

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	Craigavon Area Hospital, Southern Trust	Factual Accuracy Report (15 working days to respond)	Date Issued: 06 November 2020 Date Trust Response Received: 09 November 2020								
Specialty Visited	General Surgery	Interim Report and Action Plan Timeline	Date Issued: 09 November 2020 For Response by: 30 November 2020 Date Trust Response Received: 07 January 2021 Date Reviewed at QM: 22 January 2021								
Type of Visit	Cyclical										
Trust Officers with Postgraduate Medical Education & Training Responsibility	Dr Gail Browne, Director of Medical Education Mr Simon Gibson, Assistant Director – MD's Office Mrs Kelly Wylie, Medical Education Manager										
Date of Visit	30 October 2020										
QMG RAG Decision & Date	<table border="1"> <tr> <td>Red</td> <td>Amber</td> <td>Green</td> <td>White¹</td> </tr> <tr> <td>0</td> <td>1</td> <td>0</td> <td>0</td> </tr> </table>	Red	Amber	Green	White ¹	0	1	0	0	Final Report & Action Plan	Date Final Action Plan Issued: 26 January 2021 Date Final Report Uploaded to Website: Final Report Sent to: Dr Brown, Mr Gibson & Mrs Wylie Date Final Report Sent: 26 January 2021
	Red	Amber	Green	White ¹							
0	1	0	0								
22 January 2021											

¹ Risks identified during the visit which were closed through action planning by the time of the final report.

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	RAG Rating	Status
1	Clinical Governance	Area of Concern	EWTR Compliance (R1.12e). The rotas for ST3+ trainees are Band 3 and not EWTR compliant.	<p>The General Surgery Department has tried to recruit permanent Trust Middle Grades to support this rota, however all recruitment attempt have been unsuccessful. Until there are more Doctors available to staff this rota it will remain as Band 3.</p> <p>The General Surgery Department is currently reviewing the way in which they deliver their emergency service across two acute sites, with the proposal to bring all emergencies to one site. Part of this project will be to review the junior doctor rotas.</p>	Mr C Weir, Clinical Director & Mrs A Nelson, Head of Service		<p>The Deanery QM group thank the Trust for the update provided.</p> <p>This item is now closed on this action plan. The next written update will be requested in the Mid-Year LEP Quality Report due 31st March 2021.</p>	Low Impact/ High 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):
1. The Trainee Hub is a recent development within the Trust driven by one of the Adept Fellows with management interest. Trainees can access this and have problems resolved rapidly.

Areas Working Well

1. This is an excellent training unit with excellent performance regarding clinical supervision, practical experience (in a very difficult time regarding the pandemic).
2. Comprehensive handover.
3. Regular teaching sessions attended by consultant staff.
4. Induction.
5. There is an excellent relationship with senior clinical staff and also management within the Trust. As a result several trainees reported that “this was the best place to work”.

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 is 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
<p>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.</p> <p>S1.2: The learning environment and organisational culture value and support education and training so that learners are able</p>	<p>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.</p> <p>S2.2: The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety.</p>	<p>S3.1: Learners receive educational and pastoral support to be able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by the curriculum.</p>	<p>S4.1: Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.</p> <p>S4.2: Educators receive the support, resources and time to meet their education and training responsibilities.</p>	<p>S5.2: Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by their curriculum.</p>

to demonstrate what is expected in <i>Good Medical Practice</i> and to achieve the learning outcomes required by their curriculum.	S2.3: The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.			
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Additional Comments from the Trust:

On Behalf of the Trust: Director of Medical Education	Signature:
	Date: