

Response to GMC visits held on 23rd February 2018 and 5th September 2018 at Isle of Wight NHS Trust

We would like to thank the GMC and HEE Wessex for their visits to the Isle of Wight NHS Trust and the feedback provided in the subsequent report. We outline below our thoughts and actions on each of the requirements and recommendations. It is our intention through the ongoing implementation of a quality assurance strategy, that we will promote excellence in the delivery of education and training on the Isle of Wight.

GMC Requirement 1

The Trust must address the concerns that were raised regarding bed management and how the decisions of Junior Doctors with regards to admission, discharge and patient location are being undermined by bed management teams.

It is true that the majority of acute hospitals in England, including the Isle of Wight NHS Trust face a daily struggle to manage the pressures of ever increasing demand for secondary care. This inevitably creates pressures for clinical and operational managers alike. It is important that bed manager and clinicians put the needs and safety of the patient at the forefront of all that they do. The relationship between Clinicians and specifically Junior Doctors and operational staff has to be based on mutual trust and understanding of their respective roles.

We endeavour to address the concerns of both parties and rebalance the relationship. To this end we have done the following:

- A facilitated meeting based on a mini workshop approach, between the Senior Bed Manager, the Medical Director, Director of Medical Education and a number of trainee doctors has been held, this was the first in a planned series of meetings designed to build greater collaboration and understanding between operational and clinical staff. The meeting identified a number of opportunities for Junior doctors to work more closely with the bed management team in the future for the benefit of patients.
- Based on the outcome of the facilitated meetings the programme manager and senior management team will continue monitoring and supporting the development of the relationship.

Relevant service changes and improvements are communicated to all trainees via WhatsApp and email, so that they are better informed about changes that are likely to impact the way they do their job. The Trust will continue to explore innovative ways of keeping staff better informed using all recognised and approved communication channels.

- Trust discharge protocols are being reviewed and reinforced with staff to ensure that only those who are authorised to discharge patients do so contemporaneously.

- Medical HR supported by the Programme Manager will undertake a review of senior rotas to ensure that rotas support trainees to be able to access seniors to validate their decisions and provide additional expertise and knowledge as required. This is also supported by a benchmarking exercise looking at how similar sized Trusts manage this¹.

GMC Requirement 2

The Trust must improve the use of DATIX to ensure that learner and educators are able to raise concerns about patient safety.

The Trust has made significant changes to DATIX which have improved access to the system. All members of staff can access DATIX and record an incident. The Trust also delivers DATIX training as part of the Corporate Induction Programme. However, the Trust recognises that the induction day(s) are fast paced and it may be that new F1's and F2's have so much information to assimilate in a short period of time that they may only have time to retain an overview of the system and how to use it. Therefore, further refresher sessions are provided to optimise junior doctor's ability to use the DATIX system.

Some of the changes the Trust has made to the Datix system are summarised below:

Input form:

- Incorporate 2 forms into one (SIRIS Form and General Form)
- Streamlined to make the form look shorter and easier to use
- Incident Types changed to Patient Safety, Trust, Staff and Visitor/Relative/Contractor
- Removal of Potential Risk Score
- Use of more dropdown sections, dependant on answers to particular questions
- Improved People Involved / Affected section with use of 'Role' field
- Re-arrangement of some fields to improve flow
- Preventive Action field added to enable reporter to advise what steps need to be taken to stop an incident happening again
- If a Patient Safety incident is reported with an Actual Impact of Moderate, Major or Catastrophic, then Duty of Candour is activated and mandatory

Management form:

- Serious Incident details and Line Managers Comments box, added to the front page, instead of separate screens
- Actions added to the incident form
- Re-arrangement of some fields to improve flow
- Addition of Lessons to be Learned field

¹ Salisbury NHS FT, SWFT & WSH NHS FT

Detailed instructions about how to access the system and how to record incidents are contained within a specific user guide which is accessible to all staff via the Trust intranet.

Notwithstanding the improvements to the system, the Trust has specifically introduced further training to supplement the induction programme. To date, this has involved a refresher session for Trainees. Further steps are planned to reinforce the learning and competency of the Trainees in their use of the system, specifically:

- Regular opportunities for not only Trainee doctors but for all staff to undertake initial Datix training or refresher Datix training introduced in September 2018
- Datix training is also under consideration to become a mandatory requirement at the Trust
- The structure of the training will also be changing to reflect the concept of *see, do, teach*
- Introduction of “spot audits” to test skill retention and identify gaps in individual’s ability to use the system effectively and efficiently.

We will also be introducing more formal feedback sessions for Trainees based on an inclusive workshop approach that reviews and dissects the incident into its component parts with seniors providing their analysis of the events and describing how they might have managed the situation so that trainees are able to gain some learning from the incident.

We highly value all types of feedback and acknowledge that feedback is a two way process. We give all the trainees the opportunity to feed back to us on the quality of the training they received and any concerns they may have through drop-in feedback sessions with the DME, Medical Director, CEO and Clinical Tutors.

GMC Requirement 3

The Trust must address the rota issues that can result in F2s in surgery being the sole onsite doctor covering a covering a range of surgical specialties.

The Trusts *Clinical and Educational Supervision of Junior Doctors Policy* outlines clear accountabilities for providing educational and clinical supervision to junior doctors and aims to ensure that patients are kept safe and doctors in training are supported.

Currently the F2 doctors covering Surgical specialties out of hours have a General Surgical Specialist trainee or Surgical SAS doctor on-site until midnight and available on-call thereafter. There is also an on-site Obstetrics & Gynaecology SAS doctor all night and an Orthopaedic trainee or SAS doctor on call overnight. All the Surgical specialties (General Surgery, Orthopaedics, Obstetrics and Gynaecology and ENT) have Consultants on-call on the island overnight too. They are able to be on-site in less than 30 minutes if required to be. A specific action relates to the reinforcement of the Trusts policy for escalation to on call seniors so that every escalation is routed through the Trust switchboard to the Consultant On-Call. This information will be audited to ensure that the necessary support is being provided to the junior doctors.

It should be noted that there is a hospital at night team and Critical Care Outreach team that are available overnight to support junior doctors. At the most recent GMC visit on 5th September, it was noted that the Critical Care Outreach team are a highly valued, beacon of support for all trainees overnight. Also, it was noted that the Foundation trainees feel positively supported by the Emergency Department Multi-professional team, which has Registrars present 24/7 and Consultants on-site from 8am until 8pm and available on-call thereafter.

The Hospital at night team is currently being reviewed, with the aim of optimising its efficiency and efficacy in supporting Foundation doctors covering Surgical specialties overnight. There is a Medical Registrar, ITU Registrar and ITU Consultant on site overnight. We are liaising with local similar sized Trusts to learn from their overnight models of care, with particular reference to the Hospital at Night policy, to ensure we reliably provide excellent Clinical supervision overnight for all our junior doctors.

Foundation doctors are encouraged to access the broad senior team on site overnight, as well as escalating to senior surgical colleagues on-call.

The Medical Director is working with the Care Group Director(s) and HR as the Surgical and Medical rotas are being reviewed. Gaps which have been identified will be the subject of a rota adjustment to ensure that trainee doctors feel properly supported out of hours as well as during the day. Once the adjustments, if required, have been made the situation will be closely monitored over a sustained period of time to ensure compliance with Standard Operating Procedures.

The initial review of the rotas has not revealed anything that the Trust executive is not currently aware of. There are gaps in the rotas, some of which can be addressed within the current establishment but not all. This is being addressed as a matter of urgency and has been noted on the risk register. A sustainable solution can only be found by carrying out a revitalised focussed recruiting campaign designed to demonstrate the benefits of working on the Isle of Wight in order to fill as many of the vacancies in the establishment as possible.

The Trust is already in the process of restructuring the recruitment process in order to create this more innovative approach to recruiting senior medical staff. The geographical location and perceived isolation of the Island often present recruitment barriers that mainland Trusts do not face and these must be overcome.

Hence why we need to be more innovative in the way we conduct our recruitment and in the way we “sell” the Island. We cannot rely on traditional, passive recruitment approaches.

We will also review and where appropriate include any learning gleaned as a result of the

Bench marking exercises being carried out. We are also keen to support HEE (Wessex) in the delivery of the WAST initiative (Widening Access to Specialist Training) and hope we will be able to host trainees from this scheme on the island.

GMC Requirement 4

The Trust must ensure that rotas at consultant level are not impacting the level of clinical supervision available to junior doctors.

The remedial action to address GMC Requirement 4 is similar to the actions required to address GMC Requirement 3 therefore they have been rolled into a single task group. We cannot underestimate the impact of the vacancies that the Trust is currently running with in the Consultant body. It is important to recognise that this situation is not just a matter of rota management but rather a situation that has also arisen as a result of Consultants leaving the Trust and the Trust not being able to replace them in a timely manner despite considerable efforts on the part of Medical HR.

In addition, we are working with trainees to identify particular areas of concern. We are also working with consultants to ensure there is a clear understanding of the importance of patient safety and being readily accessible to trainees for advice and support. The comprehensive review we have started around the job planning process and job planning itself also contributes to this work stream. We strive to ensure that there is sufficient consultant capacity available for clinical supervision. A new job planning policy has been developed and has recently been approved. This is now in the implementation phase taking place across the Trust in all clinical specialties.

GMC Requirement 5

The Trust must ensure that there is a consistent Trust wide approach to local inductions to ensure that trainees are adequately prepared for each placement.

Local inductions are a key component for any new employee of the organisation and whilst the Corporate induction is quite comprehensive it still leaves gaps for Trainees when it comes to “local knowledge” This improvement programme will implement a range of actions that will inform the development of a range of local induction programmes that are specific to location and specialty. We will use a combination of consultation with Trainees to identify those areas that they feel are, necessary and sufficient, to help them hit the ground running in any specific location or specialty, combined with input from Consultants that identifies specifics they feel Trainees need to be familiar with. Be that systems, processes or clinical practices.

Following the recent HMSC meeting initial feedback indicates a willingness from the Consultant body to support a root and branch review and restructure of local inductions. There is recognition that if the local inductions are more effective that the resultant outputs from Junior Doctors will also benefit seniors sooner in the individual’s placement/rotation.

This programme will continue to work with the consultant body to provide the necessary support to develop appropriate local induction programmes that can be implemented in a relatively short period of time so that our current cohort of trainees are able to benefit.

During the most recent induction programme there has been a complete redesign of its delivery across all specialties. We have collected evidence that shows that the delivery of local induction has significantly improved. The feedback to the GMC on 5th September 2018 illustrated that local induction is consistently being delivered in an interactive and supportive way.

GMC Requirement 6

The Trust must ensure that handover is safe, effective and efficient

We feel strongly that good handover is vitally important and we are striving towards this goal. We have recently introduced an electronic handover system to support the process. This system is being continually reviewed and improved upon. We are working with the Consultants and the trainees on ways the system can be improved further. The Trust quality assurance programme describes a number of initiatives that will be implemented to remedy the handover process and place it on a sustainable footing.

This will include a benchmarking exercise to gather the best examples of good practice that we can evidence at other Trusts. Our first step in the process will be the establishment of a Handover Committee that will oversee the improvements in the handover processes at the Trust.

The handover and Hospital at night policy will be reviewed and revised where appropriate with the help of Consultants and Trainees supported and overseen by Care Group Directors and the Medical Director to ensure that the new process optimises opportunities for teaching and professional conversations. We believe that this will strengthen team working and improve patient safety.

GMC Requirement 7

The Trust must ensure that it is clear how educational governance links to the wider clinical governance processes within the Trust.

The Medical Director is working with Associate Medical Director of Education, Training & Development to develop a range of Key Performance Indicators that will be reported on a monthly basis to the Trust Board. Trainee clinical education and supervision review will be a regular item on the Trust Board agenda. The DME has been given access to the Risk Register to ensure that educational risks are held and addressed by the organisation. Trainees will be invited to the Trust Board from time to time to recount the story of their experience at the Trust as a trainee and how they think it might be improved.

The Medical Education Committee and Education Training and Development Board report to the HR and OD Committee, these reports are then shared with the Quality Committee. The Trust governance structure is currently under review. The intention is that the Clinical Care Group Directors will have local ownership of educational and training issues which have been highlighted to the Quality Committee as impacting on doctors in their areas.

GMC Requirement 8

The trust must address the lack of understanding relating to equality and diversity issues to ensure that learners and educators are not subjected to, or subject others to, behaviour that undermines their professional confidence, performance or self-esteem.

The Isle of Wight NHS Trust is committed to establishing a compassionate environment for all staff and patients. To achieve this aim, a number of initiatives have been rolled out across the organisation. These include the following:

- Leadership and Culture Project
- Anti-bullying advisors
- Freedom to speak up guardian
- Anti-bullying awareness sessions for multi-professional team ranging from most junior to most senior members. These sessions are being actively promoted by HR and the education team
- Increased equality and diversity training
- Internal Professional Standards

It is anticipated that the above initiatives will go a long way to help eliminate discrimination, harassment and victimisation and other unkind conduct. This will contribute towards fostering good relations between people across all professional groups.

During the most recent GMC visit on 5th September 2018, it was noted in the feedback that there had been no reported incidents by trainees of bullying or discrimination in the recent past. It is hoped that this has been driven by the above initiatives that are beginning to have a positive impact on behaviours.

All staff are being encouraged to use whatever channel they feel comfortable with to report incidences of inappropriate behaviour that they feel to be discriminatory. Our Trust is committed to investigating all reported incidents thoroughly however they are reported.

GMC Requirement 9

Trainers must not sign off curriculum competencies without evidence of a robust assessment process.

The Trust are reviewing all processes for competency assessments and the processes associated with Trainees preparation for the assessments. Additionally, the Trust is working with Consultants to ensure that educators have sufficient time for preparation to carry out the assessments. The objective being to ensure that the assessments are carried out in a structured and timely manner which provides the appropriate level of confidence to the Trainees that they are being assessed robustly and fairly following a reasonable period of time for preparation.

The Director for Medical Education has delivered a number of teaching sessions on workplace based assessment for clinical and educational supervisors; the attendance and feedback has been encouraging. Also, the DME has provided an educational supervisor refresher course on behalf of Health Education England for consultants on the Isle of Wight. This course was well attended and over 90% of the feedback was excellent.