LEP Action Plan to Deanery Visit Report

All final reports including the Trust action plan will be sent to the Director of Medical Education and copied to the Chief Executive Officer, Medical Director, RQIA, HSC Board, DHSSPS. Final reports and action plans with names redacted will be published on the NIMDTA website. These reports will be used to inform GMC of both good practice and areas of concern through the Dean's Report.

Local Education Provider (LEP) Visited	Lagan Valley Hospital, South Eastern Trust	**Factual Accuracy Report** (15 working days to respond)	**Date Issued:** 26 June 2018 **Date Trust Response Received:** 26 June 2018
Specialty Visited	General Medicine	**Interim Report and Action Plan Timeline**	**Date Issued:** 18 July 2018 **(For Response by:** 08 August 2018**)** **Date Trust Response Received:** 20 September 2018 **Date Reviewed at QM:** 10 December 2018 **Date QM Updated Action Plan Issued:** 13 December 2018 **Action Plan Update Deadlines: 29 March 2019 (via LEP Quality Report)** **Date Trust Response Received:** **Date Reviewed at QM:**
Type of Visit	Cyclical		
Trust Officers with Postgraduate Medical Education & Training Responsibility	Mr Charles Martyn, Medical Director Dr Craig Renfrew, Director of Medical Education		
Date of Visit	10 May 2018		
QMG Grading Decision & Date	Green x 3 10 December 2018	**Final Report & Action Plan**	**Date Final Action Plan Issued:** **Date Final Report Uploaded to Website:** **Final Report Sent to:** Mr Martyn & Dr Renfrew **Date Final Report Sent:** 13 December 2018

Visit Team Findings against GMC Standards for Training

	Educational and/or Clinical Governance	Area for Improvement / Area of Concern / Area of Significant Concern (at the time of the visit)	Areas Identified by Visit Team:	Trust Action Plan: Please consider the following questions when providing a Trust action plan response: 1. What has been done to date? 2. What are you planning to do? 3. When will these plans be in place?	Lead Individual:	Date to be completed by:	QMG Comment	Risk Rating	Status
1	Clinical Governance	Area for Improvement	**Induction.** Trainees reported that current referral pathways can be confusing and would benefit from made much clearer.	Andrew Kerr has populated a chart with all referral pathways, telephone numbers, contact addresses and names. It was presented it at the August induction and is available on all wards and ED. It will be updated if numbers etc change.	Andrew Kerr	August 2018	The Deanery QM group acknowledge and accept the action provided.	Low Impact / Low Likelihood	Stage 5

2	Clinical Governance	Area for Improvement	**Clinical Supervision.** When a consultant was off on leave, it was not always clear who was responsible for their inpatients. Trainees felt that there needed to be a better-structured plan in these situations, so that they knew whom to contact for advice.	This remains a work in progress. All consultants have been asked to provide Medical Education Secretary with all cover arrangements for when they are on leave. At each Wednesday meeting if there is a consultant on leave, Educational Lead will outline who the covering consultant is. No patients admitted under a consultants name if they are on holiday. We are focused on this more and highlight to patient flow not to admit under a consultant who is on leave. Will be reviewed Nov 2018.	Dr R Kelly	November 2018	The Deanery QM group will request an update in the **mid-year LEP Quality Report** due for submission on **29 March 2019**.	Low Impact / Low Likelihood	Stage 2
3	Educational Governance	Area for Improvement	**Trainer Support.** The workload for educational supervision falls upon one Trainer. This role should be spread amongst the consultant team.	Over the next year Drs Harding and Renfrew will review this situation to lessen Dr Kellys burden.	Dr Harding/ Renfrew	Jan 2019	The Deanery QM group will request an update in the **mid-year LEP Quality Report** due for submission on **29 March 2019**.	Low Impact / Medium Likelihood	Stage 2

Good Practice Items / Areas Working Well from Visit Report [if applicable]

Good Practice (includes areas of strength, good ideas and innovation in medical education and training):
There were no areas of good practice identified.

Areas Working Well
1. Trust and Local induction is efficient and comprehensive. **2.** Clinical supervision is good. **3.** F1 overall experience is good and the trainees feel part of a team. **4.** The ACCS placement is targeted to training needs. **5.** CTs get good access to outpatient clinics. **6.** Local teaching is good. **7.** Educational supervision is good. **8.** There is good support from nursing staff.

Impact, Likelihood & Risk

The above points have been graded by the Quality Management Group in accordance with the GMC's risk and status ratings below.

'Impact'

Impact takes into account:

- Patient or trainee safety.
- The risk of trainees not progressing in their training.
- Education Experience. For example, the educational culture, the quality of formal / informal teaching etc.

An issue 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. Or 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. Or patients within the training environment are receiving safe care, but the quality of their care is recognised as requiring improvement.

Low Impact: issues have a minimal impact on a trainee's education and training, or the quality of provision for the patient.

'Likelihood'

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

High Likelihood: the issue 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 issue. For example, if rotas have consistent gaps so that there is a lack of safe cover arrangements, the likelihood of issues arising as a result would be 'high'.

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

Low Likelihood: the issue is unlikely to occur again. For example, if a rota has a gap because of several unexpected sickness absences occurring at once, the likelihood of issues arising as a result would be 'low'.

'Risk'

Risk if then determined by both the impact and likelihood and will result in a RAG rating according to the below matrix:

Risk Rating

LIKELIHOOD ↓ **IMPACT** →	LOW	MEDIUM	HIGH
LOW	GREEN	GREEN	AMBER
MEDIUM	GREEN	AMBER	RED
HIGH	AMBER	RED	RED

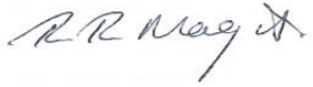
Status Ratings

Stage 1: **NEW CONCERN IDENTIFIED** - a concern has been identified and an action plan is not yet in place.
Stage 2: **PLAN IN PLACE** - an action plan for improvement is in place but has not been fully implemented and evaluated.
Stage 3: **PROGRESS BEING MONITORED** - there is continuing monitoring and evaluation of actions but no evidence of change has been demonstrated.
Stage 4: **CHANGE SUSTAINED** - actions have been implemented and there is evidence of improvement through monitoring.
Stage 5: **CLOSE CONCERN** - solutions are verified or there is evidence of sustained improvement over an appropriate time period. If this is an open item on the GMC Dean's Report, a request will be made to the GMC to close the concern.

New GMC Standards for Medical Education and Training [Promoting Excellence - Jan 2016]

Theme 1: Learning Environment & Culture	**Theme 2:** Educational Governance & Leadership	**Theme 3:** Supporting Learners	**Theme 4:** Supporting Educators	**Theme 5:** Developing and Implementing Curricula and Assessments
S1.1: The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families. **S1.2:** The learning environment and organisational culture value and support education and	**S2.1:** The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against our standards, demonstrating accountability, and responding when standards are not being met. **S2.2:** The educational and clinical governance systems are integrated, allowing organisations to address	**S3.1:** Learners receive educational and pastoral support to be able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by the curriculum.	**S4.1:** Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities. **S4.2:** Educators receive the support, resources and time to meet their education and training responsibilities.	**S5.2:** Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.

training so that learners are able to demonstrate what is expected in *Good Medical Practice* and to achieve the learning outcomes required by their curriculum.	concerns about patient safety. **S2.3:** The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.			

Additional Comments from the Trust:	
On Behalf of the Trust: Director of Medical Education	**Signature:**  **Date:**