General Medical Council

# Visit to The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

This visit is part of a regional review and uses a risk-based approach. For more information on this approach see the General Medical Council website.

## Review at a glance

### About the visit

| | |
|---|---|
| **Visit date** | 4 November 2015 |
| **Site visited** | Queen Elizabeth Hospital King's Lynn |
| **Programmes reviewed** | Undergraduate: School of Clinical Medicine at the University of Cambridge and Norwich Medical School at the University of East Anglia.<br><br>Postgraduate: General surgery, trauma and orthopaedics, and medicine. |
| **Areas of exploration** | Patient safety, balance between service delivery and training, induction, handover, medical education organisation, management and leadership, quality management processes, equality and diversity, placements and curriculum delivery, support for students and doctors in training, training and support for educators, transfer of information, rotas. |
| **Were any patient safety concerns identified during the visit?** | No |
| **Were any significant educational concerns** | No |

| | |
|---|---|
| **identified?** | |
| **Has further regulatory action been requested via enhanced monitoring?** | No |

# Summary

**1** Queen Elizabeth Hospital is a 488-bed general hospital in King's Lynn. It offers a range of specialist, acute, obstetrics and community-based services for people across most of King's Lynn, Wisbech, Hunstanton, Downham Market and Swaffham.

**2** We visited Queen Elizabeth Hospital King's Lynn NHS Foundation Trust as part of the GMC's regional review of undergraduate and postgraduate medical education and training in the East of England. During the visit we met with doctors at foundation, core and higher level within general surgery, trauma, orthopaedics and medicine. We also met with students from Cambridge School of Clinical Medicine and Norwich Medical School.

**3** In general, we found the provision of education and training within the Trust to be good. The medical students we met were positive about the training they had received, reporting that they feel supported by doctors in training and consultants at the Trust and that they receive good clinical exposure. The doctors in training we met also described a supportive environment, although concerns regarding workload and rota gaps for foundation doctors were identified. We were impressed with the engagement and enthusiasm of the senior management team and its support for education and training at the trust as a whole.

| **Areas of exploration: summary of findings** | |
|---|---|
| **Patient safety** | The students and doctors in training we met with over the course of the visit were aware of their duty to report patient safety issues. Whilst the Cambridge School of Clinical Medicine students we met with were not aware of a formalised process for raising patient safety concerns, they indicated that if they had concerns they would raise these with someone they felt comfortable talking to at the LEP, or contact their medical school. Students were also aware of the existence of a whistleblowing/raising concerns policy but indicated that they would not know where to find it. Norwich medical students said that they would know who to contact if they had patient safety concerns and were aware of Datix (the incident reporting system).<br><br>Doctors in training we met with were aware of Datix but indicated that it was more commonly used by other health professionals, such as the nursing staff. |

| | |
|---|---|
| | Foundation doctors currently within surgery mentioned fortnightly departmental governance meetings where concerns raised through Datix were discussed.<br><br>Overall, the students and doctors in training were aware that policies existed regarding the raising of concerns, but it was not always clear where they could be found. Foundation doctors in training in particular reported not receiving feedback on concerns they had raised, and that they often are not aware of actions taken following a concern being received. We heard of regular meetings taking place to discuss concerns raised through Datix within surgery, and we further encourage this process to ensure that errors are rectified and that there are no further implications for patient safety going forward. |
| **Balance between service and training provision** | Over the course of the visit we heard that the pressures of service can at times impact negatively on the provision of training at the trust. Workload is noted as being particularly high within the medical assessment unit (MAU) out of hours by foundation doctors in training, for example.<br><br>Discussion with the senior management team highlighted recruitment issues due to the location of the site, and we heard of some initiatives in place to address this challenge (see recommendation 1).<br><br>We heard clear distinctions between the experience of higher and foundation trainees within surgery. Whilst foundation doctors felt the balance between service and education is much heavier on the service side, doctors in higher training within surgery indicated that there is a very good balance between service and education.<br><br>We heard that higher specialty trainees within surgery greatly valued the training opportunities they have at the trust, indicating that they do not feel they are there as a service provision. They commented that Queen Elizabeth is an excellent location for a first year registrar, and we heard that they have access to six theatre sessions a week. They were also very complimentary of the consultant |

| | |
|---|---|
| | support they receive. They noted that consultants push them but are very supportive and clinics are always supervised by a consultant. This is extremely encouraging to hear.<br><br>Whilst the balance between service and education for more senior trainees is clearly working well, it appears that the current balance has the potential to impact negatively on the experience of foundation doctors in training. However, discussion with the management team indicates that they are aware of this and that action is being taken to improve the situation. Clinical and educational supervisors also indicated that the executive are very supportive of education, and we would encourage this engagement to continue (see area of improvement 2). |
| **Induction** | The quality and consistency of induction was found to be varied across departments.<br><br>Cambridge School of Clinical Medicine students we met with suggested that not all departments had student inductions, including medicine and surgery, and that they are not always shown how to use systems. Foundation doctors also felt there were significant gaps in the induction process within surgery, such as accessing systems and how to use them. We heard from doctors in core medical training that the induction they had was disorganised.<br><br>In contrast, higher doctors training in surgery described a two day induction which they felt is very thorough. We heard that they also had an induction with the Medical Director and Chief Executive where they discussed the current challenges the trust faced, which was found to be useful. |
| **Handover** | We heard from the senior management team that a handover system has been developed in order to address patient tracking issues. Foundation doctors in medicine recognise the development of a new electronic system, which they are hopeful, will improve current issues with the paper handover system.<br><br>We heard positive feedback from doctors training |

| | |
|---|---|
| | within surgery, who indicated that there is a structured handover and that all the team are present for the morning handover.<br><br>We are pleased to hear that issues with handover identified through previous visits are in the process of being addressed, and that improvements, whilst in their infancy, are evident. |
| **Medical education organisation, management and leadership** | The senior management team at the trust indicated that they have a good relationship with Health Education East of England (HEEoE). We heard that HEEoE has recently developed requirements around educational supervision, which the Trust have found helpful in ensuring consistency across the region.<br><br>In regards to engagement in the undergraduate curriculum, the flow of information between the LEP and both Norwich's and Cambridge's medical schools seems to be working well. We heard from the education management team that the trust is kept up to date with any changes to the curricula, although they would value opportunities to input into the development of the curricula of both medical schools.<br><br>Overall, we are pleased to see management engagement in postgraduate education, and that they are keen to have direct input into curriculum changes at an undergraduate level. |
| **Quality management processes** | The trust has regular quality management visits by HEEoE and both Norwich and Cambridge medical schools. The trust also provides an annual quality management return to HEEoE so that it is aware of developments in the trust.<br><br>The medical students and doctors in training we met with indicated that they are asked to provide feedback to the trust at the end of each placement. Students also reported that they receive feedback on changes that have been made as a result of their comments, indicating an effective quality management process.<br><br>We found that the senior management team has a good level of engagement with education, and recent |

| | |
|---|---|
| | developments such as the junior doctor forum are recognised as useful mechanisms for allowing concerns regarding education to be heard (see area of improvement 1).<br><br>From discussions with students, doctors in training and staff throughout the visit, it appears that quality control systems within the trust are working well. |
| **Placements and curriculum delivery** | Discussion with the education management team and the clinical and educational supervisors indicate that teaching staff have a good understanding of the undergraduate curricula for both medical schools. The visiting team felt that this is of great importance considering the difference between the two curricula and the structure of their placements.<br><br>We heard from students that clinical supervisors are keen to teach and are receptive to making changes to teaching, although some Cambridge students felt that teaching at the trust is not always targeted to their curriculum. Whilst clinical and educational supervisors demonstrated an understanding of both curricula, they indicated that they have a clearer understanding of the Norwich curriculum structure.<br><br>Students also reported that they have good access to theatre and clinics, and that they are actively encouraged to attend by their supervisors. This was mirrored in discussion with the surgical consultants who indicated that students are always accommodated in theatre.<br><br>Doctors training within surgery found that regional teaching is well organised and focused and that they are always released to attend. Orthopaedics teaching in particular is highlighted as being very detailed, with scheduled sessions every Wednesday. Foundation doctors in medicine also said they have protected teaching time and regular teaching. Doctors in core medical training said they have plenty of opportunities on the wards to get procedures done.<br><br>We heard from foundation doctors that they feel they are getting the required experience in order to satisfy |

| | |
|---|---|
| | the foundation requirements. However they feel that teaching here is not necessarily mapped to the foundation year 2 programme.<br><br>Doctors training in surgery feel this is a good place to work, we heard they are getting six theatre sessions a week and are pushed by the Consultants, but feel very well supported.<br><br>Discussions with multiple groups of students and doctors in training indicate that teaching at the Trust is working well. For foundation doctors in training, this should continue to be monitored to ensure that the current opportunities to attend teaching remain, in spite of service pressures. |
| **Support for students and doctors in training, including supportive environment** | We heard that foundation year 2 doctors and doctors in core medical training work as regional supervisors for students, and that those who are interested in this role are interviewed to ensure they are suited to supervising students. Foundation year 1 doctors within surgery are particularly complimentary when discussing the support they receive from core medical trainees and foundation year 2 doctors within the MAU.<br><br>In discussion with students from both medical schools, it is clear that they feel very supported through their placements. Students from Cambridge School of Clinical Medicine said the trust was a friendly place to work and if they had concerns about their welfare they would know who to contact. Some students had experience of requiring welfare support and reported that in these instances the trust responded fairly quickly. All students we met with indicated that they are always appropriately supervised, and that there is an open door policy at the LEP. In particular we heard students are receiving good clinical exposure and supervision at the trust, with haematology and dermatology training specifically highlighted.<br><br>Doctors in core medical training said they feel there are people at the trust they can talk to and that they feel listened to. Foundation doctors in medicine also reported that consultants are very approachable and |

contactable, and that they have great support. This support came from their educational supervisors, whom they see often throughout their rotation, and from clinical supervisors who are accessible on a day to day basis. Whilst core medical trainees clearly felt supported by consultants, we heard from some trainees that they had experienced aggressive behaviour on the wards, and that the nurses and doctors do not work as a team (see requirement 1).

A lack of multidisciplinary working was also evident from discussion with foundation doctors in surgery and urology, who gave some examples of bullying and undermining behaviours from nurses and healthcare assistants. Whilst the specific examples we heard are concerning, the foundation doctors indicated that, most of the nursing staff are supportive. Foundation doctors within surgery did not feel as though undermining and bullying is the norm, however many of them had experienced it. When we met with the higher specialty trainees within surgery, we heard that there were good relationships between nursing staff and more senior doctors. The higher specialty trainees also stressed that the nursing staff offer fantastic support, for example through inserting cannulas and taking bloods, and noted that this takes the pressure off foundation doctors.

The senior management team said that there was low morale amongst doctors in training and as a result of this the doctors in training forum had been re-invigorated in order to try to understand the issues and move forward.

The examples of strained relationships between doctors in training at foundation level within surgery, and at core trainee level within medicine and the nursing staff were of concern for the visiting team (see requirement 1).

However, doctors in training within all specialties we met with reported feeling well supported by consultants, both clinically and educationally. In particular trauma and orthopaedics, and stroke and respiratory medicine were highlighted by doctors in training as areas with good support. Medical students

| | |
|---|---|
| | are also very well supported by doctors at all levels.<br><br>The management team informed us that they were able to make a judgement as to when to involve HEEoE when a doctor in training was in difficulty to make joint decisions. We heard that the trust had found discussions with the Training Programme Director at HEEoE useful, in order to identify doctors in training who were not in line to complete their ARCP. This enabled the management team to raise this issue beforehand to provide necessary support. |
| **Training and support for trainers** | We heard from the senior management team that supervisors have 0.125 allocated Supporting Professional Activities (SPA) time but there is a goal to achieve an allocation of 0.25. However, supervisors in surgery said that HEEoE have asked for 0.125 SPA time in the supervisors' job plans but this had not been implemented as yet; they confirmed that it will be factored into the next round of job planning.<br><br>We were pleased to hear from the senior management team that there is a job planning panel which discusses how educational roles can be recognised in job plans with various departments.<br><br>Clinical and educational supervisors within medicine and surgery felt the trust is very supportive of education, and that there are good relationships between all levels of doctors in the trust.<br><br>We heard that there are training opportunities for clinical and educational supervisors, and were given an example of a recent coaching and mentoring scheme that had been introduced which teaches consultants how to manage doctors in difficulty. Consultants we met with also had involvement in a wide range of external educational activities, which we heard is greatly supported by the senior management team at the trust, and is clearly greatly valued by staff.<br><br>There was evidence of progress made regarding incorporating time for education and training and appraisals for trainer and educational roles, in |

| | |
|---|---|
| | consultant job plans. Whilst the trust acknowledged that this had not been fully achieved, we were pleased to hear of the steps taken towards this so far and encourage this work to continue. |
| **Transfer of information** | Doctors in training within surgery felt the transfer of information between placements is very positive and that everything that should have been passed on is. Higher specialty trainees within surgery are particularly complimentary of their educational supervisors, who are very "on the ball" in regards to knowledge of their previous rotations. |
| **Rotas** | The senior management team acknowledged that gaps in rotas are leading to considerable workload pressures for doctors in training. In response to this, they were currently reviewing shift patterns for foundation doctors, and increasing consultant presence and senior support in order to respond to the issues they have been made aware of.<br><br>This concern is mirrored in discussions with doctors in training throughout the day. Foundation doctors in surgery and urology said they are concerned about understaffing at the Trust, and that ward cover is an issue. Whilst higher doctors training in surgery were not aware of any gaps in their rota, they indicated that there are gaps in the F1 and F2 rota.<br><br>We heard an example of a Foundation year 1 doctor being asked to act up on a Foundation Year 2 rota at night in the surgical department. Whilst only one instance was brought to our attention, we were not in a position to establish whether rota breaches may be more widespread. Care must be taken in future to ensure that doctors in training are not being asked to work outside their competence without appropriate supervision.<br><br>Although recruitment is clearly an issue at the trust, we are pleased that this is recognised and that there are both short and long-term initiatives in place to tackle this considerable challenge (see recommendation 1). |

| | |
|---|---|
| **Educational resources** | At the beginning of the visit, the management team acknowledged that there are ongoing issues with information technology (IT) at the hospital. This was mirrored in discussion with both students and doctors in training throughout the day. We heard of plans to introduce WIFI across the trust by July 2016, which will hopefully resolve many of the limitations of the current IT arrangements. We also heard from the senior management team that the hospital has a newly developed simulation suite and they are working on developing this further.<br><br>Struggles with internet in student accommodation are a particular concern for Cambridge students and Norwich students who were on site, and we heard of the negative impact on their education. They indicated that the medical school may provide them with dongles as an interim solution.<br><br>IT systems in general are highlighted as a major cause for concern by foundation doctors, core medical trainees and students (see requirement 2). |
| **Equality and Diversity** | All students and doctors in training we spoke to had completed their mandatory equality and diversity (E&D) e-learning module. They all are confident in being able to raise any issues they have related to E&D. Both students and foundation trainees mentioned that they have also received lectures on the subject.<br><br>Doctors in training in core medicine are informed about the opportunity of less than full time (LTFT) training at their induction with the programme director. Supervisors had mentioned later in the day that there had been a few LTFT trainees in Paediatrics and Anaesthetics at the trust.<br><br>E&D data is collected for all consultants and supervisors every three years. We were advised that this data has been analysed and does not raise any concerns. We heard that the results of analysis of E&D data for employees were shared with supervisors by the trust.<br><br>The management team mentioned that necessary |

| | |
|---|---|
| | adjustments were made based on the E&D information received on students and doctors in training, so that rotas could be tailored for individuals following discussion with the individual concerned. We heard examples of appropriate reasonable adjustments being made for doctors in training.<br><br>The management felt they were able to make a judgement as to when to involve HEEoE when a doctor in training was in difficulty, in order to make joint decisions. We heard that the trust had found discussions with the Training Programme Director at HEEoE useful. This enabled the trust to identify doctors in training who were not in line to complete their ARCP, and the trust were therefore able to raise the issue beforehand to provide necessary support. |

## Areas where there has been an improvement

We note improvements where our evidence base highlighted an issue as a concern, but we have confirmed that the situation has improved because of action that the organisation has taken.

| Number | Paragraph in *Tomorrow's Doctors* \| *The Trainee Doctor* | Areas where there has been an improvement |
|---|---|---|
| 1 | TTD 2.3 | The Junior Doctor Forum is a successful mechanism for communicating with foundation doctors in training at the trust. |
| 2 | TTD 7.2 | The engagement and enthusiasm of the senior management team and its support for education and training at the trust as a whole. |

### Area of improvement 1: **The development of the junior doctor forum**

**4** The visiting team were informed of the revival of the junior doctor forum in discussion with the senior and education management team. This occurred at the

beginning of the visit, where it was presented as a mechanism for hearing the concerns of doctors in training at the Trust.

**5** We heard from the education management team that the meetings are minuted, and that the minutes are shared with the Chief Executive and discussed with the Medical Director and Associate Medical Director to make changes where appropriate. We were given an example of issues with shift patterns and the foundation rota. As a result of these issues being raised through the junior doctor forum, they are being reviewed by the education management team.

**6** We heard that the meeting is improving in attendance, with 15 doctors in training attending the last meeting – it was noted that a majority of these were doctors training in medicine rather than surgery. We heard from doctors in training who have attended a forum meeting that it is very useful and that the senior management team have been approachable in hearing their concerns.

**7** This, along with the senior management team engagement in education (see area of improvement 2) is a recent improvement that is valued by many of the trainees we met with. We would encourage high level engagement though this forum to continue, with further steps taken to encourage doctors in training from a wide range of medical and surgical specialties to input into the meeting.

### Area of improvement 2: **The engagement and enthusiasm of the senior management team in education and training**

**8** In discussion with the senior management team we heard that monthly meetings now take place between the Chief Executive, Medical Director and Associate Medical Director for Education to ensure that education is being considered alongside service provision on a regular basis.

**9** The prominence of education within the trust appears to have increased, with the senior management team acknowledging that back in October 2013, when the Trust was placed under special measures, education was not as much of a priority as it is currently. This is supported by the educational and clinical supervisors we met with, who indicated that where previously education was not a priority at the trust, there is now a new level of support for education from the senior management team.

**10** The visiting team were pleased to note that the impact of service provision on the delivery of education is being considered on a regular basis by the senior management team. They would encourage this to continue in light of the recruitment challenges discussed throughout the visit.

## Requirements

We set requirements where we have found that our standards are not being met. Our requirements explain what an organisation has to address to make sure that it meets those standards. If these requirements are not met, we can begin to withdraw approval.

| Number | Paragraph in *Tomorrow's Doctors* / *The Trainee Doctor* | Requirements for the LEP |
|---|---|---|
| 1 | TTD 6.18 | The trust must continue to tackle silo working amongst health care professionals, to help improve working relations between doctors in training and the nursing team, as well as the wider multidisciplinary team. |
| 2 | TTD 8.2 | Doctors in training must have timely access to all relevant IT systems to allow them to carry out tasks in an effective manner. |

### Requirement 1: The trust must continue to tackle silo working amongst health care professionals

**11** Some of the doctors in training we met with over the course of the visit, both at foundation level within surgery and core medical trainees, provided examples of strained relationships between them and the nursing staff within their departments.

**12** Whilst higher specialty doctors within surgery indicated that the nursing staff are very supportive of the more junior doctors in training, some examples we heard of interactions between foundation doctors within surgery and nursing staff amounted to instances of bullying and undermining. These examples included the nursing staff not listening to foundation doctors, and accusations from nurses that some foundation doctors are lazy. We also heard more specific examples of derogatory comments targeted at individual foundation doctors in training.

**13** Some core medical trainees we met with told us that they had experienced aggressive behaviour on the wards, and that the nurses and doctors do not work as a team. When we raised this with the education management team, they indicated that they had heard of varied experiences from doctors regarding the culture and relationship between them and the nursing staff. This in line with what the visiting team found.

**14** The senior management team informed us that the Director of Nursing has recently obtained external support to develop leadership skills within the nursing team. We

also heard that working in silos is an issue at the trust, and that the introduction of the working at night programme shortly will hopefully contribute to addressing this issue.

**15** We were encouraged to hear that work has already begun to address issues with multidisciplinary working at the trust, and this work must continue to ensure that issues between the medical and healthcare staff are fully understood and addressed by the management team.

**Requirement 2: Doctors in training must have timely access to all relevant IT systems**

**16** At the beginning of the visit, the senior and education management team highlighted issues with the current IT systems in place at the trust, and indicated that the visiting team may hear about this in meetings with doctors in training and students. Whilst the visiting team were made aware of plans to introduce WiFi across the trust, we heard from multiple groups that the current systems are at times preventing doctors in training from carrying out routine, daily tasks. This has the potential to lead to patient safety issues.

**17** Throughout our meetings with doctors in training we heard examples of doctors at every level not having access to key systems. A specific example we heard was of a registrar not having access to the system which allows them to review bloods. We also heard from doctors in core medical training that some of them did not have logins for the IT system for three weeks after starting at the trust.

**18** Similarly, students said there were some difficulties with accessing online systems at the trust. We heard an example where students could not access respiratory blood results and would require a doctor to login to the system on their behalf, but this login was not helpful as the students were not aware of how to use the system. They did not feel this had a huge impact on education but said that it did delay ward rounds. Foundation doctors within surgery pointed to gaps in the induction process, specifically referring to not being given access to systems or being shown how to use them.

**19** All doctors in training should have access to all relevant systems required for them to complete their jobs from when they start at the trust. Doctors in training and students who are using the system must be given training in how to use it, to prevent any errors occurring.

## Recommendations

We set recommendations where we have found areas for improvement related to our standards. Our recommendations explain what an organisation should address to improve in these areas, in line with best practice.

| Number | Paragraph in *Tomorrow's Doctors/ The Trainee Doctor* | Recommendations for the LEP |
|---|---|---|
| 1 | TTD 6.10 | The trust should continue to develop the medical and non-medical workforce to help address the issue of rota gaps. |

**Recommendation 1: The trust should continue to develop the medical and non-medical workforce to help address the issue of rota gaps.**

**20** Discussion with the senior management team highlighted recruitment issues due to the location of the site, and we heard of some initiatives in place to address this challenge.

**21** The trust is investing in the development of a Physician Associate programme at the University of East Anglia, in order to be less reliant on junior doctors to meet the majority of the workforce needs. The education management team also told us of further initiatives, including the role of clinical coordinators, who assist in reducing the workload of foundation doctors where they have been placed. We also heard about the clinical outreach programme which has been found to be very successful, resulting in plans to extend this service to 24 hours a day, seven days a week in 2016.

**22** The visiting team are encouraged to hear of the ongoing work to address rota gaps at the trust. We are also encouraged that the foundation doctors we met with are able to access most, if not all of the scheduled teaching available to them. However, discussion with the senior management team, clinical and educational supervisors, and doctors in training at all levels indicated that workload is extremely pressured, and therefore that the demands of service are at risk of impacting negatively on the provision of training. This is particularly true for foundation doctors. We would therefore encourage the management team to continue their work to develop the medical and non-medical workforce to help address the issue of rota gaps, and ensure that the Queen Elizabeth Hospital continues to be a suitable training environment for doctors in training at all levels.

## Acknowledgement

We would like to thank the Queen Elizabeth Hospital King's Lynn and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.