

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>10</b>
<b>Date of Meeting:</b>	<b>27 September 2017</b>		

<b>Title of Report:</b>	<b>Medical Revalidation Annual Report for 2016/17</b>
<b>Status:</b>	<b>For Information</b>
<b>Board Sponsor:</b>	<b>Dr Tim Craft, Medical Director and Responsible Officer</b>
<b>Authors:</b>	<b>Dr Tim Craft, Medical Director, Dr Anu Garg, Medical Appraisal Lead Angela Hayday, Associate Director of Organisational &amp; People Development Sue Davis, Head of Human Resources</b>
<b>Appendices</b>	<b>Appendix 1: Audit of missed/incomplete appraisals 2014/15 Appendix 2: Quality assurance audit of appraisal inputs and outputs Appendix 3: Audit of revalidation recommendations Appendix 4: Audit of concerns about a doctor's practice Appendix 5: Audit of recruitment and engagement background checks Appendix 6: Statement of Compliance</b>

<b>1. Executive Summary of the Report</b>
This is a summary of Medical Revalidation during 2016/2017 at the RUH.

<b>2. Recommendations (Note, Approve, Discuss)</b>
The Board is asked to note the report and approve the statement of compliance (see Appendix 6) confirming that the organisation, as a designated body, is in compliance with the regulations.

<b>3. Legal / Regulatory Implications</b>
None

<b>4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)</b>
None

<b>5. Resources Implications (Financial / staffing)</b>
None

<b>6. Equality and Diversity</b>
Not applicable

<b>7. References to previous reports</b>
The 2013/14, 2014/15 and 2015/16 Medical Revalidation reports

<b>8. Freedom of Information</b>
Public

## Medical Revalidation Annual Board Report for 2016/17

### 1. Executive Summary

The RUH's Annual Organisation Audit (AOA) return to NHS England for the year ending 31st March 2017 reported that 272 doctors had a prescribed connection with the RUH.

The number of doctors with whom the RUH has a prescribed connection and who had completed an annual appraisal between 1st April 2016 and 31st March 2017 was 238.

### 2. Purpose of the Paper

The purpose of this report is to inform the Board how the Trust is meeting its obligations in relation to medical appraisal and revalidation, to highlight any issues, and note actions required to address these issues.

### 3. Background

Medical revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

Provider organisations have a statutory duty to support their Responsible Officers (RO) in discharging their duties under the Responsible Officer Regulations<sup>1</sup> and it is expected that provider boards will oversee compliance by:

- monitoring the frequency and quality of medical appraisals in their organisations;
- checking there are effective systems in place for monitoring the conduct and performance of their doctors;
- confirming that feedback from patients and colleagues is sought periodically so that their views can inform the appraisal and revalidation process for their doctors; and
- Ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

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<sup>1</sup> The Medical Profession (Responsible Officers) Regulations, 2010 as amended in 2013' and 'The General Medical Council (Licence to Practise and Revalidation) Regulations Order of Council 2012'

#### 4. Governance Arrangements

High level compliance of appraisal is reported to Management Board on a monthly basis via the scorecard. The HR Business Partners have a responsibility to work within their Division to develop plans to improve compliance.

An accurate list of prescribed connections is maintained by Alison Stead, HR Project Officer.

This report forms part of the process of internal assurance for the Board.

##### Policy and Guidance

The Medical Appraisal policy was originally ratified in October 2012 and was revised in February 2016.

#### 5. Medical Appraisal

##### a. Appraisal and Revalidation Performance Data

The Trust's records show the following:

- 272 doctors had a prescribed connection with the Trust
  - 238 doctors were recorded as having a completed appraisal
  - 0 doctors were under a GMC remediation/disciplinary process
- (See Appendix 1; Audit of all missed or incomplete appraisals audit)

##### b. Appraisers

New appraiser training has been provided to all medical appraisers. The Trust has trained 56 appraisers. The training is provided by Effective Professional Interactions (EPI) and the content follows national guidance.

Continuous development of appraisers is supported by appraisal training sessions held twice per year (June and December). The content is informed by development needs raised by medical appraisers with the RO and by issues raised at the regional appraiser network meeting.

##### c. Quality Assurance

Quality Assurance of medical appraisal at the RUH continues peer approved and external training of the Trusts Medical Appraisers. This has been reinforced by feedback to both appraisees and appraisers during regular update meetings with the Responsible Officer and Appraisal Lead. In addition, annual appraisals completed during the revalidation year are only signed off if there is completed 360 degree feedback from both patients and colleagues covering the full scope of practice. We have mandated that the peer and patient feedback occurs in year four of a five year cycle. Following sign off, revalidation year appraisals are scrutinised by the

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Responsible Officer so that a recommendation can be made to the GMC. Where the recommendation has been to seek deferral of revalidation this has been because insufficient evidence was found to support a recommendation of revalidation (almost always because 360 feedback and reflection had not been completed).

Dr Garg was appointed as Appraisal Lead in June 2014. He has been tasked to organise processes with the 58 appraisers to ensure quality assurance to the appraisal process for permanent medical staff.

Dr Garg continuously reviews the number of appraisals conducted by appraisers to ensure a minimum quantity. There is also a cap on the maximum number to allow greater equity of conducted appraisals within and out of department.

Dr Garg has randomly assessed 2 appraisals per appraiser and applies the Appraisal Summary and PDP Audit Tool (ASPAT) to review and score the quality of the appraisal outputs. To date the appraisal outputs are of satisfactory standard.

Dr Garg and Dr Craft either attend, or read, the outputs from the RO Network meetings held quarterly. Appraisers have been involved in co-creating the Quality Assurance programme.

(See Appendix 2; Quality assurance audit of appraisal inputs and outputs)

### External Quality Assurance

In addition, during the last year two external pieces of quality assurance regarding medical appraisal and revalidation were undertaken.

- As part of the internal audit programme, KPMG examined Medical Revalidation at the RUH and afforded it **Significant Assurance**
- The Trust also benefitted from a Higher Level Responsible Officer Quality Review conducted by NHS England in May 2017. The summary report cited a number of areas of good practice as well as offering suggestions for continued improvement. Actions have been developed to take advantage of these opportunities.

#### **d. Access, Security and Confidentiality**

Individual portfolios and supporting information for Medical Appraisal at the RUH are recorded using a web-based system (Equiniti) with high levels of security. No issues of inappropriate access have been recorded. No patient identifiable data has been found in appraisal documentation and the system includes frequent reminders to appraisees not to upload patient attributable information.

#### **e. Clinical Governance**

The Equiniti system prompts appraisees to upload supporting information for each of the domains of *Good Medical Practice* covering each doctor's full scope of practice.

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Where that scope of practice arises from employment at the RUH, the Trust supports appraisees by informing them when a patient under their care has suffered an adverse event. Where that event is serious, they are required to participate in a 72 hour meeting and subsequent root cause analysis. Should a patient suffer a Never Event, in addition to the above, the GMC would be informed about the involvement of individual practitioners. Similarly, where complaints and compliments have been received by the Trust, individuals involved are informed. Clinical Leads are asked to verify satisfactory/unsatisfactory progress and any clinical incidents and complaints to the appraiser, if the clinical lead is not the appraiser.

The Trust also trains senior doctors in how to access performance information from Dr Foster.

In electing to purchase the Equiniti system, the Trust considered the benefit of the automatic link between individual portfolios and Royal College databases that doctors can establish when they initiate their Equiniti account.

(See Appendix 4; Audit of concerns about a doctor’s practice)

## 6. Revalidation Recommendations

Number of recommendations between 1 April 2016 – 31 March 2017:

Recommendations completed on time 17; not on time 0

Positive recommendations – 17

Deferrals requests – 7

Non engagement notifications 0

See Appendix 3 - Audit of revalidation recommendations

## 7. Recruitment and Engagement Background Checks

All pre and post employment checks for all staff, including locums, are in line with NHS Employers guidance.

(See Appendix 5; Audit of recruitment and engagement background checks)

## 8. Monitoring Performance

The performance of all doctors is monitored through the Divisional and departmental performance and governance meetings.

## 9. Responding to Concerns and Remediation

Issues raised regarding doctors’ competency/conduct are dealt with as appropriate – either informally or by using the Department of Health’s document “Maintaining High Professional Standards in the Modern NHS”.

(See Appendix 4; Audit of concerns about a doctor’s practice)

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**10. Risks and Issue**

None

**11. Board Reflections**

Medical appraisal for non-training staff at the RUH continues to develop. 100% of recommendations made to the GMC were made on or before the due date in 2016/17

**12. Corrective Actions, Improvement Plan and Next Steps**

Having established the systems for 'new' medical appraisal and for making revalidation recommendations, the focus is now on quality assuring the appraisal process and standardising appraisals between different appraisers

**13. Recommendations**

The Board is asked to note this report and that it, along with the annual audit, will be shared with the higher level responsible officer.

The Board is asked to approve the 'statement of compliance' at Appendix 6 confirming that the organisation, as a designated body, is in compliance with the regulations

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### Appendix 1 - Audit of all missed or incomplete appraisals audit

<b>Doctor factors (total)</b>	<b>Number</b>
Maternity leave during the majority of the 'appraisal due window'	5
Sickness absence during the majority of the 'appraisal due window'	
Prolonged leave during the majority of the 'appraisal due window'	
Suspension during the majority of the 'appraisal due window'	Data Not Collected
New starter within 3 month of appraisal due date	
New starter more than 3 months from appraisal due date	
Postponed due to incomplete portfolio/insufficient supporting information	7 deferrals
Appraisal outputs not signed off by doctor within 28 days	Data Not Collected
Lack of time of doctor	Data Not Collected
Lack of engagement of doctor	Data Not Collected
Other doctor factors	Data Not Collected
(describe)	
<b>Appraiser factors</b>	<b>Number</b>
Unplanned absence of appraiser	Data Not Collected
Appraisal outputs not signed off by appraiser within 28 days	Data Not Collected
Lack of time of appraiser	Data Not Collected
Other appraiser factors (describe)	Data Not Collected
(describe)	
<b>Organisational factors</b>	<b>Number</b>
Administration or management factors	Data Not Collected

Failure of electronic information systems	Data Not Collected
Insufficient numbers of trained appraisers	Data Not Collected
Other organisational factors (describe)	Data Not Collected



### Appendix 2 - Quality assurance audit of appraisal inputs and outputs

Total number of appraisals completed		238
	Number of appraisal portfolios sampled (to demonstrate adequate sample size) 42	Number of the sampled appraisal portfolios deemed to be acceptable against standards  42
Appraisal inputs		Data Not Collected
Scope of work: Has a full scope of practice been described?	Yes	Yes
Continuing Professional Development (CPD): Is CPD compliant with GMC requirements?	Yes	Yes
Quality improvement activity: Is quality improvement activity compliant with GMC requirements?	Yes	Yes
Patient feedback exercise: Has a patient feedback exercise been completed?	Yes once in every individual's revalidation cycle	
Colleague feedback exercise: Has a colleague feedback exercise been completed?	Number	Number
Review of complaints: Have all complaints been included?	Data Not Collected	Data Not Collected
Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included?	Data Not Collected	Data Not Collected
Is there sufficient supporting information from all the doctor's roles and places of work?	Yes	Yes
Is the portfolio sufficiently complete for the stage of the revalidation cycle (year 1 to year 4)? Explanatory note: For example <ul style="list-style-type: none"> <li>Has a patient and colleague feedback exercise been completed by year 3?</li> <li>Is the portfolio complete after the appraisal which precedes the revalidation recommendation (year 5)?</li> <li>Have all types of supporting information been included?</li> </ul>	Yes	Yes
Appraisal Outputs		
Appraisal Summary	100%	100%
Appraiser Statements	100%	100%
Personal Development Plan (PDP)	100%	100%

### Appendix 3 - Audit of revalidation recommendations

Revalidation recommendations between 1 April 2016 to 31 March 2017	
Recommendations completed on time (within the GMC recommendation window)	17
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
<b>TOTAL</b>	<b>17</b>
Primary reason for all late/missed recommendations For any late or missed recommendations only one primary reason must be identified	N/A
No responsible officer in post	N/A
New starter/new prescribed connection established within 2 weeks of revalidation due date	N/A
New starter/new prescribed connection established more than 2 weeks from revalidation due date	N/A
Unaware the doctor had a prescribed connection	N/A
Unaware of the doctor's revalidation due date	N/A
Administrative error	N/A
Responsible officer error	N/A
Inadequate resources or support for the responsible officer role	N/A
Other	N/A
Describe other	
<b>TOTAL [sum of (late) + (missed)]</b>	<b>0</b>

### Appendix 4 - Audit of concerns about a doctor's practice

Concerns about a doctor's practice	High level <sup>2</sup>	Medium level <sup>2</sup>	Low level <sup>2</sup>	Total
Number of doctors with concerns about their practice in the last 12 months Explanatory note: Enter the total number of doctors with concerns in the last 12 months. It is recognised that there may be several types of concern but please record the primary concern				0
Capability concerns (as the primary category) in the last 12 months				0
Conduct concerns (as the primary category) in the last 12 months				0
Health concerns (as the primary category) in the last 12 months				0
<b>Remediation/Reskilling/Retraining/Rehabilitation</b>				
Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2017 who have undergone formal remediation between 1 April 2016 and 31 March 2017 <i>Formal remediation is a planned and managed programme of interventions or a single intervention e.g. coaching, retraining which is implemented as a consequence of a concern about a doctor's practice</i> <i>A doctor should be included here if they were undergoing remediation at any point during the year</i>				0
Consultants (permanent employed staff including honorary contract holders, NHS and other government /public body staff)				
Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS and other government /public body staff)				0
General practitioner (for NHS England area teams only; doctors on a medical performers list, Armed Forces)				0
Trainee: doctor on national postgraduate training scheme (for local education and training boards only; doctors on national training programmes)				0
Doctors with practising privileges (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)				0
Temporary or short-term contract holders (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical				0

<sup>2</sup> [http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/rst\\_gauging\\_concern\\_level\\_2013.pdf](http://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/03/rst_gauging_concern_level_2013.pdf)

research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc) All Designated Bodies	
Other (including all responsible officers, and doctors registered with a locum agency, members of faculties/professional bodies, some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc) All Designated Bodies	0
TOTALS	0
<b>Other Actions/Interventions</b>	
Local Actions:	
Number of doctors who were suspended/excluded from practice between 1 April and 31 March: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included	0
Duration of suspension: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included Less than 1 week 1 week to 1 month 1 – 3 months 3 - 6 months 6 - 12 months	0
Number of doctors who have had local restrictions placed on their practice in the last 12 months?	0
GMC Actions: Number of doctors who:	0
Were referred by the designated body to the GMC between 1 April and 31 March	0
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 April and 31 March	0
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 April and 31 March	0
Had their registration/licence suspended by the GMC between 1 April and 31 March	0
Were erased from the GMC register between 1 April and 31 March	0
National Clinical Assessment Service actions:	0
Number of doctors about whom the National Clinical Advisory Service (NCAS) has been contacted between 1 April and 31 March for advice or for assessment	0
Number of NCAS assessments performed	0

### Appendix 5 - Audit of recruitment and engagement background checks

Number of new doctors (including all new prescribed connections) who have commenced in last 12 months (including where appropriate locum doctors)																
Permanent employed doctors															15	
Temporary employed doctors															226	
Locums brought in to the designated body through a locum agency															52	
Locums brought in to the designated body through 'Staff Bank' arrangements															375	
Doctors on Performers Lists															0	
Other															Not recorded on ESR	
Explanatory note: This includes independent contractors, doctors with practising privileges, etc. For membership organisations this includes new members, for locum agencies this includes doctors who have registered with the agency, etc																
TOTAL															388	
For how many of these doctors was the following information available within 1 month of the doctor's starting date (numbers)																
	Total	Identity check	Past GMC issues	GMC conditions or undertakings	On-going GMC/NCAS investigations	Disclosure and Barring Service (DBS)	2 recent references	Name of last responsible officer	Reference from last responsible officer	Language competency	Local conditions or undertakings	Qualification check	Revalidation due date	Appraisal due date	Appraisal outputs	Unresolved performance concerns
Permanent employed doctors	15	15	0	0	0	0	Not recorded	Not recorded	Not recorded	GMC registered	0	15	15	15	NA	0
Temporary employed doctors	226	226	0	0	0	0	Not recorded	Not recorded	Not recorded	GMC registered	0	226	226	226	NA	0
Locums brought in to the	SLA															

designated body through a locum agency																
Locums brought in to the designated body through 'Staff Bank' arrangements	-69	-69	0	0	0	0	Not recorded	Not recorded	Not recorded	GMC registered	0	-69	69	69	N/A	0
Doctors on Performers Lists	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other (independent contractors, practising privileges, members, registrants, etc)	NOT RECORDED ON ESR															
Total			0	0	0	0	Not recorded	Not recorded	Not recorded	GMC registered	0				N/A	0



For Providers of healthcare i.e. hospital trusts – use of locum doctors:  
 Explanatory note: Number of locum sessions used (days) as a proportion of total medical establishment (days)  
 The total WTE headcount is included to show the proportion of the posts in each specialty that are covered by locum doctors

Locum use by specialty:	Total establishment in specialty (current approved WTE headcount)	Consultant: Overall number of locum days used	SAS doctors: Overall number of locum days used	Trainees (all grades): Overall number of locum days used	Total Overall number of locum days used
Surgery		267	22	444	733
Medicine		85		1286	1371
Psychiatry	N/A	0		0	0

Obstetrics/Gynaecology		6		100	106
Accident and Emergency		51	42	172	265
Anaesthetics		3		243	246
Radiology		85		172	257
Pathology		0		0	0
Other	N/A		24	154	178
Total in designated body (This includes all doctors not just those with a prescribed connection)				31	31
Number of individual locum attachments by duration of attachment (each contract is a separate 'attachment' even if the same doctor fills more than one contract)	Total	Pre-employment checks completed (number)	Induction or orientation completed (number)	Exit reports completed (number)	Concerns reported to agency or responsible officer (number)
2 days or less	170				zero
3 days to one week	120				
1 week to 1 month	100				
1-3 months	33				
3-6 months	4				
6-12 months	0				
More than 12 months	0				
Total					

## Appendix 6 - Designated Body Statement of Compliance

The Board can confirm that

- an AOA has been submitted,
- the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013)
- and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

The Medical Director holds this position.

2. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained;

The Trust records all information relating to medical practitioner revalidation in a web enabled medical revalidation system. A system is in place to ensure that the records are checked monthly in order to maintain accurate records.

The Trust uses the interface from the Electronic Staff Record to check all the medical practitioners are registered appropriately with their designated body.

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

The Trust has 272 doctors with a prescribed connect and the Trust has trained 58 appraisers. In addition, medical staff have access to a further 2 trained medical appraisers due to reciprocal arrangements with a local hospice.

4. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers<sup>3</sup> or equivalent);

The RO facilitates on-going performance review and training events with medical appraisers twice a year. The Medical Appraiser Lead, using the Progress tool, peer reviews the appraisal outputs. In addition, the RO reviews the quality of medical appraisal using RMS on a monthly basis.

5. All licensed medical practitioners<sup>4</sup> either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;

Confirmed

<sup>3</sup> <http://www.england.nhs.uk/revalidation/ro/app-syst/>

<sup>4</sup> Doctors with a prescribed connection to the designated body on the date of reporting.



6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners<sup>1</sup> (which includes, but is not limited to, monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues) and ensuring that information about these matters is provided for doctors to include at their appraisal;

Confirmed

7. There is a process established for responding to concerns about any licensed medical practitioners<sup>1</sup> fitness to practise;

Confirmed

8. There is a process for obtaining and sharing information of note about any licensed medical practitioner's fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where the licensed medical practitioner works;<sup>5</sup>

Confirmed

9. The appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that all licenced medical practitioners<sup>6</sup> have qualifications and experience appropriate to the work performed;

As part of the recruitment process all pre-employment checks are carried out prior to commencement of doctors employed by the Trust. Framework Agencies are used initially if agency doctors are required. This ensures all appropriate pre-employment checks are in place – CVs are checked by the appropriate Consultant to ensure the agency doctor has the appropriate qualifications etc.

If non-framework agencies are used, the Staffing Solutions Department ensures all appropriate pre-employment checks are carried out.

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: Royal United Hospitals Bath NHS Foundation Trust

Name: Mr James Scott

Signed: \_\_\_\_\_

Role: Chief Executive

Date: \_\_\_\_\_

<sup>5</sup> The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:  
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>