

## QUALITY MANAGEMENT VISIT

### SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

DAY 1 – NORTHERN GENERAL MONDAY 10<sup>TH</sup> JUNE 2013

DAY 2 – ROYAL HALLAMSHIRE TUESDAY 11<sup>TH</sup> JUNE 2013

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.

<b>Date of First Draft</b>	<b>19/06/13</b>
<b>First Draft Submitted to Trust</b>	<b>27/06/13</b>
<b>Trust comments to be submitted by</b>	<b>11/07/13</b>
<b>Final Report circulated</b>	<b>13/08/13</b>

## **VISITING PANEL MEMBERS DAY 1 – NORTHERN GENERAL:**

Dr Peter Taylor	Deputy Postgraduate Dean (Chair)
Dr Catherine Dickinson	Foundation School Director
Dr Jerry Seymour	Associate Postgraduate Dean
Dr Trevor Rogers	Head of School – Medicine (South)
Professor Michael Gough	Head of School – Surgery
Dr Derek Burke	Medical Director, Sheffield Children’s Hospital (Observer)
Ms Anne Brown	Lay Representative
Dr Sarah Kaufmann	Director of Medical Education, Leeds Teaching Hospitals
Sarah Walker	Quality Manager
Lynda Price	Quality Officer
Susan Haley	Business Support Lead
Emma Jackson	Recruitment Administrator
Charlotte Darcy	Programme Support Administrator

**Specialties Visited:** Foundation  
GP  
Surgery  
Medicine

## **VISITING PANEL MEMBERS DAY 2 – ROYAL HALLAMSHIRE:**

Mr David Wilkinson	Director of Education & Quality/Postgraduate Dean (feedback only)
Dr Peter Taylor	Deputy Postgraduate Dean (Chair)
Dr Catherine Dickinson	Foundation School Director
Dr Tony Arnold	Head of School - Medicine
Dr Jerry Seymour	Associate Postgraduate Dean
Dr Ben Jackson	Lead for Postgraduate GP Education - South
Professor Philip Quirk	Academic Training Programme Director
Mr Gary Dyke	Associate Postgraduate Dean
Mr Mike Hayward	Associate Postgraduate Dean
Ms Anne Brown	Lay Representative
Dr Sarah Kaufmann	Director of Medical Education, Leeds Teaching Hospitals
Sarah Walker	Quality Manager
Lynda Price	Quality Officer
May Teng	Recruitment Administrator
Barbara Vickers	Programme Support Officer
Julie Platts	Regional Manager
Anil Boury	Academic Co-ordinator

**Specialties Visited:** Foundation  
GP  
Surgery  
Medicine  
Academic

## **NOTABLE PRACTICE**

### **BOTH SITES**

#### **GMC DOMAINS 1 PATIENT SAFETY – Consent**

##### **All Schools**

The Trust is to be commended on the work that has been undertaken around consent. All consent training documents are now available on the Trust intranet and this is thought to be an innovative and excellent way of tackling consent issues.

#### **GMC DOMAINS 1 & 6 – PATIENT SAFETY and SUPPORT & DEVELOPMENT**

##### **All Schools**

All trainees gave excellent feedback regarding the Hospital at Night service; they found the system and staff to be very supportive and worked well.

### **NORTHERN GENERAL HOSPITAL**

#### **GMC DOMAIN 6 - SUPPORT & DEVELOPMENT**

##### **Foundation School**

The University of Sheffield has established a 6 week apprenticeship. This was very well received with trainees and those that had not experienced it felt at a disadvantage.

### **ROYAL HALLAMSHIRE**

#### **GMC DOMAIN 6- SUPPORT & DEVELOPMENT**

##### **School of Academics**

Trainees reported that they were happy - there is an academic portal and academic access to SiTrans.

## CONDITIONS

### NORTHERN GENERAL HOSPITAL

#### Condition 1

#### **GMC DOMAIN 1 – PATIENT SAFETY – Work Intensity**

#### **Foundation School & Schools of GP & Medicine - Core and Higher**

Trainees continue to report, at a number of levels and in a number of specialities, that work intensity remains unacceptably high. Whilst recognising that Hospital at Night has improved trainees experience, none the less trainees are regularly severely stressed during the acute take. There are specific issues in relation to High Medical Trainees which will be addressed separately. Addressing these issues must now be a priority for the Trust and a timeline for specific actions to improve the training environment has to be developed. The panel have heard that this may be by Hospital at the Weekend and Hospital during the Day, but these and possibly other solutions need to be accelerated.

#### **Action To Be Taken:**

- 1) A robust timeline for implementation of actual changes which will impact on the work intensity issues - continuing concerns will trigger a visit with GMC representation.

**RAG Rating:**



**Timeline:** 31 October 2013

**Evidence/Monitoring:** The Trust to perform a survey of trainees by end October regarding work intensity.

## Condition 2

### GMC DOMAIN 1 – PATIENT SAFETY - Handover

#### Schools of Medicine, Foundation, Surgery & GP (at Royal Hallamshire site)

Issues were raised regarding the use of the e-handover, not being accessed by all uniformly. There are difficulties with prioritising the information, not all speciality trainees appeared for the morning handover and the system is not being kept up to date.

There were also concerns regarding ward cover handover where the trainees were uncertain as to the specific arrangements and this was currently happening ad-hoc.

There were also issues regarding separate site logins restricting access at changeover.

Surgical handover between specialities, specifically Plastic Surgery to Urology, appears to be informal Monday – Friday.

#### Action To Be Taken:

- 1) A lead for managing the handover process should be identified. It should be clear that the responsibilities for this individual are to ensure dissemination of appropriate use of the e-handover to all the involved trainees.
- 2) Governance arrangements around the use of e-handover system need to be reviewed to ensure that tasks are highlighted in a timely way.
- 3) Ensure timely induction to e-handover.
- 4) Clarity of ward cover/cross site handover arrangements.

RAG Rating:



Timeline: 1) 31 July 2013,  
2), 3) & 4) 31 October 2013

#### Evidence/Monitoring:

- 1) Name of individual.
- 2) Reviewed governance arrangements.
- 3) Confirmation from the Trust on when induction to e-handover takes place.
- 4) Details of ward cover/cross site handover arrangements.

## Condition 3

### GMC DOMAIN 1 – PATIENT SAFETY

#### School of GP

GP trainees reported that the locums they worked with were regarded as clinically unsafe. No clinical incidents have been reported on the basis of these observations. Whilst aware of the Whistleblowing process, the trainees were concerned that there was no other route for communicating these concerns which would lead to swift action.

#### Action To Be Taken:

All Educational Supervisors should be encouraged to receive reports from trainees regarding concerns from training grade medical staff.

RAG Rating:



Timeline: 31 August 2013

**Evidence/Monitoring:** Confirmation from the Trust that trainees can report to Educational Supervisors and a copy of the communication sent to trainees informing them of these changes.

**Condition 4****GMC DOMAIN 1 – PATIENT SAFETY - Induction****Foundation School & School of GP**

Foundation Trainees continue to report very patchy departmental induction delivery.

**Action To Be Taken:**

At the next change of house the Trust to provide complete attendance sheets for all departments hosting Foundation and GP Trainees to ensure that this has occurred.

**RAG Rating:****Timeline:** 31 August 2013**Evidence/Monitoring:** Attendance sheets from all relevant departments.**Condition 5****GMC DOMAIN 7 – MANAGEMENT OF EDUCATION & TRAINING****Foundation School & Schools of Surgery & Medicine**

Trainees reported working beyond their contracted hours. The work diaries provided were not always practical for recording this activity particularly in relation to telephone calls and bleeps. Few trainees were aware of the exception reporting process and those that were did not have confidence that this would precipitate any change. The exception reporting is viewed negatively and there is a feeling amongst trainees that if they report then they have failed.

**Action To Be Taken:**

1. The exception reporting process to be reviewed ensuring trainee and trainer engagement.
2. Evidence of engagement with the organisation to ensure that exception reporting is a robust and widely accepted tool to ensure trainees are not staying excessively beyond their hours.
3. Consider alternative sign off process other than the trainees' consultant.

**RAG Rating:****Timeline:** 31 August 2013**Evidence/Monitoring:**

- 1) The exception reporting process.
- 2) Evidence from exception reporting process to date.
- 3) Outcome of consideration of sign off process.

**Condition 6****GMC DOMAINS 1 - PATIENT SAFETY, 5 – DELIVERY OF CURRICULUM & 8 – EDUCATIONAL RESOURCES****School of Medicine – REHABILITATION MEDICINE**

The longstanding concerns regarding Rehabilitation Medicine and its links to spinal surgery remain. The induction was criticised as it did not address meet the trainees needs for highlighting key functions, resources and staff. Instead practical teaching in the speciality, whilst valuable was delivered inappropriately at this time.

The trainees have been prevented from attending regional teaching and there are little or no research opportunities for very senior trainees.

Finally there were significant concerns regarding problems with the Surgical Spinal Injuries Team. There have been Trust investigations, but the trainees have not seen any change to practice as a consequence.

**Action To Be Taken:**

Alternative arrangements for the provision of rehabilitation medicine needs to be put forward and will be reviewed by a School of Medicine visit in October 2013.

**RAG Rating:****Timeline:** 31 October 2013**Evidence/Monitoring:** Details of the arrangements and findings from the School of Medicine visit.**Condition 7****GMC DOMAINS 1 – PATIENT SAFETY & 7 – MANAGEMENT OF EDUCATION & TRAINING****School of Medicine**

The out of hours intensity in Cardiology has increased significantly and however well-intentioned, Hospital at Night may have compounded this.

The Cardiology Trainees on their own rota are now receiving multiple complex regional cases for discussion out of hours, in addition to the acute PCI work.

The trainees are very reluctant to escalate for consultant support even when overwhelmed and there was an acceptance that this level of activity could be related to patient safety incidents.

**Action To Be Taken:**

1. The Trust to review the trainee workload in Cardiology.
2. The Trust to review the Escalation Policy.
3. The Escalation Policy to be distributed to trainees and trainers. Trainees should be encouraged to use it.

**RAG Rating:****Timeline:** 31 October 2013**Evidence/Monitoring:**

1. Results of the Cardiology review.
2. Reviewed Escalation policy and confirmation of communication sent to trainees and trainers.

**Condition 8****GMC DOMAIN 3 - EQUALITY & DIVERSITY****School of Medicine**

Trainees report that senior non-medical endoscopy staff are reported to treat medical trainees in an undermining manner. This is well recognised and is acknowledged by the consultant supervisors.

**Action To Be Taken:**

- 1) All staff in the endoscopy unit should be made aware of these concerns.
- 2) A team Multi Source Feedback (MSF) should be performed.

**RAG Rating:****Timeline:** 1) 31 July 2013 & 2) 30 September 2013**Evidence/Monitoring:**

- 1) A copy of the communication sent to the Endoscopy Unit.
- 2) A copy of the report from the MSF.

**Condition 9****GMC DOMAIN 8 – EDUCATIONAL RESOURCES****School of Medicine**

Trainees reported considerable difficulty in getting support for clinical audit activity. They have allegedly been informed that audit resources have been reduced. The trainees find that it takes up to 6 months to obtain approval for an audit and then no support is subsequently available.

**Action To Be Taken:**

The Trust to define the support available for all trainee audit activities and communicate this to the trainees.

**RAG Rating:****Timeline:** 30 September 2013**Evidence/Monitoring:** A copy of the communication sent to trainees.**Condition 10****GMC DOMAIN 3 – EQUALITY & DIVERSITY****School of Surgery - Plastics/Colorectal**

Trainees reported bullying and harassing behaviour from consultant staff in both these sub-specialities. The trainees were not prepared in an open forum to provide further details. They were however prepared to meet individually with the Director of Medical Education (DME) to discuss their concerns.

**Action To Be Taken:**

The Trust to investigate the claims further through discussion with the DME and trainees.

**RAG Rating:****Timeline:** 31 August 2013**Evidence/Monitoring:** Confirmation from the DME that discussions have taken place with the trainees and any subsequent actions as a consequence.

**Condition 11****GMC DOMAIN 5 – CURRICULUM DELIVERY****School of Surgery - Plastics**

There are concerns regarding the availability of local teaching which are off-set by attendance at regional teaching. However attendance has fallen below the accepted level for Plastic Surgery in part compounded by rota gaps.

**Action To Be Taken:**

The Trust must implement plans to ensure that trainees in Plastic Surgery are able to attend the necessary regional training.

**RAG Rating:****Timeline:** 31 August 2013**Evidence/Monitoring:** The plans to ensure plastics trainees meet attendance requirements.**Condition 12****GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****School of Surgery**

Discussion with trainers suggested that educational supervision was not universally recognised within job plans. (Although for Plastic Trainers this had been acknowledged.)

**Action To Be Taken:**

The Trust must ensure that the Surgical Trainers job plans include educational supervision and education regarding the developing role of the Educational Supervisor.

**RAG Rating:****Timeline:** 31 October 2013**Evidence/Monitoring:** Trust confirmation that the role of Educational supervisor was recognised the job plans for Surgical trainers.**Condition 13****GMC DOMAIN 7 – MANAGEMENT OF EDUCATION & TRAINING****School of Surgery**

The Core Surgical Trainees reported that there has been changing practice with the admission of routine cases towards the end of the working day which resulted in the inevitable breach of their standard contracted hours.

**Action To Be Taken:**

The Trust must ensure that trainees are reporting these instances through the exception reporting route.

**RAG Rating:****Timeline:** 31 August 2013**Evidence/Monitoring:** Confirmation from the Trust that exception reports are being raised if this occurs.

**ROYAL HALLAMSHIRE**

**Condition 14**

**GMC DOMAIN 8 – EDUCATIONAL RESOURCES**

**School of Surgery – General & Neuro Surgeries**

There is no room facility for Higher Surgical Trainees in General Surgery and limited space for Neuro Surgical trainees. The loss of the doctors' mess has compounded quiet study facilities for Neuro Surgery in particular.

**Action To Be Taken:**

The Trust must review Estates to identify what suitable facilities can be made available.

**RAG Rating:**



**Timeline:** 31 October 2013

**Evidence/Monitoring:** Confirmation from Trust on facility arrangements.

**Condition 15**

**GMC DOMAIN 1 – PATIENT SAFETY - Induction**

**Foundation School & School of Medicine**

Departmental Induction was either absent or limited in the following specialities, Gastroenterology, Neurology, Urology, Trauma & Orthopaedics and Hepatobiliary.

**Action To Be Taken:**

Provision of Departmental Induction. The Trust should ensure that trainees arriving other than early August should be mandated to complete the generic induction. The generic induction should cover both ICE and PFI training, as well as any specific consent requirements for the allocated placement.

**RAG Rating:**



**Timeline:** 31 August 2013

**Evidence/Monitoring:**

Attendance Registers and induction material.

**Condition 16****GMC DOMAIN 1 – PATIENT SAFETY****Foundation School**

ENT Foundation Year 1 (FY1) and Foundation Year 2 (FY2) trainees on the same rota as Core Trainees are providing cross cover for other surgical specialities apparently without adequate training. FY1 and FY2 doctors are also being asked to review and discharge patients from the ENT unit without direct supervision.

**Action To Be Taken:**

- 1) The Trust must ensure that trainees receive required training to provide cross cover at induction.
- 2) The Trust must ensure that Foundation Doctors do not discharge ENT patients, in particular ward attenders, unless appropriately supported and patient safety is not being compromised.

**RAG Rating:****Timeline:** 31 August 2013**Evidence/Monitoring:**

- 1) Evidence of training at induction for the combined speciality cover.
- 2) Confirmation of the discharge arrangements for ENT patients.

**Condition 17****GMC DOMAIN 5- CURRICULUM DELIVERY****Foundation School**

Academic and Emergency Medicine Foundation Trainees are not being released adequately for attendance at their training programmes.

**Action To Be Taken:**

The Trust must ensure that trainees are being released to attend their training programmes.

**RAG Rating:****Timeline:** 31 August 2013**Evidence/Monitoring:** Attendance logs for training programs.

**Condition 18****GMC DOMAIN 1 – PATIENT SAFETY****Foundation School & School of Medicine**

The arrangements for cover and particularly cardiac arrest at Weston Park, using the Hospital at Night scheme have highlighted concerns from the trainees. Specifically out of hours the covering oncology registrar is non-resident. In the cardiac arrest setting the Anaesthetist and Medical Registrars are not available to lead the arrest. There is perceived to be an absence of support facilities eg. Portable x-ray and blood gas analysis.

**Action To Be Taken:**

- 1) The Trust should define the current governance arrangements for the provision of out of hours support to Weston Park and consider what arrangements could be put in place to support these trainees and the workload at Weston Park eg. the Oncology Registrar to be resident rather than non-resident.
- 2) The Trust must ensure that access to the appropriate equipment for use in cardiac arrest cases is available.

**RAG Rating:****Timeline:** 31 July 2013

**Evidence/Monitoring:** The Trust to provide confirmation of out of hours support arrangements and what cardiac arrest equipment is available at Weston Park.

**Condition 19****GMC DOMAIN 5 – CURRICULUM DELIVERY****School of Medicine**

There is a lack of clinical skills delivery for Core Medical Trainees (CMT). The APS course which is currently delivered to FY2 trainees would seem an ideal starting point for developing a skills curriculum for CMT. The Trust reported that they are currently working on developing this.

**Action To Be Taken:**

The APS programme to be structured and made available for CMT.

**RAG Rating:****Timeline:** 31 October 2013

**Evidence/Monitoring:** APS Programme materials and attendance sheets.

**Condition 20****GMC DOMAIN 1 – PATIENT SAFETY****School of Medicine**

The Panel noted that trainees reported that patients in RHH, with clinical evidence of deterioration (rising SHEW score) did not have access to critical care outreach although the ITU services are undoubtedly excellent.

**Action To Be Taken:**

The Trust to clarify the support available to training grade doctors on the Hallamshire site for the patient with evidence of deterioration, who does not yet meet the entry criteria for HDU/ICU.

**RAG Rating:****Timeline:** 31 August 2013

**Evidence/Monitoring:** Confirmation from the Trust on what support is available to the training grade doctors and a copy of the communication.

**Condition 21****GMC DOMAIN 7 – MANAGEMENT OF EDUCATION & TRAINING****School of Medicine**

Higher Medicine Trainees in Neurology, Rheumatology and Palliative Medicine all reported consistently working beyond contracted hours.

The issue in Neurology had apparently developed as a consequence of inclusion on the Acute Stroke Service within the speciality. Neurology – there are specific concerns with the intensity in neurology. The trainees report completing work diaries and exception reports but that no action is taken.

Within Palliative Medicine there is a specific issue on a Friday afternoon which there appears to be a ready solution for.

As a consequence of these activity issues neither Rheumatology nor Neurology trainees would recommend their current posts.

There seems to be a broader problem regarding exception reporting with a number of pressures combining to make this currently an unreliable system for reflecting true trainee excess working.

**Action To Be Taken:**

- 1) There should be a formal review of activity for the middle grade tier in Neurology and a report as to how activity issues identified can be addressed.
- 2) The Trust to ensure there is the adoption of a more positive approach to exception reporting.

**RAG Rating:****Timeline:** 30 September 2013

**Evidence/Monitoring:** Neurology review report and exception reports.

**Condition 22****GMC DOMAIN 5 – CURRICULUM DELIVERY****Foundation School & School of Medicine**

Department teaching whilst good in some areas was noticeably weak in other areas. Areas that need to review their programme and ensure delivery are as follows:

- Trauma & Orthopaedics
- Oncology
- GUM

**Action To Be Taken:**

The Trust must ensure that the above areas review their departmental teaching programmes.

**RAG Rating:****Timeline:** 31 October 2013**Evidence/Monitoring:** The programme and attendance.**Condition 23****GMC DOMAIN 6 – SUPPORT & DEVELOPMENT****Foundation School**

The trainees reported the absence of a phlebotomy service provision on a Saturday which results in trainees undertaking repetitive, non-educational tasks.

**Action To Be Taken:**

A review of trainee input into routine phlebotomy at the weekends

The Trust to consider expanding the current Phlebotomy Service to a Saturday.

**RAG Rating:****Timeline:** 31 January 2014

**Evidence/Monitoring:** 1) The review  
2) Confirmation of arrangements for Phlebotomy Service provision at weekends

RAG guidance can be found at Appendix 1.

## **RECOMMENDATIONS**

As recommendations are not a condition of training they will not form part of our response to the GMC.

### **BOTH SITES**

#### **Recommendation 1**

##### **GMC DOMAIN 1 – PATIENT SAFETY - Consent**

###### **All Schools**

The panel noted the excellent intranet consent resource which unfortunately few trainees or trainers were aware of.

###### **Action To Be Taken:**

1. Trainees should be told at Department Induction which procedures they are likely in this post to have to consent for.
2. All trainees should be directed to this resource.

**RAG Rating:**



**Timeline:** 31 August 2013

**Evidence/Monitoring:** Copies of Departmental Induction

### **ROYAL HALLAMSHIRE**

#### **Recommendation 2**

##### **GMC DOMAIN 5 – CURRICULUM DELIVERY**

###### **Academic Trainees**

The panel had concerns regarding the use of National Institute for Health Research (NIHR) funding.

###### **Action To Be Taken:**

- 1) Clinical Academic Working Group (CAWG) and the Academic Programme Director to review arrangements for dissemination of information regarding NIHR funding resources available to academic trainees.
- 2) The use of these monies should be monitored by CAWG.

**RAG Rating:**



**Timeline:** 31 September 2013

**Evidence/Monitoring:** 1) Confirmation from the Trust on the NIHR funding arrangements.  
2) CAWG Minutes

### Recommendation 3

#### GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

##### Academic Trainees

Academic trainees are not obliged to complete the Masters program, only relevant components after discussion with their supervisor. However the ability to release trainees did seem to be influencing this decision.

CAWG to work with the Trust to ensure that trainees are released appropriately for relevant components of the Masters program, and to ensure that a record is kept, and regularly reviewed of which components are being accessed.

##### Action To Be Taken:

Consider exploring increasing the flexibility of the certificate diploma and masters of clinical research and clarifying the Academic Committees' expectations of trainees.

**RAG Rating:**



**Timeline:** 31 October 2013

**Evidence/Monitoring:** Evidence from CAWG minutes of discussion between academic supervisors and the Trust over attendance at Masters programs, and of a review of trainee PDP's and Masters components.

### Recommendation 4

#### GMC DOMAIN 6 – SUPPORT & DEVELOPMENT

##### All Schools

Trainees reported concerns regarding the legitimate concerns of female trainees, whilst pregnant, continuing to practice. How do Trust Risk Assessments apply to training medical staff, what alerts are present in the workplace to identify the usual risks, ie Chemotherapy, ionising radiation, other toxic substances

##### Action To Be Taken:

The Trust to consider the risk management issues associated with pregnant workers and consider how the policy can be communicated to trainees and the ward areas.

The Deanery to consider setting standards for Trusts to reduce the risks for pregnant medical trainees.

**RAG Rating:**



**Timeline:** 30 September 2013

**Evidence/Monitoring:** Pregnant Worker Policy and communication to trainees.

Note : Deanery Action

## **FINAL COMMENTS**

The panels across both visit days expressed concern at the relatively low numbers of trainee and trainers who were made available to the visiting team in relation to Foundation, GP VTS and Surgical specialities. These concerns suggested a lack of engagement which if supported by evidence from other sources eg. GMC survey would result in triggered School visits.

### **BOTH SITES**

The GP trainees are pleased with the training they receive, they feel that there is a good broad spectrum; very enthusiastic teaching and that they are well supported with good educational opportunities.

### **NORTHERN GENERAL HOSPITAL**

There appears to be a blame culture throughout the FY1 and FY2 doctors and they are not likely to feel able to raise complaints unlike the Higher Trainees.

The panel noted that there was excellent team working within the medical specialities and the trainees gave positive feedback regarding supervision.

The Cardiology Training days were also well received along with the MS rehabilitation programme.

The Gastro weekly meeting received positive feedback with a valuable mix of service and management, and the Cardiology Modular training was reported as being excellent.

The panel found that there are innovative community placements in Foundation Training.

Trainees reported that they were very well supported by the surgical trainers.

### **ROYAL HALLAMSHIRE**

The medicine trainees reported that they would not recommend their post to workload issues.

Trainees gave positive feedback on the Endocrine Surgeons who are reported as willing to be called out of hours.

The trainees reported that the online system for handover & consent is working really well.

Educational Supervision and study leave arrangements received positive feedback.

All Higher Surgery Trainees would recommend the post.

### **Approval Status**

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

**Signed on behalf of Health Education Yorkshire and the Humber**

**Name: Dr Peter Taylor**

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

**Date: 27/06/2013**

**Signed on behalf of Trust**

**Name: Dr Gill Hood**

**Position: Director of Medical & Dental Education**

**Date: 17/07/2013**

## 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 e.g. 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 e.g. 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, e.g. 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 e.g. 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