

## QUALITY MANAGEMENT VISIT REPORT

<b>TRUST</b>	York Teaching Hospitals NHS Foundation Trust
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DAY	SITE	DATE
ONE	Scarborough Hospital	2 November 2015
TWO	York Hospital	3 November 2015

### Day One

Mr Jon Hossain	Deputy Postgraduate Dean
Miss Tahira Naeem	Training Programme Director, O&G
Dr Bem Etuwewe	Training Programme Director, Paediatrics
Dr Sanjay Gupta	Training Programme Director, Paediatrics
Dr Maya Naravi	Head of School, Emergency Medicine
Miss Jackie Tay	Head of School, Obstetrics & Gynaecology
Mr Michael Nelson	Associate Postgraduate Dean
Mr Michael Cowan	Regional Adviser, Surgery
Dr Gavin Anderson	Deputy Foundation School Director
Mr David Ita	Lay Chair
Mrs Julie Platts	Quality Manager
Mrs Khalida Wilson	Medical Workforce Manager
Mrs Alison Poxton	Quality Administrator

### Day Two

Mr Jon Hossain	Deputy Postgraduate Dean
Dr Sanjay Suri	Training Programme Director, Paediatrics
Ms Alison Smith	Head of School, Emergency Medicine
Miss Jackie Tay	Head of School, Obstetrics & Gynaecology
Mr Michael Nelson	Associate Postgraduate Dean
Mr Paul Renwick	Head of School, Surgery
Mr Michael Cowan	Training Programme Director, Surgery
Dr Gavin Anderson	Deputy Director, Foundation School
Dr James Thomas	Quality Assurance Lead – General Practice
Mrs Ghazala Ahmad-Mear	Associate Postgraduate Dental Dean
Ms Julia Armstrong	Dental Care Professionals Tutor
Mr Alan Patterson	Dental Training Programme Director
Mr Alan Sutton	Lay Chair
Mrs Julie Platts	Quality Manager
Mr Martin Foster	Recruitment Manager
Ms Rachel Buckland	Programme Support Administrator
Mrs Alison Poxton	Quality Administrator

**SPECIALTIES VISITED:**

- Obstetrics and Gynaecology
- Surgery
- Emergency Medicine
- Paediatrics

The Trust Visit Report will be published on Health Education Yorkshire and the Humber's Website

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

<b>Date of First Draft</b>	<b>06/11/2015</b>
<b>First Draft Submitted to Trust</b>	<b>25/11/2015</b>
<b>Trust comments to be submitted by</b>	<b>11/12/2015</b>
<b>Final Report circulated</b>	<b>13/01/2016</b>

**GENERAL COMMENTS**

The QM visit was well organised and there was excellent engagement from the Trust, trainees and trainers with all units represented. It was recognised that the learning hub that tracks mandatory training and the Ignaz app are positive developments. In addition the rolling out of the supporting doctors' process for those trainees who do find themselves in difficulties is to be encouraged. The proactive use of the quality database by the postgraduate education team was commended. Overall trainees felt the Trust was a friendly place to work, safe for patients and one that they would recommend.

**SCARBOROUGH**

Trainers reported that they feel well supported by the Trust and there is time in their job plans to allow them to train. They reported that the Trust Datix system is robust. However, it was agreed that Heads of Schools could work more closely with educational and clinical supervisors to close exception reports in a timely manner when it is evident that junior doctors have been appropriately identified and supported. There were numerous comments regarding issues around nursing staffing levels and there was widespread use of the term SHO from trainers and trainees.

**Surgery – Foundation and Core**

Trainees were generally happy and felt their consultants supported them very well. Phlebotomy and cannulation services are well managed and trainees are not expected to consent for procedures beyond their capability. Handover is effective and the local induction works well. Departmental teaching is valued by the trainees and all trainees would recommend their posts.

**Higher – General Surgery**

The trainees perceived a very safe hospital due to the multiple ward rounds with a high level of ad hoc consultant input into patient care. Trainees have access to computers in the postgraduate centre, are released for regional teaching which is of a high quality. Acute handover works well and is often consultant-led but there was no register of attendance and it seems to be paper based. Trainees did not report any issues with consent taking. There were no reports of undermining and a friendly atmosphere.

**Paediatrics ( Foundation)**

The trainees reported feeling well supported with easy access to clinical supervisors with senior cover always available. There are excellent nurses and other team members. There is a consultant-led handover and with formal teaching opportunities available. Departmental induction was described as excellent. Paediatric trainees mentioned ongoing IT issues, particularly very slow systems. However, this was not mentioned by other trainees working in other locations within the trust, so this may be a local issue.

### **Emergency Medicine**

Trainees reported receiving timely feedback on clinical decisions and that senior cover was good. The departmental induction is valued with no issues reported of accessing clinical supervisors to update their portfolios. The learning was described as 'opportunistic' rather than fixed training sessions, but that this was of a high standard. There were reports that shortages of trained nursing staff led to trainees having to prescribe and dispense medicines to patients within the Emergency Department themselves (such as paracetamol).

### **Obstetrics & Gynaecology**

Foundation, GP and one higher trainee

No undermining was reported and they are essentially a happy group of trainees with supportive trainers, good departmental induction with many consultants involved. The trainees are aware of who to go to for help and midwives were reported as being willing to teach. There are no reported rota issues. It is a small unit and there are some issues with breath of experience, with missed educational opportunities that could be capitalised upon. There is a paper-based system for requesting investigations, that was not the case in the other specialties visited who managed this area of work electronically.

There is an on call consultant available every day from 8.30 am to 5 pm but a ward round does not consistently take place. In addition there are three elective Caesarean Sections lists each week which could be used as teaching lists for ST1s.

The GP referral system is not a clear process as there appear to be two pathways; one involving phoning a junior doctor and the other phoning a point of access on the surgical assessment facility. When patients arrive on the assessment facility the on call team were frequently not aware that the patient was being admitted. Trainees reported that this had occurred with patients who had a suspected ruptured ectopic pregnancy and felt this was not safe.

### **YORK**

Trainers feel well supported by the Trust and there is time allocated in their job plans for education and training.

### **Dental**

It was reported that trainers receive blended MIAD e-learning that is specifically tailored to dentistry. There is a Core Trainee Induction for Training in Yorkshire (CITY) course that evaluates well. There were reports from some core trainees that they were not notified of the two day shadowing opportunity. It was noted that the new GDC standards include a requirement for a named clinical supervisor who is realistically accessible and there are plans to implement this.

Trainees reported an intermittent shortage of dental nurses and this has impacted on the number of minor oral surgery (MOS) sessions available. However, the Trust has recently recruited dental nurses and access to MOS opportunities should now be monitored. Trainees reported having access to sufficient educational resources. In terms of the Friday pm teaching programme there are mixed reports but trainees have no issues with accessing curriculum delivery funding and being released

There is ad hoc clinical skills training but would like this to be formalised with sign off. It is recommended that there is a formalised programme (competency based) as per the foundation medical programme.

At the present there are 6 trainees working on a 1:7 rota with a further core trainee appointment imminent. However, even with the additional trainee, although the rota is compliant there is very little flexibility. In order to manage this, the Trust should review alternative workforce solutions, such as further local recruitment or placing other grades of staff (including consultants).

Trainees feel they have a good work life balance and would recommend the post to colleagues and to friends and family for treatment.

## **General Surgery and T&O**

### **Higher Trainees**

The higher surgical trainees are having a good experience in their posts. Good practice was identified in the Critical Care Outreach Service where a joint ward round takes place with Anaesthetists (when patients stepped down from critical care). There is a quality and safety meeting each week where all patients with issues, e.g. extended stay or readmission within 30 days are discussed. It was reported that access to ICSP is adequate and there are no issues with cross cover arrangements.

### **Foundation and Core Surgery trainees**

All trainees received a Trust induction with some good examples of departmental induction such as in Breast Surgery. There are regular Consultant-led ward rounds. The trainees felt the unit was a good place to learn and reported a team of very supportive staff and that the unit is a good place to be a patient.

It was reported that a communication was issued to trainees around missing VTE assessments. The trainees felt undermined by a 3 strike policy leading to disciplinary action. Although trainees can achieve the core WBAs, there is not enough time for in depth case based discussions. Foundation trainees do not yet know the details of their rota in their next placement.

**In view of the various issues there will be a revisit to the speciality to offer support and review progress.**

### **Emergency Medicine**

#### **Foundation and Core (There are no higher trainees at the Trust)**

Trainees described receiving good experience of managing patients in an acute care setting with supervision that they really value. The post has offered them experience 'beyond their expectations' and would all recommend their post.

Trainees reported problems with IT access and this had led to issues in achieving WBA's. There were reports that the RMO finishes work at 5 pm but FY1 trainees did not know this and spent quite some time trying to locate them for a senior opinion.

FY1's in general like their job but are expected to work two weekend shifts in four months on the care of the elderly wards providing ward cover. They found the experience stressful due to lack of information about their role, a lack of familiarity with the work environment, no coherent strategy to manage bleeps from ward and no induction. They trainees felt they would all benefit from spending time on the ward(s) before providing cover.

### **Paediatrics**

#### **Higher**

There was very positive feedback about every aspect of education and training with a good balance between service and training.

#### **Foundation & Core**

Trainees reported the 'best speciality induction they had ever had' with good handover arrangements that felt safe for patients. They are well supported by consultants and other team members and have no problems with the rota. Teaching is valued; in particular safeguarding teaching was highlighted as being of high quality. The trainees appreciated the debriefing they were provided with about a young patient who had attempted suicide on the ward.

### **Obstetrics and Gynaecology**

The trainees reported that induction was good and they have opportunities to attend teaching and have access to clinical skills teaching. Overall, the trainees have access to a good range of clinical experience and reported that they have access to clinical supervision and generally feel supported. Trainees described an excellent consultant on call system where some of the consultants work on the 2<sup>nd</sup> tier overnight. This is particularly good for training in Obstetrics.

In Gynaecology, the trainees feel fairly isolated and report that there are poor educational opportunities. The gynaecological patients appear to be scattered across the hospital, making their job more difficult. There are few opportunities to attend consultant-led ward rounds. Higher trainees are concerned they do not have exposure to an appropriate elective case mix for their ATSMs and this may become worse because of winter pressures.

An issue of undermining by a consultant was reported which is difficult to follow up as there was a reluctance to

name the individual concerned but the Trust agreed to undertake further investigation. The trainees reported undermining from midwives, which was perceived to be ingrained within the culture of the unit.

**In view of the various issues there will be a revisit to the specialty to offer support to review progress.**

The following areas of concern were identified:

<b>GMC Theme</b>	<b>DEVELOPING AND DELIVERING CURRICULA AND ASSESSMENT</b>	
<b>Requirement (R5.9h Service)</b>	Postgraduate training programmes must give DiT a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible. Education and training should not be compromised by the demands of regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value.	
<b>HEYH Condition Number</b>	1	
<b>LEP Site</b>	Scarborough	
<b>Specialty (Specialties)</b>	General Surgery	
<b>Trainee Level</b>	Higher	
<b>Concern</b>	Trainees (grade) make an excessive contribution to service (describe) in (location) to the detriment of their training.	
<b>Evidence for Concern</b>	Within general surgery there are multiple registrar-led ward rounds that take place twice a day. These are not coordinated and consultant involvement in on an ad hoc basis. The trainees receive little or educational feedback on these ward rounds. Higher trainees are unable to attend theatre briefing sessions due to requirement of performing a business ward round. It was described that there were at least three ward rounds taking place each morning (on call, surgical team one and surgical team two). These registrar-led ward rounds are preventing trainees from attending elective sessions.	
<b>Action 1</b>	Review the service commitments of the trainees and produce an action plan that identify how some of these responsibilities can be shared with or devolved to other members of staff.	<b>29 February 2016</b>
<b>Action 2</b>	Assess the impact of the implementation of the action plan on the training opportunities for trainees.	<b>31 May 2016</b>
<b>Evidence for Action 1</b>	Summary of review and copy of action plan.	<b>31 May 2016</b>
<b>Evidence for Action 2</b>	Copy of impact assessment.	<b>31 May 2016</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	

<b>GMC Theme</b>	<b>EDUCATIONAL GOVERNANCE</b>	
<b>Requirement (R2.15 Educational Supervision)</b>	Organisations must make sure that each doctor in training (DiT) has access to a named ES who is responsible for the overall supervision and management of a doctor's educational progress during a placement or series of placements. The ES meets regularly with the DiT to help plan their training, review progress and achieve the agreed learning outcomes. The ES is responsible for the educational agreement, and for bringing together all the relevant evidence to form a summative judgment about progression at the end of a placement or a series of placements.	
<b>HEYH Condition Number</b>	2	
<b>LEP Site</b>	York	
<b>Specialty (Specialties)</b>	Dentistry	

<b>Trainee Level</b>	Core	
<b>Concern 1</b>	Trainees have not been allocated or know the name of their ES.	
<b>Evidence for Concern</b>	The 2 LDFTs reported they have not had an Assigned Educational Supervisor for Secondary Care in this current year. It is recommended this to be rectified immediately in order to support the trainees with Appraisals and PDPs in current training.	
<b>Action 1</b>	Trainees must be provided with the name of the ES	<b>Immediate</b>
<b>Evidence for Action 1</b>	List of trainees and associated ES. Confirmation that trainees receive the name of their ES at induction.	<b>Next Induction</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	
<b>Further Review</b>		
<b>Resources</b>	<a href="http://www.gmc-uk.org/Final_Appendix_2_Roles_of_Supervisors.pdf_53817452.pdf">http://www.gmc-uk.org/Final_Appendix_2_Roles_of_Supervisors.pdf_53817452.pdf</a> <a href="http://careers.bmj.com/careers/advice/view-article.html?id=20000908">http://careers.bmj.com/careers/advice/view-article.html?id=20000908</a> <a href="http://www.gmc-uk.org/Final_Appendix_3_Job_Descriptions.pdf_53816882.pdf">http://www.gmc-uk.org/Final_Appendix_3_Job_Descriptions.pdf_53816882.pdf</a>	

<b>GMC Theme</b>	<b>DEVELOPING AND DELIVERING CURRICULA AND ASSESSMENT</b>	
<b>Requirement (R5.9h Service)</b>	<p>Postgraduate training programmes must give DiT a balance between providing services and accessing educational and training opportunities.</p> <p>Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible. Education and training should not be compromised by the demands of regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value.</p>	
<b>HEYH Condition Number</b>	3	
<b>LEP Site</b>	Scarborough	
<b>Specialty (Specialties)</b>	General Surgery and O&G	
<b>Trainee Level</b>	Foundation	
<b>Concern</b>	Trainees make an excessive contribution to service to the detriment of their training.	
<b>Evidence for Concern</b>	<p>Foundation trainees in general surgery regularly work beyond their end of shift at 5.00 pm often until 7.30 pm. This is caused primarily by a requirement to attend an evening ward round which takes place at variable times.</p> <p>Foundation trainees in T&amp;O are expected to start work at 7.30 am when they are rostered to start at 8.00 am and this automatically causes them to work beyond their contracted hours. There is no ability for them to take time back in their rota.</p> <p>In O&amp;G there are numerous clinics but trainees could not attend.</p>	
<b>Action 1</b>	<p>Review the service commitments of the trainees and produce an action plan that identify how some of these responsibilities can be shared with or devolved to other members of staff (General Surgery)</p> <p>It was noted that there are several unbanded posts that could be reallocated to assist with twilight shifts in surgery. We understand that monitoring is due to take place (General Surgery)</p>	<b>29 February 2016</b>
<b>Action 2</b>	Assess the impact of the implementation of the action plan on the training opportunities for trainees.(General Surgery)	<b>31 May 2016</b>
<b>Action 3</b>	Review and reconfigure the service commitments of O&G trainees to allow them to attend outpatient clinics (O&G)	
<b>Evidence for Action 1</b>	Summary of review and copy of action plan (General Surgery)	<b>29 February 2016</b>
<b>Evidence for Action 2</b>	Copy of impact assessment (General Surgery)	<b>31 May 2016</b>

<b>Evidence for Action 3</b>	Copy of review and revised rotas (O&G)	<b>31 May 2016</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	

<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.13 Induction)</b>	<p>Organisations must make sure learners have an induction for each placement that clearly sets out</p> <ul style="list-style-type: none"> <li>• their duties and supervision arrangements</li> <li>• their role in the team</li> <li>• how to gain support from senior colleagues</li> <li>• the clinical or medical guidelines and workplace policies they must follow</li> <li>• how to access clinical and learning resources</li> </ul> <p>As part of the process learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.</p>	
<b>HEYH Condition Number</b>	4	
<b>LEP Site</b>	Scarborough	
<b>Specialty (Specialties)</b>	Surgery	
<b>Trainee Level</b>	Foundation and Core	
<b>Concern 1</b>	Trainees are not provided with a relevant induction to work They are not provided with essential guidance on the management of the important or common conditions they are expected to manage as soon as they take up post.	
<b>Evidence for Concern</b>	Foundation and core trainees when on call cross cover General Surgery, Urology and T&O. They felt they did not receive an adequate induction to deal with cross cover on call issues.	
<b>Action 1</b>	Provide all trainees with a relevant departmental, specialty or ward induction.	<b>Next intake</b>
<b>Action 2</b>	Evaluate the effectiveness of the departmental induction.	<b>After next intake</b>
<b>Evidence for Action 1</b>	Copy of departmental induction programme.	<b>After next intake</b>
<b>Evidence for Action 2</b>	Copy of induction evaluation and plans for modifications (if indicated).	<b>After next intake</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	
<b>Resources</b>	<a href="http://careers.bmj.com/careers/advice/view-article.html?id=20000724">http://careers.bmj.com/careers/advice/view-article.html?id=20000724</a>	

<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.9 Level of Competence)</b>	Learner's responsibilities for patient care must be appropriate for their stage of education and training. Supervisors must determine a learner's level of competence, confidence and experience and provide an appropriately graded level of supervision.	
<b>HEYH Condition Number</b>	5	
<b>LEP Site</b>	Scarborough	
<b>Specialty (Specialties)</b>	Surgery	
<b>Trainee Level</b>	FY2 and Core	
<b>Concern</b>	Trainees are sometimes expected/required to carry out clinical duties that are beyond the expected level of competence for their stage of training.	
<b>Evidence for Concern</b>	Core and FY2 trainees provide specialist opinions when on call to the EM department and field GP calls. This is against the guidance from the school of surgery and the	

	foundation school and should cease. Specialist opinions should be given by trainees of ST3 level and above in general surgery.	
<b>Action 1</b>	Investigate how often trainees are expected to carry out providing specialist opinions to EM department and fielding GP calls.	<b>31 January 2016</b>
<b>Action 2</b>	Provide alternative arrangements for staff to carry out these duties.	<b>1 January 2016</b>
<b>Action 3</b>	Confirm that alternative arrangements have been adopted.	<b>29 February 2016</b>
<b>Evidence for Action 1</b>	Summary of investigation.	<b>31 January 2016</b>
<b>Evidence for Action 2</b>	Summary of alternative arrangements.	<b>31 January 2016</b>
<b>Evidence for Action 3</b>	Written confirmation that policy has been adopted.	<b>31 March 2016</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	

<b>GMC Theme</b>	<b>DEVELOPING AND DELIVERING CURRICULA AND ASSESSMENT</b>	
<b>Requirement (R5.11 Assessors)</b>	Assessments must be carried out by someone with appropriate expertise in the area being assessed, and who has been appropriately selected, supported and appraised. They are responsible for honestly and effectively assessing the doctor in training's performance and being able to justify their decision. Educators must be trained and calibrated in the assessments they are required to conduct.	
<b>HEYH Condition Number</b>	6	
<b>LEP Site</b>	Scarborough	
<b>Specialty (Specialties)</b>	Surgery and O&G	
<b>Trainee Level</b>	Foundation and Core	
<b>Concern</b>	Trainees struggle to obtain their workplace based assessments because of a lack of a place to conduct these/consultants do not prioritise this.	
<b>Evidence for Concern</b>	<p><b>Surgery</b></p> <p>The trainees did not have access to an office in the clinical area where assessments could be performed allowing for feedback. Most assessments seem to be ticketed and done remotely from the clinical encounter. Electronic discharge summaries are produced by foundation trainees.</p> <p><b>O&amp;G</b></p> <p>Consultants are willing to teach but not consistently available to input into WPBAs.</p>	
<b>Action</b>	Clinical and educational supervisors must be reminded of their responsibilities and provided with training and sufficient time in their job plans to complete assessments for trainees (Surgery and O&G)	<b>31 May 2016</b>
<b>Evidence for Action</b>	Copy of action plan. Confirmation that trainees have experienced a change in educational culture (Surgery and O&G)	<b>31 May 2016</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	

<b>GMC Theme</b>	<b>EDUCATIONAL GOVERNANCE</b>	
<b>Requirement (R2.3 Impact)</b>	Organisations must consider the impact on learners of policies, systems or processes. They must take account of the views of learners, educators and, where appropriate, patients, the public and employers. This is particularly important when services are being	



	redesigned.	
<b>HEYH Condition Number</b>	7	
<b>LEP Site</b>	Scarborough	
<b>Specialty (Specialties)</b>	Emergency Medicine	
<b>Trainee Level</b>	All	
<b>Concern 1</b>	The Trust has introduced changes to service delivery that have had a negative impact on the delivery of medical education and training and were introduced without consultation / impact analysis.	
<b>Evidence for Concern</b>	There is a GP out of hours private provider co-located within the emergency department. Patients are triaged to either go to this provider or to the Trust ED. Trainees have no access to the private provider. The educational impact of this service change does not appear to have been considered as there is potentially a loss of clinical experience particularly for core trainees in emergency medicine who require experience of 'minors'. This is a new change and there are clearly some teething issues which are being worked through. It was recognised however, that this private GP service may concentrate and enhance the educational experience within the Trust emergency department for trainees.	
<b>Action 1</b>	The Trust must respond to the potential negative impact on education and training that have been brought about by the changes in the delivery of clinical services in service.	<b>31 January 2016</b>
<b>Action 2</b>	The Trust must undertake an impact and equality analysis of the changes and explain how the consequences for medical education and training (MET) will be mitigated	<b>30 March 2016</b>
<b>Evidence for Action 1</b>	1. Copy of action plan to address consequences for MET 2. Review of curriculum delivery after changes have been introduced to ensure that (potential) problems have been avoided or resolved	<b>31 January 2016</b> <b>31 May 2016</b>
<b>Evidence for Action 2</b>	1. Copy of impact analysis to address consequences for MET 2. Review of curriculum delivery after changes have been introduced to ensure that (potential) problems have been avoided or resolved	<b>29 February 2016</b> <b>31 May 2016</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	

<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.15 Experience)</b>	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.	
<b>HEYH Condition Number</b>	8	
<b>LEP Site</b>	Scarborough	
<b>Specialty (Specialties)</b>	Surgery	
<b>Trainee Level</b>	Higher	
<b>Concern 1</b>	Whilst the post offers the potential for a broad experience in surgery trainees are unable to take advantage of them because of their timetables/clinical duties.	
<b>Concern 2</b>	The posts in surgery offer higher trainees with too little experience in theatre and clinic to meet curriculum requirements.	
<b>Evidence for Concern</b>	<p>The higher trainees are only exposed to one all day theatre list per week and one clinic. This is far below the recommended job plan for a higher surgical which should consist of four theatre sessions, two clinics and one specialty session per week. The higher trainees felt they were prevented from attending more training sessions due the presence of non-training grade doctors and a recent MTI appointment.</p> <p>There was no routine access to an emergency theatre each morning. There is a daily CEEPOD theatre each weekday that starts at 2 pm. Any urgent case that requires treatment in the morning can only be done by an elective case/list being cancelled. Trainees perceived that this caused a delay in treatment for urgent surgical patients and reported that patients frequently have surgery postponed for 24 hours due to lack of theatre availability.</p>	

<b>Action 1</b>	Review and amend trainee timetables to allow them access to more educational opportunities in the department.	<b>3 months</b>
<b>Action 2</b>	Review, with the involvement of trainees, the opportunities for a broader educational experience.	<b>3 months</b>
<b>Action 3</b>	The Training Programme Director/Head of School will review the value of this post in the rota.	<b>6 months</b>
<b>Evidence for Action 1</b>	Copy of new timetables identifying new educational opportunities.	<b>6 months</b>
<b>Evidence for Action 2</b>	Copy of review summary and action plan to introduce new educational opportunities.	<b>6 months</b>
<b>Evidence for Action 3</b>	The TPD/HoS will discuss review at school board and/or STC and develop an action plan for planned changes after discussion with the Dean.	<b>6 months</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	

<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.15 Experience)</b>	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.	
<b>HEYH Condition Number</b>	9	
<b>LEP Site</b>	Scarborough	
<b>Specialty (Specialties)</b>	Paediatrics	
<b>Trainee Level</b>	Foundation and Core	
<b>Concern 1</b>	Whilst the post offers the potential for a broad experience in paediatric trainees are unable to take advantage of them because of their timetables and clinical duties.	
<b>Concern 2</b>	The posts offer trainees with too little experience to meet curriculum requirements.	
<b>Evidence for Concern</b>	<p>All trainees reported they were unable to attend clinic due to rota issues and even if they were able to attend there was no physical space for them to see patients independently.</p> <p>The trainees said the rota was felt to be onerous with long days and twilight shifts in blocks. There was also a short transition from day to night shifts and they reported feeling exhausted at the end of an eight day stretch although did not report any sickness. They also said that shift patterns did not allow follow up and feedback on children they had treated as they would be rostered to different areas on different days. The trainees said they are expected to work long days followed by a shift in SCBU.</p>	
<b>Action 1</b>	Review and amend trainee timetables to allow them access to more educational opportunities in the department.	
<b>Action 2</b>	Review, with the involvement of trainees, the opportunities for a broader educational experience.	<b>31 March 2016</b>
<b>Action 3</b>	The Training Programme Director/Head of School will review the value of this post in the rota.	<b>30 June 2016</b>
<b>Evidence for Action 1</b>	Copy of new timetables identifying new educational opportunities.	<b>30 June 2016</b>
<b>Evidence for Action 2</b>	Copy of review summary and action plan to introduce new educational opportunities.	<b>30 June 2016</b>
<b>Evidence for Action 3</b>	The TPD/HoS will discuss review at school board and/or STC and develop an action plan for planned changes after discussion with the Dean.	<b>30 June 2016</b>
<b>RAG Rating</b>		

<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>Copies of documents must be uploaded to the QM Database</li> <li>Item must be reviewed and changes confirmed with link APD</li> </ul>
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<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.15 Experience)</b>	Organisations must make sure that work undertaken by doctors in training provides learning opportunities and feedback on performance, and gives an appropriate breadth of clinical experience.	
<b>HEYH Condition Number</b>	10	
<b>LEP Site</b>	Scarborough	
<b>Specialty (Specialties)</b>	Paediatrics	
<b>Trainee Level</b>	Foundation and Core	
<b>Concern</b>	Trainees said that they receive little or no feedback on their performance	
<b>Evidence for Concern</b>	Trainees reported that they initiate management plans but are not receiving adequate personal feedback (especially core trainees)	
<b>Action 1</b>	Trainees must be provided with regular useful feedback on their performance. Clinical and educational supervisors should be reminded of their responsibilities and provided with training and sufficient time in their job plans.	<b>31 January 2016</b>
<b>Action 2</b>	Review and amend trainee timetables to allow them access to more educational opportunities in the department.	<b>31 March 2016</b>
<b>Action 3</b>	Review, with the involvement of trainees, the opportunities for a broader educational experience.	<b>31 March 2016</b>
<b>Action 4</b>	The Training Programme Director/Head of School will review the value of this post in the rota.	<b>30 June 2016</b>
<b>Evidence for Action 1</b>	Copy of action plan identifying the additional support, implementation date and impact.	<b>30 June 2016</b>
<b>Evidence for Action 2</b>	Copy of action plan. Trainee's views on change to educational culture (survey or forum) must confirm that opportunities for useful feedback have improved.	<b>30 June 2016</b>
<b>Evidence for Action 3</b>	Copy of new timetables identifying new educational opportunities.	<b>30 June 2016</b>
<b>Evidence for Action 4</b>	Copy of review summary and action plan to introduce new educational opportunities.	<b>30 June 2016</b>
<b>Evidence for Action 5</b>	The TPD/HoS will discuss review at school board and/or STC and develop an action plan for planned changes after discussion with the Dean.	<b>30 June 2016</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>Copies of documents must be uploaded to the QM Database</li> <li>Item must be reviewed and changes confirmed with link APD</li> </ul>	

<b>GMC Theme</b>	<b>DEVELOPING AND DELIVERING CURRICULA AND ASSESSMENT</b>	
<b>Requirement (R5.9h Service)</b>	Postgraduate training programmes must give DiT a balance between providing services and accessing educational and training opportunities. Services will focus on patient needs, but the work undertaken by doctors in training should support learning opportunities wherever possible. Education and training should not be compromised by the demands of regularly carrying out routine tasks or out-of-hours cover that do not support learning and have little educational or training value.	
<b>HEYH Condition Number</b>	11	
<b>LEP Site</b>	York	
<b>Specialty (Specialties)</b>	Surgery, Paediatrics and O&G	
<b>Trainee Level</b>	Foundation and Core	
<b>Concern</b>	Trainees make an excessive contribution to service to the detriment of their training.	

<b>Evidence for Concern</b>	Trainees report very little exposure to clinic and operating theatre sessions (if applicable) and that they are unable to meet curriculum requirements in terms of seeing and assessing patients. One urology trainee had only attended two clinics and there are problems with the ENT rota. Trainees are spending too much time on service delivery that is impacting on their ability to attend clinic and, where applicable, operating theatre sessions. (Surgery, O&G and Paediatric trainees)	
<b>Action 1</b>	Review the service commitments of the trainees and produce an action plan that identify how some of these responsibilities can be shared with or devolved to other members of staff. (Surgery, O&G and Paediatric trainees)	<b>31 March 2016</b>
<b>Action 2</b>	Assess the impact of the implementation of the action plan on the training opportunities for trainees. (Surgery, O&G and Paediatric trainees)	<b>30 June 2016</b>
<b>Evidence for Action 1</b>	Summary of review and copy of action plan.	<b>31 March 2016</b>
<b>Evidence for Action 2</b>	Copy of impact assessment.	<b>30 June 2016</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	

<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.11 Consent)</b>	Doctors in training must take consent only for procedures appropriate for their level of competence. Learners must act in accordance with the GMC guidance on consent. Supervisors must assure themselves that a learner understands any proposed intervention for which they will take consent, its risks and alternative treatment options.	
<b>HEYH Condition Number</b>	12	
<b>LEP Site</b>	York	
<b>Specialty (Specialties)</b>	Surgery	
<b>Trainee level</b>	Foundation	
<b>Concern 1</b>	Trainees are delegated to obtain consent for procedures that they are not competent performing or for which they have not been provided with training	
<b>Concern 2</b>	The Trust/clinical service does not have a consent policy or the consent policy is not followed.	
<b>Evidence for Concern</b>	Foundation trainees regularly consent for procedures that they are not competent in performing or having not been provided with training, for example flexible sigmoidoscopy (provided with a list of complications rather than formal training). Trainees are also taking consent for interventional radiology.	
<b>Action 1</b>	The surgery department must introduce a policy for obtaining consent for patients that meets GMC standards.	<b>31 March 2016</b>
<b>Action 2</b>	If trainees are to be involved in the consent process they must be provided with training, guidance and support.	<b>31 March 2016</b>
<b>Action 3</b>	All relevant staff must be informed of the consent policy and their role in the consent process.	<b>31 March 2016</b>
<b>Evidence for Action 1</b>	Copy of policy.	<b>31 March 2016</b>
<b>Evidence for Action 2</b>	Copy of training programme.	<b>31 March 2016</b>
<b>Evidence for Action 3</b>	Copy of method of dissemination confirming the new policy has been shared with all relevant members of staff.	<b>31 March 2016</b>
<b>RAG rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	

<b>Resources</b>	<a href="http://www.gmc-uk.org/static/documents/content/Consent - English_0914.pdf">http://www.gmc-uk.org/static/documents/content/Consent - English_0914.pdf</a>
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<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.13 Induction)</b>	<p>Organisations must make sure learners have an induction for each placement that clearly sets out</p> <ul style="list-style-type: none"> <li>• their duties and supervision arrangements</li> <li>• their role in the team</li> <li>• how to gain support from senior colleagues</li> <li>• the clinical or medical guidelines and workplace policies they must follow</li> <li>• how to access clinical and learning resources</li> </ul> <p>As part of the process learners must meet their team and other health and social care professionals they will be working with. Medical students on observational visits at early stages of their medical degree should have clear guidance about the placement and their role.</p>	
<b>HEYH Condition Number</b>	13	
<b>LEP Site</b>	York	
<b>Specialty (Specialties)</b>	General Surgery	
<b>Trainee Level</b>	Foundation	
<b>Concern</b>	Trainees are not provided with a relevant induction in general surgery. They are not provided with essential guidance on the management of the important or common conditions they are expected to manage as soon as they take up post.	
<b>Evidence for Concern</b>	<p>There are issues about FY1 Trainees not receiving an induction in general surgery. In addition trainees cover orthopaedic wards but are not given an induction and did not know the policy on thromboprophylaxis for example.</p> <p>It is also unclear what the weekend arrangements are as some patients are unknown to the FY1 trainees as they had not been covered in the ward round. However, trainees are treat patients on a ward to which they have not been induced.</p>	
<b>Action 1</b>	Provide all trainees with a relevant departmental, specialty or ward induction..	<b>Next intake</b>
<b>Action 2</b>	Evaluate the effectiveness of departmental induction.	<b>After next intake</b>
<b>Evidence for Action 1</b>	Copy of departmental induction programme.	<b>After next intake</b>
<b>Evidence for Action 2</b>	Copy of induction evaluation and plans for modifications (if indicated).	<b>After next intake</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	
<b>Resources</b>	<a href="http://careers.bmj.com/careers/advice/view-article.html?id=20000724">http://careers.bmj.com/careers/advice/view-article.html?id=20000724</a>	

<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.8 Clinical Supervision)</b>	<p>Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.</p> <p>Foundation doctors must always have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session. Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.</p>	
<b>HEYH Condition Number</b>	14	

<b>LEP Site</b>	York	
<b>Specialty (Specialties)</b>	Surgery and Obstetrics and Gynaecology	
<b>Trainee Level</b>	Foundation	
<b>Concern</b>	Trainees are expected to carry out duties which are not appropriate for their stage of training	
<b>Evidence for Concern</b>	<p>Patients who are booked into pre-operative clinic are assessed by nursing staff. The notes from the clinic are then passed to the trainees in Surgery and O&amp;G for them to provide a drug card for a patient they have not seen personally.</p> <p>In O&amp;G trainees are expected to acknowledge and sign off investigations electronically but then a pile of paper arrives following this for them to action.</p>	
<b>Action</b>	Discuss with trainees regarding the lack of support and take appropriate action to address the trainees' concerns. Trainees must be reassured that their concern has been addressed. Review trainee perceptions after 3 months. In particular it is inappropriate for them to prescribe for patients that they have not seen personally – this is against the spirit of Para 16 of GMP (Surgery and O&G)	<b>31 March 2016</b>
<b>Evidence for Action</b>	<ol style="list-style-type: none"> <li>1. Confirmation that discussion has taken place</li> <li>2. Copy of action plan to address concerns</li> <li>3. Copy of report from trainee review</li> </ol>	<b>Immediate</b> <b>31 January 2016</b> <b>31 March 2016</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	
<b>Resources</b>	<a href="http://www.cgc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf">http://www.cgc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf</a> <a href="http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf">http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf</a> <a href="http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf">http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf</a>	

<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.12 Rotas)</b>	<p>Organisations must design rotas to:</p> <ul style="list-style-type: none"> <li>• make sure learners have appropriate clinical supervision</li> <li>• support doctors in training to develop the professional values, knowledge, skills and behaviours (KSB) required of doctors working in UK</li> <li>• provide learning opportunities that allow doctors in training to meet the requirements of the curriculum and training programme</li> <li>• give learners access to ES</li> <li>• minimise the effect of fatigue and workload</li> </ul>	
<b>HEYH Condition Number</b>	15	
<b>LEP Site</b>	York	
<b>Specialty (Specialties)</b>	Surgery	
<b>Trainee Level</b>	Foundation and core	
<b>Concern 1</b>	Trainees are provided with duty rotas that do not build in time for handover.	
<b>Concern 2</b>	Trainees are provided with duty rotas which are very difficult to modify.	
<b>Evidence for Concern</b>	Trainees stay late every night because there is no time built into rotas for handover. In addition, if trainees are entitled to take a lieu day they have to proactively request that the rota organiser provides backfill.	
<b>Action 1</b>	Work with trainees and rota organisers to ensure that rotas include time for handover of patients.	<b>31 March 2016</b>
<b>Action 2</b>	Work with trainees and educational supervisors to develop rotas that have an appropriate balance between the needs of the patient safety and clinical service and the trainee's legitimate expectations for teaching, training, feedback and rest and recreation.	<b>31 March 2016</b>

<b>Action 3</b>	Review the impact of the introduction of new rota arrangements.	<b>30 June 2016</b>
<b>Evidence for Action 1</b>	Copies of rotas.	<b>30 June 2016</b>
<b>Evidence for Action 2</b>	Copies of rotas	<b>30 June 2016</b>
<b>Evidence for Action 3</b>	Summary of the impact of any changes made.	<b>30 June 2016</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	
<b>Resources</b>	<a href="http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns">http://bma.org.uk/practical-support-at-work/contracts/juniors-contracts/rotas-and-working-patterns</a> <a href="http://careers.bmj.com/careers/advice/view-article.html?id=20001163#">http://careers.bmj.com/careers/advice/view-article.html?id=20001163#</a>	

<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.8 Clinical Supervision)</b>	<p>Organisations must make sure that learners have an appropriate level of clinical supervision at all times by an experienced and competent supervisor, who can advise or attend as needed. The level of supervision must fit the individual learner's competence, confidence and experience. The support and clinical supervision must be clearly outlined to the learner and the supervisor.</p> <p>Foundation doctors must always have on-site access to a senior colleague who is suitably qualified to deal with problems that may arise during the session. Medical students on placement must be supervised, with closer supervision when they are at lower levels of competence.</p>	
<b>HEYH Condition Number</b>	16	
<b>LEP Site</b>	York	
<b>Specialty (Specialties)</b>	O&G	
<b>Trainee Level</b>	Foundation, Core and Higher	
<b>Concern 1</b>	Trainees are sometimes expected to provide clinical care without access to appropriate senior support	
<b>Concern 2</b>	Trainees are expected to carry out duties which are not appropriate for their stage of training	
<b>Evidence for Concern</b>	<p>Trainees reported not having access to consistent clinical supervision and that consultant-led ward rounds do not happen regularly. There was an incident of a trainer refusing to come into the hospital out of hours to support a trainee with a procedure.</p> <p>FY2 trainees are discharging gynaecology patients without senior review.</p>	
<b>Action 1</b>	Provide trainees with clear guidance that identifies who can advise or attend as needed	<b>31 March 2016</b>
<b>Action 2</b>	Discuss with trainees the lack of support when discharging gynaecology patients and accessing senior support out of hours and take appropriate action to address this. Trainees must be reassured that their concern has been addressed. Review discharge arrangements after 3 months.	<b>31 March 2016</b>
<b>Evidence for Action 1</b>	Copy of guidance/escalation policy.	<b>31 March 2016</b>
<b>Evidence for Action 2</b>	<ol style="list-style-type: none"> <li>1. Confirmation that discussion has taken place</li> <li>2. Copy of action plan to address concerns</li> <li>3. Copy of report from trainee review</li> </ol>	<b>Immediate</b> <b>31 January 2016</b> <b>31 March 2016</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	

<b>Resources</b>	<a href="http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf">http://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf</a> <a href="http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf">http://www.yorksandhumberdeanery.nhs.uk/media/501652/201404v2Trainer%20Accreditation%20Policy.pdf</a> <a href="http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf">http://www.gmc-uk.org/Final_Appendix_4_Guidance_for_Ongoing_Clinical_Supervision.pdf</a>	
<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement (R1.14 Handover)</b>	<p>Handover** of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice.</p> <p><i>**Handover at the start and end of periods of day or night duties, every day of the week.</i></p>	
<b>HEYH Condition Number</b>	17	
<b>LEP Site</b>	York	
<b>Specialty (Specialties)</b>	Obstetrics and Gynaecology	
<b>Trainee Level</b>	All	
<b>Concern 1</b>	Handover is not conducted in an appropriate venue/at an appropriate time/without interruption	
<b>Concern 2</b>	Handover is not appropriately led	
<b>Evidence for Concern</b>	The gynaecology handover does take place but is complicated and it is unclear who is handing over to who. Handover is not consistently consultant-led.	
<b>Action 1</b>	Introduce a handover system that meets Specialty standards.	<b>30 June 2016</b>
<b>Action 2</b>	Make appropriate changes to rotas to allow relevant staff to attend handover.	<b>31 March 2016</b>
<b>Action 4</b>	Introduce a reliable method of documenting the handover discussion responsible individuals. If this involves IT, there must be easy access in all clinical areas.	<b>31 March 2016</b>
<b>Action 5</b>	Appoint an appropriate senior member of staff to lead the handover.	<b>31 March 2016</b>
<b>Action 6</b>	Evaluate effectiveness of handover.	<b>30 June 2016</b>
<b>Evidence for Action 1</b>	<ol style="list-style-type: none"> <li>1. Production of handover policy</li> <li>2. Staff training completed</li> <li>3. Handover introduced</li> <li>4. Introduction evaluated</li> <li>5. Handover policy explained to new starters</li> </ol>	<b>29 February</b> <b>31 March</b> <b>30 April</b> <b>30 June</b> <b>Induction</b>
<b>Evidence for Action 2</b>	Summary of revised rotas	<b>31 March 2016</b>
<b>Evidence for Action 4</b>	<ol style="list-style-type: none"> <li>1. Copies of handover documentation</li> <li>2. Description of e-handover system</li> </ol>	<b>31 March 2016</b> <b>31 March 2016</b>
<b>Evidence for Action 5</b>	Copy of process authorising arrangements for the leadership of handover.	<b>31 March 2016</b>
<b>Evidence for Action 6</b>	Copy of the handover system evaluation.	<b>30 June 2016</b>
<b>RAG Rating</b>		
<b>LEP Requirements</b>	<ul style="list-style-type: none"> <li>• Copies of documents must be uploaded to the QM Database</li> <li>• Item must be reviewed and changes confirmed with link APD</li> </ul>	
<b>Resources</b>	<a href="http://bma.org.uk/-/media/files/.../safe%20handover%20safe%20patients.pdf">bma.org.uk/-/media/files/.../safe%20handover%20safe%20patients.pdf</a> <a href="http://www.rcplondon.ac.uk/sites/default/files/acute-care-toolkit-1-handover.pdf">www.rcplondon.ac.uk/sites/default/files/acute-care-toolkit-1-handover.pdf</a>	

RAG guidance can be found at Appendix 1.



**Approval Status**

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

**Signed on behalf of HEYH**

**Name: Mr Jon Hossain**

**Title: Deputy Postgraduate Dean**

**Date: 24 November 2015**

**Signed on behalf of Trust**

**Name: Dr Alison Corlett**

**Title: Director of Medical Education**

**Date: 13 January 2016**

## 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