

# Review of Calderdale and Huddersfield Hospitals NHS Foundation Trust (Postgraduate Medical)



Quality Assurance of Local Education and Training Providers

Developing people  
for health and  
healthcare

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## Guidance

From 1 April 2015 Health Education England, working across Yorkshire and the Humber (HEE YH) introduced a new quality function and team structure. The quality function is responsible for leading and overseeing the processes for the quality assurance and quality management of all aspects of medical and non-medical training and education. Our aim is to promote an ethos of multi-professional integrated working and believe that improving quality in education and training is at the heart of delivering outstanding patient care.

HEE YH invests £500 million every year on commissioning a wide range of education on behalf of local and national health systems. It has a duty to ensure that the Education Providers delivering this education provide a high standard of professional education and training.

In developing our new framework we have developed a set of standards for education providers built around five themes. The five themes have been chosen to reflect the multi-professional aspects of training and care and to ensure all Healthcare Regulator standards can be aligned.

All standards have been mapped against the following regulatory documents:

- NMC Quality Assurance Framework Part Three: Assuring the safety and effectiveness of practice learning
- Future pharmacists: Standards for the initial education and training of pharmacists (May 2011)
- HCPC Standards of education and training: Your duties as an education provider
- GMC Promoting Excellence: Standards for medical education and training

### Standards are built around 5 core themes:

Theme 1	Supporting Educators
Theme 2	Supporting Learners
Theme 3	Learning Environment and Culture
Theme 4	Governance and Leadership
Theme 5	Curricula and Assessment

## 1. Details of the Review

Visit Date(s)	27 September 2016
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### Visit Panel / team

Name	Role
David Eadington (Visit Chair)	Deputy Postgraduate Dean
Sarah Kaufmann	Associate Postgraduate Dean
James Thomas	Quality Assurance Lead – General Practice
Vanessa Grey	Leeds Institute of Medical Education
Lynne Caddick	Deputy Foundation School Director
Julie Platts	Quality Manager
Vicky Jones	Quality Coordinator

Specialties Visited	Medicine
	Ophthalmology

## **2. Summary of findings**

The visit was well organised by the postgraduate education team and there was excellent engagement from the Trust with good representation of trainees and trainers.

### **Medicine**

All trainees interviewed in the Medicine panels would recommend their posts to a colleague, be comfortable with family being treated at the Trust and would apply for a post as a Consultant. Trainees described a robust induction to the organisation and felt supported by colleagues. Local teaching was described as excellent but it would be further improved if it was arranged to be genuinely bleep-free. The trainees welcomed the opportunity to participate in grand rounds. The Foundation trainees reported they felt there were good transition arrangements from medical school.

Trainees did report that Cardiology consultants in Huddersfield expect/demand that one of the trainees on the out of hours rota attends the weekend cardiology ward rounds – this may be useful to the cardiology service, but does leave other areas short of clinical cover for several hours.

There were some concerns expressed about the electronic MEWS escalation system causing unnecessary work for trainees and other staff, but the panel were informed that a Leadership Fellow had been tasked with reviewing this issue.

### **Ophthalmology**

The majority of trainees would recommend their posts and feel well supported by colleagues. The trainees value their time in theatre/clinics, and the simulation and other hands-on training they receive. The trainees highlighted that Tuesdays are allocated for educational activities and they are able to access teaching opportunities. There were comments from trainees about organisational issues on the ward. They reported that there are sometimes post-it notes highlighting that a patient may arrive to be seen, but it is unclear where from or who left the note. This lack of clear communication can mean that patients arrive and are not reviewed as trainees are unaware they are waiting on the ward. In addition, there were reported instances of ward rounds not taking place if the rostered trainee is not at work and nursing staff have not contacted the next person listed on the rota. In addition, clinics are very busy but trainees experienced poor patient flow arrangements with clinical staff waiting for up to an hour to see the first patient whilst pre-appointment tests were undertaken.

Foundation trainees reported that they do not feel they have a clearly designated role in the department and the Deputy Foundation Training Director will be alerted to this.

## **3. Good Practice and Achievements**

- The 2016 GMC National training survey highlighted improvements in performance with some specialties scoring the highest mean score in the region.
- Foundation doctors are identified as mentors for Physician Associate Students
- FY1 doctors are teaching medical students at a breakfast club.
- Cardiology foundation trainees have developed a What's App group to identify who will attend handover that they report is assisting in their communication with each other.

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### Conditions

The following conditions were identified at the visit:

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
<b>Requirement</b> (R1.14 Handover)	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.  <i>**Handover at the start and end of periods of day or night duties, every day of the week.</i>	
<b>HEYH Condition Number</b>	1	
<b>LEP Site</b>	Calderdale and Huddersfield	
<b>Specialty (Specialties)</b>	Ophthalmology	
<b>Trainee Level</b>	All levels	
<b>Concern 1</b>	Handover is not supported by appropriate documentation.	
<b>Concern 2</b>	Handover is not appropriately led	
<b>Evidence for Concern</b>	Although there is an electronic system handover is often verbal as trainees find it is very slow to access the H drive system so not all cases are logged. Foundation trainees reported not having access to the H drive so are not involved in handover. Trainees reported a patient safety issue that patients may get lost in the system due to the ineffective handover process.  It was also reported that handover has very little senior input.	
<b>Action 1</b>	Introduce a reliable method of documenting the handover discussion/actions/job list/responsible individuals. If this involves IT, there must be easy access in all clinical areas.	<b>30 Jan 2017</b>
<b>Action 2</b>	Appoint an appropriate senior member of staff to lead the handover.	<b>31 Dec 2016</b>
<b>Action 3</b>	Evaluate effectiveness of handover.	<b>30 April 2017</b>
<b>Evidence for Action 1</b>	1. Copies of handover documentation 2. Description of e-handover system	<b>31 Dec 2016</b>
<b>Evidence for Action 2</b>	Copy of process authorising arrangements for the leadership of handover.	<b>31 Jan 2016</b>
<b>Evidence for Action 3</b>	Copy of evaluation	<b>31 May 2017</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 the HEE YH Quality Team</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>	

GMC Theme	LEARNING ENVIRONMENT AND CULTURE	
<b>Requirement</b> (R1.13 Induction)	Organisations must make sure learners have an induction for each placement that clearly sets out <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> 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.	
<b>HEYH Condition Number</b>	2	
<b>LEP Site</b>	Calderdale and Huddersfield	
<b>Specialty (Specialties)</b>	Ophthalmology	

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<b>Trainee Level</b>	All	
<b>Concern 1</b>	Trainees are not provided with access to essential IT at the start of their post	
<b>Concern 2</b>	Trainees were not provided with a relevant/useful orientation/induction/introduction in a timely manner after starting the post to the area worked in. 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>Trainees reported waiting a week for Trust induction and to receive an ID badge and during this time had no access to the IT systems. Trainees did not receive Medisoft training at Trust induction and felt this was essential for them to be able to work effectively.</p> <p>On starting in post trainees reported waiting two weeks for senior staff to return from leave before a departmental induction could take place.</p>	
<b>Action 1</b>	Provide all trainees with an appropriate Trust induction as soon as they commence in post.	February 2017
<b>Action 2</b>	Provide trainees access to IT (smart cards/log ins) before they are due to begin work.	January 2017
<b>Action 3</b>	Provide all trainees with a relevant departmental, specialty or ward induction/orientation as soon as they start in post.	February 2017
<b>Action 4</b>	Evaluate the effectiveness of Trust/departmental induction.	March 2017
<b>Evidence for Action 1</b>	Copy of induction programme.	February 2017
<b>Evidence for Action 2</b>	Confirmation that all trainees are provided with access to IT.	February 2017
<b>Evidence for Action 3</b>	Copy of departmental induction programme.	February 2017
<b>Evidence for Action 4</b>	Copy of induction evaluation and plans for modifications (if indicated).	April 2017
<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 the HEE YH Quality Team</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 (R1.12 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>	3
<b>LEP Site</b>	Calderdale and Huddersfield
<b>Specialty (Specialties)</b>	Ophthalmology
<b>Trainee Level</b>	All
<b>Concern 1</b>	Trainees are provided with rotas which do not provide them with sufficient opportunities for rest and recreation.
<b>Evidence for Concern</b>	Trainees reported they work a twelve day rota and that is then followed by a 48 hrs on call one weekend in four. Trainees highlight they have difficulty getting enough sleep on occasions with an example of only having 2 hours sleep and then being required to review nine patients. During the 48 shift weekend shift there is a 3 hour clinic on Saturday

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	morning that usually involves seeing at least 12 patients, then dealing with around 12 phone calls as well as any on-call issues that transpire. Trainees feel the situation represents a patient safety risk.	
<b>Action 1</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.  The newly appointed Guardian should be involved in this process.	<b>31 Jan 2017</b>
<b>Action 2</b>	Review the impact of the introduction of new rotas/rota arrangements.	<b>31 May 2017</b>
<b>Evidence for Action 1</b>	Copies of rotas.	<b>31 Jan 2017</b>
<b>Evidence for Action 2</b>	Summary of the impact of any changes made.	<b>30 June 2017</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 the HEE YH Quality Team</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 (R1.12 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>	4	
<b>LEP Site</b>	Calderdale and Huddersfield	
<b>Specialty (Specialties)</b>	Medicine	
<b>Trainee Level</b>	Foundation and Core	
<b>Concern 1</b>	Trainees are provided with duty rotas at very short notice, which makes it very difficult for them to receive appropriate orientation to the ward/department.	
<b>Concern 2</b>	Trainees are provided with duty rotas which are very difficult to modify.	
<b>Evidence for Concern</b>	<p>Trainees described regularly being informed on Fridays where they would be placed the following week (simply by their name appearing on the rota). There did not always appear to be appropriate planning on how to cover rota gaps with a lack of orientation organised to the new training environment. One foundation trainee highlighted an example of being the only doctor on a ward with no orientation instructions provided and a F1 doctor being asked to cover a gap on a rota that was intended for F2 doctors and above.</p> <p>The panel felt the issues around rota coordination mainly centred on service planning and effective organisation. As an example it seems that five trainees in total are allowed to be absent at any one time, but there are no rules about which trainees - so they could all be absent simultaneously from the same training environment. In addition, trainees perceived a disparity in access to the rota coordinator who is based at Huddersfield. Trainees based at Calderdale feel they are not treated equitably with regard to rota issues.</p>	
<b>Action 1</b>	Work with trainees and rota organisers to ensure that rotas are provided with sufficient notice and flexibility and fairly distribute clinical duties/responsibilities and allow timely provision of orientation to the relevant ward.	<b>January 2017</b>
<b>Action 2</b>	Review the impact of the introduction of new rotas/rota arrangements.	<b>May 2017</b>

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<b>Evidence for Action 1</b>	Copies of rotas.	<b>January 2017</b>
<b>Evidence for Action 2</b>	Summary of the impact of any changes made.	<b>June 2017</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 the HEE YH Quality Team</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>	5	
<b>LEP Site</b>	Calderdale	
<b>Specialty (Specialties)</b>	Medicine	
<b>Trainee Level</b>	Foundation	
<b>Concern 1</b>	Trainees are sometimes expected to provide clinical care without access to appropriate support from a senior trainee and/or consultant	
<b>Evidence for Concern</b>	<p>Foundation trainees on the elderly ward reported not having middle grade supervision.</p> <p>There were reports of Foundation trainees conducting three unsupervised ward rounds per week.</p> <p>There were also reports of trainees having named clinical supervisors who no longer worked in the same clinical environment as the trainee, for example at a different site.</p>	
<b>Action 1</b>	Provide all trainees with named clinical supervisors who work in the same clinical environment.	<b>Immediate</b>
<b>Action 2</b>	Discuss the perceptions trainees have regarding the lack of appropriate support. Trainees must be reassured that their concern has been addressed. Review trainee perceptions after 3 months.	<b>January 2017</b>
<b>Evidence for Action 1</b>	Copy of senior cover rota.	<b>Immediate</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>Dec 2016</b> <b>January 2017</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 the HEE YH Quality Team</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 (R1.12 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> </ul>	



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	<ul style="list-style-type: none"> <li>minimise the effect of fatigue and workload</li> </ul>	
<b>HEYH Condition Number</b>	6	
<b>LEP Site</b>	Calderdale and Huddersfield	
<b>Specialty (Specialties)</b>	Medicine	
<b>Trainee Level</b>	Core	
<b>Concern 1</b>	Trainees are provided with insufficient access to clinics to allow them sufficient opportunities to meet the requirements of their curriculum	
<b>Evidence for Concern</b>	<p>The concept of trainees attending a full week of clinics is to be commended. However, in practice, trainees do not feel they are able to use this time effectively to meet curriculum requirements as they are not always able to access them due to:</p> <ul style="list-style-type: none"> <li>A number of other learners competing for the same clinics</li> <li>Infrastructure issues – lack of clinic space for trainees to speak to patients individually</li> <li>Trainers are reluctant to instigate separate lists for core trainees</li> </ul> <p>Trainees suggested that if the Trust timetable and allocate the clinics this would allow them to fully utilise the opportunity.</p>	
<b>Action 1</b>	Work with trainees and educational supervisors to develop clinic lists to address the trainee's legitimate expectations for teaching, training and feedback	<b>December 2016</b>
<b>Action 2</b>	Review the Trust strategy for physical estate planning – how can additional clinic rooms be created ?	
<b>Action 2</b>	Review the impact of the introduction of new clinic list arrangements.	<b>January 2017</b>
<b>Evidence for Action 1</b>	Copies of rotas.	<b>January 2017</b>
<b>Evidence for Action 2</b>	Summary of the impact of any changes made.	<b>May 2017</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 the HEE YH Quality Team</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 (R1.14 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>	7	
<b>LEP Site</b>	Calderdale and Huddersfield	
<b>Specialty (Specialties)</b>	Medicine	
<b>Trainee Level</b>	All	
<b>Concern 1</b>	Handover is not supported by appropriate documentation.	
<b>Concern 2</b>	Handover is not appropriately led	
<b>Evidence for Concern</b>	<p>Trainees reported that the excel spreadsheet that is used for handover is not working successfully. Only one person can edit it so trainees are reverting to their own ad hoc paper records.</p> <p>Trainees reported that there is no consistent middle grade or Consultant presence at handover.</p>	
<b>Action 1</b>	Introduce a reliable method of documenting the handover	<b>January 2017</b>



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	discussion/actions/job list/responsible individuals. If this involves IT, there must be easy access in all clinical areas.	
<b>Action 2</b>	Appoint an appropriate senior member of staff to lead the handover.	<b>December 16</b>
<b>Action 3</b>	Evaluate effectiveness of handover.	<b>May 2017</b>
<b>Evidence for Action 1</b>	1. Copies of handover documentation 2. Description of e-handover system	<b>January 2016</b>
<b>Evidence for Action 2</b>	Copy of process authorising arrangements for the leadership of handover.	<b>December 16</b>
<b>Evidence for Action 3</b>	Copy of the handover system evaluation.	<b>June 2017</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 the HEE YH Quality Team</li> </ul>	

<b>GMC Theme</b>	<b>LEARNING ENVIRONMENT AND CULTURE</b>	
<b>Requirement</b> <b>(S1.1 Patient Safety)</b>	The learning environment is safe for patients and supportive for learners. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.	
<b>HEYH Condition Number</b>	8	
<b>LEP Site</b>	Calderdale and Huddersfield	
<b>Specialty (Specialties)</b>	Medicine	
<b>Trainee Level</b>	Higher	
<b>Concern 1</b>	Trainees are expected to carry out duties which are not appropriate	
<b>Evidence for Concern</b>	There is a Trust policy (radiology) that Medical StRs (or consultants) must complete CT and ultrasound investigation requests. The policy is problematic for Core and Foundation trainees who often spend a considerable amount of time finding an available StR to sign off these investigation requests. This may be one way to manage the demand for diagnostics, but it is inappropriate for trainees to be requesting investigations when they have not been involved personally with managing a patient.	
<b>Action 1</b>	The Trust must investigate the concerns described above. The investigation should take into account the opinions of all the clinical staff who work in the clinical area.	<b>31 December 2016</b>
<b>Action 2</b>	The Trust must introduce an action plan to address the concerns. The opinions of the clinical staff and their suggestions for possible solutions should be considered when drawing up the action plan.	<b>31 January 2017</b>
<b>Action 3</b>	The Trust must evaluate the effect of any changes introduced to ensure that the problems have been resolved.	<b>30 April 2017</b>
<b>Evidence for Action 1</b>	Copy of the investigation report.	<b>31 January 2017</b>
<b>Evidence for Action 2</b>	Copy of the action plan.	<b>31 January 2017</b>
<b>Evidence for Action 3</b>	Copy of the evaluation report.	<b>30 April 2017</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 the HEE YH Quality Team</li> </ul>	

<b>Date of first Draft</b>	14 October 2016
<b>First draft submitted to Trust</b>	21 October 2016
<b>Trust comments to be submitted by</b>	4 November 2016
<b>Final report circulated and published</b>	25 October 2016