TPD - Radiology
Dr Ian Wilson	Locality Head of School, Medicine
Dr Asif Naqvi	Director of Education, Northern Lincs and Goole
Mr Paul Cook	Postgraduate Dental Dean
Catherine Macdona	Multi Professional Education Tutor
Mr Alan Sutton	Lay Representative
Ms Emma Jones	Senior Business Manager
Ms Julie Platts	Quality Manager
Ms Lynda Price	Quality Officer
Ms Sarah Gibson	Programme Support Co-ordinator
Ms Sue Grange	Programme Support Officer
Ms Sarah Cuckson	Programme Support Officer
Ms Elena Madigan	Programme Support Administrator
Mr Daniel Kay	MPE Coordinator

Specialties Visited:	Radiology
	Oncology
	Medicine
	Dentistry
	Anaesthetics

VISITING PANELS MEMBERS DAY 2 – NORTHERN GENERAL HOSPITAL

Dr David Eadington (Chair)	Deputy Postgraduate Dean
Dr Jim Dodman	TPD – Anaesthetics
Mr Ray Cuschieri	Associate Postgraduate Dean
Mrs Helen Weldon	Lay Representative
Dr Alison Smith	Head of School, Emergency Medicine
Dr Derek Burke	Medical Director, Sheffield Children's Hospital
Ms Emma Jones	Senior Business Manager
Ms Julie Platts	Quality Manager
Ms Lynda Price	Quality Officer
Ms Sarah Gibson	Programme Support Officer
Ms Janet Rutter	Personal Assistant
Ms Lisa Simonite	Personal Assistant

Specialties Visited:	Emergency Medicine
	Radiology
	Medicine
	Anaesthetics (including ACCS)

NOTABLE PRACTICE

NOTABLE PRACTICE

GMC DOMAIN 1 PATIENT SAFETY – Induction

School of Dentistry

A two day SHIFT course held at Don Valley House in 2013 for around 45 Y&H Dental Core Trainees (Year 1) to assist in bridging the gap between primary and secondary care was highlighted to the Dental panel as being valuable. As well as lectures, practical skills training included venepuncture, consent taking, fracture plating, advanced suturing techniques, breath and heart sound examination as well and clinical and radiological assessment of the injured face. Dedicated simulation equipment was purchased to deliver the training. A similar course is planned for July 2014.

CONDITIONS

Condition 1

GMC DOMAIN 7 - MANAGEMENT OF EDUCATION & TRAINING

School of Anaesthetics – Higher Trainees (Royal Hallamshire) and Emergency Medicine ACCS CT2 (Northern General Hospital)

At the Royal Hallamshire site the Journal Club has been discontinued. In addition, even though formal teaching on Tuesday evening is timetabled, there is poor attendance due to the service provision commitments of Trainees.

It was noted that there is adequate local teaching for Higher Trainers at NGH with 2 hours per week plus advanced ICM teaching programmes and individual exam viva teaching.

However, at the Northern General Hospital site ACCS Trainees in A&E posts do not receive any formal teaching.

Action To Be Taken:

- 1) Reinstate a weekly journal club for Higher Trainees at RHH. It would be acceptable for the Trainees to take a lead for some (but not all) of the sessions.
- 2) Review rotas to enable Higher Trainees to attend the formal teaching on Tuesday evenings at RHH
- 3) Review formal teaching arrangements at NGH for ACCS Trainees in A&E posts

RAG Rating:



Timeline: 31 May 2014

Evidence/Monitoring: Trust to provide evidence to the Link APD to demonstrate progress against the action plan.

Condition 2

GMC DOMAIN 7 – MANAGEMENT OF EDUCATION AND TRAINING

School of Anaesthetics (both sites) The training modules are for a period of 3 months, and Trainees and Trainers all felt this is too short a period for effective Educational Supervision.

Action To Be Taken: Trainees to be allocated Educational Supervisors for a 12 month period.

RAG Rating:



Timeline: 31 February 2014

Evidence/Monitoring: All Trainees are allocated an educational supervisor for 12 months.

Link APD to be provided with evidence that this change has been implemented.

Condition 3

GMC DOMAIN 7 – MANAGEMENT OF EDUCATION AND TRAINING

School of Anaesthetics – ACCS(EM/AM) CT2 Trainees (Northern General Hospital site)

Trainees reported spending all year on the out of hours rota for the High Dependency Unit (20 bed - level 2/3) rather than some time on the Anaesthetics or the Acute rota; this is detrimental to them gaining broad-based clinical anaesthetic experience, and creates a sense of not being fully engaged with the department.

The Trainers reported that the ACCS programme is already being revised to provide the opportunity to carry out 6 months Acute on call, with the ACCS trainees always working alongside a senior trainee.

Action To Be Taken:

- 1) Trust to continue with plans to increase the exposure of ACCS Trainees to the Acute out of hours rota.
- 2) Ensure that the new rota arrangements provide ACCS Trainees with a more integrated role.

RAG Rating:



Timeline: 31 July 2014

Evidence/Monitoring: Trust to provide evidence to the Trust Link APD that the action points have been completed.

Condition 4

GMC DOMAIN 1 - PATIENT SAFETY

School of Radiology (Royal Hallamshire site)

The 9 pm – 9 am weekend shift comprises cover from a single trainee based at NGH (acute/trauma site) who covers four hospital sites (WPH, SCH, RHH, NGH).

Trainees at RHH raised concern both for patient safety and personal safety travelling across the city entering isolated departments. However, this was not confirmed as an issue by the Trainees currently based at NGH.

Action To Be Taken:

Review arrangements for trainee support while on call over the four sites, especially at SCH as a separate Trust.

RAG Rating:



Timeline: 30 April 2014

Evidence/Monitoring: Trust to provide evidence to the Trust Link APD that a review has taken place and improvements implemented as necessary.

Condition 5

GMC DOMAIN 1 – PATIENT SAFETY

School of Radiology (at the Royal Hallamshire site)

None of the Trainees interviewed knew how to report a Clinical/Serious Incident, nor did they know that the system had recently changed to an electronic reporting system.

Action To Be Taken: Include information about SI reporting in mandatory training

RAG Rating:		Timeline: 30 April 2014
Evidence/Monitoring: Trust to provide evidence to Trust Link APD that Radiology Trainees at RHH know how to report clinical incidents.		

Condition 6		
GMC DOMAIN 8 EDUCATIONAL RESOURCES		
School of Radiology (both sites)		
Trainees need to have adequate access to clinical skills equipment. Trainees at RHH reported not accessing IR simulator training.		
Action To Be Taken: Incorporate IR simulation experience into local teaching.		
RAG Rating:		Timeline: 31 May 2014
Evidence/Monitoring: Trust to provide evidence to Trust Link APD that IR Training is incorporated in local teaching.		

Condition 7		
GMC DOMAIN 8 – EDUCATIONAL RESOURCES		
School of Radiology (at the Royal Hallamshire site)		
There are insufficient monitors at workstations for all the trainees who require them. However, Educational Supervisors reported that a new PACS system is to be installed shortly and priority will be given to the Radiology trainees.		
Action To Be Taken: To ensure Radiology trainees are provided with sufficient monitors for their needs.		
RAG Rating:		Timeline: 31 July 2014
Evidence/Monitoring: Trust to provide evidence to the Trust Link APD that Trainees have sufficient access to workstation monitors when required.		

Condition 8		
GMC DOMAIN 6 SUPPORT AND DEVELOPMENT		
School of Radiology – All Trainees (at the Royal Hallamshire site)		
There has been a new Ultrasound training system put in place but Trainees say this system is not working as they reported 'competing with sonographer students' for the patients. It was envisaged Trainees would be able to scan six patients per half day session but they are achieving less than half of this, for a variety of reasons.		
At the time of the visit the panel talked through this with the Trainers, who were unaware of the problems.		
Action To Be Taken: To discuss the difficulties with Trainees and take appropriate measures to rectify the problem.		
RAG Rating:		Timeline: 31 July 2014
Evidence/Monitoring: Trust to provide evidence to the Trust Link APD that Trainers and Trainees are confident that the ultrasound training system is working well.		

Condition 9 (Condition 18 in June 2013)

GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision

School of Medicine and Foundation

Foundation and Core Medical Trainees continue to express concern about the arrangements for cover, and particularly for responding to cardiac arrests, at Weston Park; using the Hospital at Night scheme is causing them concern, although it is recognised that the previous arrangements were not sustainable. In responding to a cardiac arrest, the Oncology Higher Trainees remain non-resident and, according to the Trainees interviewed, ANPs in attendance do not always hold an ALS certificate. The Anaesthetist attending arrests is also covering the Intensive Care Unit. The first on call Trainees remain concerned that if there are delays in Higher Trainees responding to the call to attend there could be a patient safety risk. This was reported again by trainees from several specialties involved in Hospital at Night in the October survey.

The Trainers and the Trust confirmed that governance and risk assessment arrangements had been reviewed (details are listed in the CQC report 2013) and that escalation/transfer of patients procedures were in place, for example, transfer to A&E at the Northern General Hospital if local management was proving to be difficult. The Trust representatives confirmed at the feedback session that cardiac arrests at Weston Park are uncommon, and that ALS training has been provided for the relevant staff.

In talking to the Higher Trainees, the frequency of return to site is very low, and the further loss of daytime presence that would follow resident on call shifts would make Condition 11 below more difficult to fulfil. The panel formed the view that demanding a resident registrar shift would not be helpful to training delivery overall.

Action To Be Taken:

- 1) Review the arrangements for out of hours cardiac arrest response across the Royal Hallamshire Hospital site, with particular focus on Weston Park Hospital.
- 2) Confirmation is required that a fully qualified ALS provider from among the non-medical staff is present on site at all times

RAG Rating:



Timeline: 30 April 2014

Evidence/Monitoring: The Trust to provide evidence of robust out of hours clinical support arrangements across the Royal Hallamshire Hospital site to the Link APD

Condition 10

GMC DOMAIN 1 – PATIENT SAFETY – Clinical Supervision

School of Medicine – Oncology (at the Royal Hallamshire site, Weston Park)

The Higher Trainees displayed low collective morale, and reported various issues with work intensity; few of them aspire to gain a Consultant post in Sheffield. The trainees cover numerous peripheral clinics, it can be difficult to access advice from Consultants, especially as the Oncology Consultants sub-specialise in specific disease areas, making it more difficult to contact the most appropriate person for advice.

It was highlighted that the patient booking system for the peripheral clinics does not take into account the seniority of the Trainee, and it is common that too many patients are scheduled to attend. In addition, despite some patients being complex new referrals, trainees may be required to do peripheral clinics alone when consultants are on leave.

There is a system in place for the planning of clinics, but trainees are still required to change plans at short notice.

The over-reliance of the service on the trainees is a major contributor to the negative feedback that has already led to the removal of posts; intensifying the service demands on the remaining trainees will not promote improvement.

Action To Be Taken:

- 1) Trainees attending peripheral clinics must have a clear pathway for escalating concerns and obtaining senior advice.
- 2) The patient booking system for peripheral clinics should include allowance for the seniority level of the Trainee, with a maximum number of patients to be determined.
- 3) Junior trainees (ST3 and ST4) should not attend peripheral clinics alone unless a consultant or a senior trainee (ST6/7/8) is also present at the peripheral site.
- 4) The planning of clinics should avoid trainees being in an afternoon peripheral clinic when they are also later on call that evening.

RAG Rating: [REDACTED] **Timeline:** 30 April 2014

Evidence/Monitoring: Trust to liaise with Trust Link APD on progress.

Condition 11 (continues from Condition 21 in 2013)

GMC DOMAIN 1 – PATIENT SAFETY – Work Intensity

Medicine - Core and Higher

Neurology Trainees at RHH reported that they are still regularly working an additional two hours extra per day, almost every day. This situation has been compounded by the acute stroke rota that adds to their workload.

Higher Trainees in Cardiology and Acute Medicine reported similar concerns at the Northern General site as did many CMT trainees, particularly in respiratory medicine.

Core trainees at NGH reported boarding of specialty patients on several different wards, leading to inefficient working. An additional 'winter consultant' in Respiratory Medicine, who may well have improved patient experience, has had no beneficial impact for the trainees. Several trainees who have been in the Trust for some time regarded the excess pressures on medical bed use as a year round problem.

Action To Be Taken:

- 1) A robust and properly resourced timeline is needed for implementation of changes for trainees at both sites who are reporting work intensity issues.
- 2) The Trust to repeat hours monitoring of affected trainees by the end of April.
- 3) Continue to develop recruitment and training programme for ANPs, and target their initial allocation in ways which will offer the maximum impact on reducing trainee workload

RAG Rating: [REDACTED] * **Timeline:** 30 April 2014

Evidence/Monitoring:

Trust to provide evidence to the Trust Link APD on progress against the action plan.

Condition 12 (condition 7 in 2013)

GMC DOMAIN 1 – PATIENT SAFETY – Work Intensity

GMC DOMAIN 5- CURRICULUM DELIVERY

Medicine - Cardiology

Work intensity pressures continue as reported last year. Despite good consultant support, the Higher Trainees in Cardiology are missing acute angioplasty experience due to competing pressures from referral demands. Up to 100 bleeps in a 24h period was reported; this includes calls from peripheral hospitals which have their own resident cardiology services.

The trainees are also having difficulty getting released for regional teaching.

Action To Be Taken:

- 1) Trainees must be made able to attend procedural training opportunities out of hours.
- 2) Trainees must be released as fully as possible for teaching commitments. A maximum of 2 Higher trainees is required to maintain the ward/on call service (this was agreed by the Clinical Director at the Trainer session)

RAG Rating: ■ * **Timeline:** 30 April 2014

Evidence/Monitoring:

Trust to provide evidence to the Trust Link APD on progress against the action plan.

Condition 13

GMC DOMAIN 7 – MANAGEMENT OF EDUCATION AND TRAINING

School of Medicine - Core (at the Royal Hallamshire site)

As part of the curriculum, CMT trainees must review patients in clinic twelve times in a year. However, because the Trainees are required to cover wards they are often having difficulty achieving this target. At present this situation has not caused any problems with ARCP outcomes.

Action To Be Taken:

- 1) A review of how CMT attendance at 12 clinics per year is managed, and to ensure that all are timetabled to be able to meet the targets set out in the curriculum.

RAG Rating: ■ **Timeline:** 30 April 2014

Evidence/Monitoring: Evidence to be provided to the Trust Link APD that the curriculum requirements of 12 clinics per year for Core Medical Trainees is being met.

Condition 14

GMC DOMAIN 7 – MANAGEMENT OF EDUCATION AND TRAINING

School of Medicine - Core (at the Northern General site)

The Trainees reported that completing WPBAs is a problem as Educational Supervisors do not have time to discuss cases regularly or validate their portfolios. In general terms, feedback from Trainers to Core Medical Trainees is inadequate.

Action To Be Taken:

Trust to review the current situation in relation to clinical feedback in general from CS/ES to CMTs and in particular their support of activities around WPBAs.

RAG Rating: ■ **Timeline:** 31 July 2014

Evidence/Monitoring: Trust to provide evidence to the Trust Link APD on progress against the action plan.

Condition 15**GMC DOMAIN 7 - MANAGEMENT OF EDUCATION AND TRAINING****School of Medicine - Core and Foundation (Northern General Hospital site)**

The Trainees reported that rota co-ordination is inflexible and the rota manager is often unwilling to make amendments if requested. The Trainees also highlighted problems with lack of continuity in rota planning that resulted in a feeling of instability during their posts. As an example, one FY1 doctor has just worked on three different wards in one week. There are also changes made to the rota at very short notice.

Action To Be Taken:

The management of rota planning to be reviewed at the Northern General Hospital site, with a view to increasing stability for Trainees and allowing flexibility where possible.

RAG Rating:**Timeline:** 31 July 2014

Evidence/Monitoring: Evidence to be provided to the Link APD of progress against the action plan.

Condition 16 (continuation of Condition 1 in 2013)**GMC DOMAIN 1 PATIENT SAFETY – Clinical Supervision****School of Medicine – Foundation, Core and Higher (at the Northern General site)**

Medicine trainees gave contrasting responses to the Family and Friends question. The panel interpreted these differences in their responses as an indication of the greater presence of the first oncall staff at times when on site clinical support for junior staff is at its lowest level.

Foundation and Core; There is a good evening handover process for the Hospital at Night team, but trainees felt that it was not always safe for patients to be in the hospital at weekends. This reply underlines the low morale of many of these trainees, who are generally unhappy with their training experience, specifically they complained about being utilised primarily for service delivery, with a negative impact on education and training opportunities. They made direct unfavourable comparisons with placements in the neighbouring DGH sites.

Higher; in contrast, the Higher trainees were uniformly positive when asked about family and friends being treated at the hospital.

The one area of concern from the SpRs was around the organisation of the acute medical take. There are 5 consultant rotas on call, but apart from a limited evening presence from the Acute Physicians there is no scheduled senior presence after teatime, although consultants are always accessible. The heavy demands on the RMO mean that the Core trainees at times are the most senior trainee present on MAU, with around 50 patients on the unit. The numerous morning specialty ward rounds also make it more difficult for trainees to get feedback on cases seen, or to complete WPBAs, especially ACATs.

Action To Be Taken:

- 1) Out of hours senior supervision to be reviewed for Foundation, Core and GPVTS Trainees, with particular reference to weekend/Bank Holiday supervision and the balance between provision of education and training and service.
- 2) Develop proposals for increasing Consultant staff presence during out of hours periods

RAG Rating:*** Timeline:** 30th May 2014

Evidence/Monitoring: Trust to provide evidence to Trust Link APD on progress against

the action plan.

Condition 17

GMC DOMAIN 7 – MANAGEMENT OF EDUCATION AND TRAINING

School of Medicine – Core

Trainees reported difficulty in being released for regional teaching due to service commitments. They also made comments that when they did attend the quality of the teaching is sometimes poor.

Action To Be Taken:

- 1) Trust to review rotas to ensure Trainees have the opportunity to attend regional teaching sessions.
- 2) HEYH to provide feedback to School of Medicine that CMT trainees are critical of the standard of teaching provided on regional programmes.

RAG Rating:



Timeline: 31 July 2014

Evidence/Monitoring:

Trust to provide Link APD with evidence that CMTs are attending the regional teaching.

HEYH Education team to review the regional teaching programme for CMT and provide evidence to the Link APD that evaluation feedback has improved.

Condition 18 (continuation of Condition 6 in 2013)

GMC Domain 1 – PATIENT SAFETY, GMC Domain 5 CURRICULUM DELIVERY

School – Foundation, GP

Rehabilitation Medicine

Higher trainees in Rehabilitation now report good satisfaction, with all required components of training provided. They are receiving more teaching, and their curriculum needs are now being met.

Unfortunately the Foundation and GP trainees continue to report a placement where service work dominates, and where learning opportunities are difficult to find. Despite the removal of the Core Medical Trainee, there appears to have been no important change to the approach adopted to the remaining trainees. Contact time with senior staff is limited. Late finishes are the norm. Trainees find themselves responsible for some highly dependent patients out of hours, and are not always confident that their complex nursing needs are being fully met. These trainees provide first line cover for the Surgical Spinal Injuries Team, and one trainee described the placement as 'really a surgical post' - GP trainees felt that they could see no relevance of their daily work to their curriculum. The Trust is fortunate that two locum posts have been successfully filled, otherwise the sustainability of the service would already be in doubt.

The Trust has some plans to change the managerial running of the department, but at present there are no clear plans for physical service reconfiguration that will change trainee experience. It is difficult to see how managerial change will in itself drive training improvement. The School of Medicine visit that was indicated last year has not yet occurred.

Actions;

1. Trainers and Trainees must discuss the placement content, with the Director of

Education present, reviewing what learning opportunities the placement can offer, what learning outcomes are expected, and how service work can be maintained while delivering a meaningful training experience.

2. The Schools of Foundation/GP should visit again (by the end of May) to discuss what actions have been identified from 1.
3. The GMC will be informed via the April Deanery Report of the lack of progress. Commissioners will also be informed, the functioning of the department is dependent on these junior doctors, and if improvement does not occur the Foundation and GPVTS posts are all at risk.

RAG Rating:



* **Timeline:** 30th May 2014

Evidence/Monitoring:

Findings of School visit

RAG guidance can be found at Appendix 1.

FINAL COMMENTS

The Trust has shown progress against a majority of last year's Conditions. The importance of developing new ways to cope with work intensity for trainees was highlighted during the initial DME presentation, and the Deanery strongly supports the Trust plans to develop more Advanced Practice/Physician Assistant roles.

There was good attendance for all panels at both sites by Trainees and Trainers.

Even where training problems are identified, most trainees confirmed good personal relations with supportive consultants. There were only a few isolated comments about undermining behaviour.

The notes below are included to show that while there remain a number of important Conditions that need resolution, the Trust on the whole is providing a valued training experience to the majority of trainees, across a wide range of specialties.

Anaesthetics

Foundation, Core and Higher Trainees gave feedback that there was a well organised Trust and departmental induction, training takes place for consent taking and handover is well documented. The Trainees told the panel that workload is manageable and supervision excellent, with Consultants being approachable for advice out of hours and willing to teach. There is a regional teaching programme and a good spectrum of cases to enable them to gain relevant experience.

Radiology

Induction is well managed and there is excellent local teaching for pre-FRCR Trainees. There is good commitment informally by Trainers, for example viva teaching. It was apparent that there was engagement with WPBAs and the e-portfolio with good verbal feedback provided by Educational Supervisors. The access to educational resources was generally felt to be excellent.

There was positive feedback specific to neuroradiology both in terms of teaching and clinical supervision.

It was reported that the out of hours rota was EWTD compliant and workload was not excessive. The issues raised by the trainees at the Royal Hallamshire site were not reflected at the Northern General. NGH trainees reported adequate access to the IR

simulator, regular local teaching, they knew how to report SIs and had access to workstations when required.

Dentistry

Dental Core Trainees reported the Sheffield Hospital Induction that provided them with simulation experience that was held at Don Valley House prior to them starting in post had helped bridge the gap between primary and secondary care.. They also reported the work shadowing opportunity in the four days before they commenced in post had offered a valuable insight into their role. Handover and consent training was good and senior support was always available. Departmental teaching was felt to be excellent overall and all would be comfortable with family and friends being treated at the hospital. The Dental Core Trainees in OMFS posts would like more exposure to minor oral surgery cases. The Trainers expressed support for the Y&H regional Dental Core Trainees recruitment pilot. There was significant discussion with both the DC Trainees and Trainers over the use of the 30 day study leave allocation and the role in this of the didactic teaching programmes in the different specialties. The Postgraduate Dental Dean agreed to work with the Dental Tutor to review the study leave programme(s).

Emergency Medicine

Induction, Handover and Consent taking were all deemed to be well managed at the Northern General Hospital. Trainees said that they would be happy for family and friends to be treated in the department; although they felt there could sometimes be a chaotic atmosphere at times of peak demand, they had no reservations about the clinical care provided. The issues around local teaching and handover identified in the 2013 GMC survey were explored and found to have been addressed in full to a high standard. There is Consultant presence for 16 hours per day, but outside of these hours one Higher Trainee can be the only senior cover and may become overstretched.

The Trainees would recommend the posts as part of a rotation as it offers a learning opportunity in a supportive team.

Medicine

Most of the Higher Trainees were generally positive about training in their sub-specialty. The Oncology trainees were the only group with collective major concerns.

The Trust is suffering the same pressures in Acute Medicine and specialties that are common to all others, and this is having negative impacts on training delivery, particularly for Foundation and Core trainees. Some specialties are managing to maintain training quality more successfully (Renal Medicine, Elderly Medicine, Cardiology) than others (Respiratory received the greatest criticism; Diabetes/Endocrine and Gastroenterology were borderline). It would be useful to examine why these differences exist. It is vital to find new workforce solutions that will reduce these problems.

The Rehabilitation Medicine service is reliant on a small group of junior trainees whose experience has not improved after previous conditions. This concern will now be escalated, and these posts are at risk.

Approval Status

Approved pending satisfactory completion of conditions set out in this report.

**Signed on behalf of Yorkshire and the Humber
Postgraduate Deanery**

Signed on behalf of Trust

Name: Dr David Eadington

**Title: Deputy Postgraduate Dean
(Panel Chair)**

Date: 26 February 2014

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Name:

Position:

Date:

RAG Rating Guidance

The RAG rating guidance is based on the GMC RAG rating to ensure a consistent approach. The model takes into account impact and likelihood.

Impact

This takes into account:

- a) patient or trainee safety
- b) the risk of trainees not progressing in their training
- c) educational experience – eg, the educational culture, the quality of formal/informal teaching

A concern can be rated high, medium, or low impact according to the following situations:

High impact:

- patients or trainees within the training environment are being put at risk of coming to harm
- trainees are unable to achieve required outcomes due to poor quality of the training posts/ programme

Medium impact:

- trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement
- patients within the training environment are receiving safe care, but the quality of their care is recognised as requiring improvement

Low impact:

- concerns have a minimal impact on a trainee's education and training, or the quality of provision for the patient.

Likelihood

This measures the frequency at which concerns arise eg. if a rota has a gap because of one-off last minute sickness absence, the likelihood of concerns occurring as a result would be low.

High likelihood:

- the concern occurs with enough frequency that patients or trainees could be put at risk on a regular basis. What is considered to be 'enough frequency' may vary depending on the concern eg. if rotas have consistent gaps so that there is a lack of safe cover arrangements, the likelihood of concerns arising as a result would be 'high'.

Medium likelihood:

- the concern occurs with enough frequency that if left unaddressed could result in patient safety concerns or affect the quality of education and training, eg. if the rota is normally full but there are no reliable arrangements to cover for sickness absence, the likelihood of concerns arising as a result would be 'medium'.

Low likelihood:

- the concern is unlikely to occur again eg. if a rota has a gap because of several unexpected sickness absences occurring at once, the likelihood of concerns arising as a result would be 'low'.

Risk

The risk is then determined by both the impact and likelihood, and will result in a RAG Rating, according to the below matrix:

Likelihood	IMPACT		
	Low	Medium	High
Low	Green	Green	Amber
Medium	Green	Amber	Red
High	Amber	Red	Red*

Please note:

* These conditions will be referred to the GMC Responses to Concerns process and will be closely monitored

Source: GMC Guidance for Deaneries, July 2012