General Medical Council

Visit to Northern Lincolnshire and Goole NHS Foundation Trust

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

Review at a glance

About the visit

Visit dates	13 October 2014
Site(s) visited	Diana, Princess of Wales Hospital, Grimsby
Programmes reviewed	Undergraduate Hull York Medical School, University of Sheffield Medical School, foundation, obstetrics and gynaecology and paediatrics
Areas of exploration identified before the visit	Student support, transitions & transfer of information, induction, placements and curriculum delivery, assessment & feedback, supervision, handover, patient safety, doctors in difficulty & fitness to practise, training for trainers, equality & diversity, bullying and undermining, quality control processes
Were any patient safety concerns identified during the visit?	No
Were any significant educational concerns identified?	No
Has further regulatory action been requested	No

via enhanced monitoring?	

Summary

1 We visited Northern Lincolnshire and Goole NHS Foundation Trust as part of our regional review of undergraduate and postgraduate medical education and training in Yorkshire and the Humber. During the visit we met with doctors in training in the foundation programme, paediatrics and obstetrics and gynaecology based at Diana, Princess of Wales Hospital in Grimsby and Scunthorpe General Hospital. We also met with years 3, 4 & 5 medical students from Hull York Medical School and a number of year 5 students from Sheffield Medical School.

2 The GMC evidence summary identified this Trust as being of interest due to an increase in the number of below average results in the 2014 National Training Survey (NTS). This indicated potential risks to the quality of medical education and training in foundation medicine and foundation surgery. The NTS results for doctors in training in paediatrics and obstetrics and gynaecology were more positive, and these specialties were visited as part of the wider regional review.

3 During the past few years the Trust has been going through a period of change. As part of the Keogh Mortality Review in 2013, the Trust was placed in 'special measures'. Since that time, the Trust has worked hard to improve the level of service delivered and to address the concerns identified. In addition to a number of changes in the Trust management team, a new Medical Director was appointed to the Trust in January 2014.

4 In July 2014 the Trust was taken out of special measures. The senior management team advised that in the past, and specifically during the period in which special measures were being applied, the focus of the board has been on service delivery rather than education and training. We heard that education and training is not a standing board item and is not routinely discussed with service commissioners.

5 During the course of the visit we learnt that one of the main issues being faced by the Trust is the recruitment and retention of staff. One reason for this is thought to be the geographical location of the Trust, although there is broad range of training opportunities available. We heard that the Trust is seeking ways to address these issues by looking to develop a multi-professional workforce and by working collaboratively with other Trusts in the region.

6 Despite difficulties in the recent past and ongoing service delivery pressures faced by many healthcare providers, the visit team was encouraged to hear that the Trust management is actively seeking ways to formalise and raise the profile of education and training within the organisation. We heard that job plans for trainers are in the process of being reviewed to ensure that educational activities are accurately reflected.

7 We found the standard of education and training in both paediatrics and obstetrics and gynaecology to be good. Doctors in training described a supportive training environment with adequate levels of supervision and access to teaching. This supports the findings of the NTS.

8 Foundation doctors we met with described a high workload with much of their time taken up with service delivery. We heard that, on occasion, this does compromise the educational value of tasks undertaken and the amount of time available to attend teaching sessions.

9 The relationships between the Trust, the two medical schools with which it is associated and the Local Education and Training Board (LETB) appears to be satisfactory albeit there is room for improvement. We heard examples in which the Trust appears to be the recipient, rather than the provider of information with limited opportunity for recourse.

10 It is apparent that there is the motivation within the Trust to raise the profile of education and training within the organisation. This presents an opportunity for all involved to develop suitable quality control measures such that concerns can be identified and addressed and areas of good practice can be disseminated both within the Trust and to the wider audience.

Areas of exploration: summary of findings. **This section identifies our findings in areas we agreed to explore before the visit.**	
Student support	Medical students with whom we met felt the support they received within the Trust was good. Students appeared confident that they could approach the Student Liaison Officer with any issues and/or concerns. Some uncertainty was expressed with regard to whom they should approach with more serious concerns and this was explored further at the visit to the medical school in November 2014. Those students with whom we met described a good level of supervision during clinical placements.
Transitions and transfer of information	We heard from the education management team that the transfer of information between the Trust, medical schools and LETB works reasonably well, and foundation trainees' information is conveyed from the medical school via the foundation school. In the majority of cases information is conveyed in a timely manner. However we heard of a number of occasions

	in which the Trust did not receive information in time to be able to make appropriate adjustments prior to a student or doctor taking up post. These comments will be explored in more depth at the medical school and LETB meetings taking place later in 2014.
Induction	We heard mixed reports in terms of content and duration of induction. Whilst doctors in training spoke favourably of the departmental induction they had received, foundation doctors suggested possible areas for improvement. These views supported the results of the 2014 NTS in which induction had been identified as a below average outlier for foundation doctors in both medicine and surgery. See recommendation 5
Placements and curriculum delivery	On the whole, the doctors in training we met with agreed that their clinical placements provided adequate training and patient exposure. However, doctors in training in obstetrics and gynaecology expressed concern regarding the availability of ultrasound training and this was acknowledged to be a challenge by their supervisors. The 2014 NTS did not indicate any below or above outliers for adequate experience within this Trust for any of the specialties or levels of training being reviewed as part of this visit. We heard that following the Hull York Medical School (HYMS) curriculum review, two HYMS curricula will be running in tandem during this next year. Whilst the Trust has expressed some initial concerns with regard to this, support is being offered by HYMS and there is a named individual within the medical school with whom the Trust can liaise regarding changes to assessment.
Assessment & feedback	Whilst some doctors in training we met with made reference to supervisors being more willing to provide verbal rather than written feedback, we did

	not identify any specific concerns in any of the specialties we met with.
Supervision	Although the NTS shows below average outliers for clinical supervision in Foundation Medicine and Surgery, we heard no evidence of serious issues from trainees we met with.
Handover	All doctors in training we met with confirmed that handover takes place at a number of intervals throughout the day. We heard that handover is conducted both verbally and electronically. Whilst some of those we met with considered handover to be an educationally beneficial experience due, in part, to the open atmosphere in which they felt comfortable asking questions, others described the process as transactional. The 2014 NTS results showed above average outliers for handover in Foundation year 2 medicine and obstetrics and gynaecology.
Patient safety	All of the doctors in training with whom we met were aware of the Datix system to report serious untoward incidents and it was apparent from discussions with educational and clinical supervisors that reporting of incidents is encouraged. How reports are managed and investigated thereafter was less clear and we heard a number of different approaches to this. Furthermore there did not appear to be a consistent approach in how the outcome of the investigation is communicated back to the doctor in question or managed thereafter within the department.
Doctors in difficulty/ fitness to practise	Prior to the visit, we reviewed the Trusts policy on managing doctors in difficulty. Whilst medium and high level concerns are communicated to the medical school or LETB, the reporting of low level concerns to stakeholder organisations is not mandatory. Information provided ahead of the visit, stated that any remedial action that is planned or taken is recorded on the trainee's e-Portfolio account so that it is accessible to supervisors in subsequent

	placements. We did not hear of or see any formal guidance with regard to what information should be recorded.
Training for trainers	Prior to the visit we received information from the Trust stating that all educational and clinical supervisors are required to complete three online training modules followed by a half day face to face training session facilitated by the Trust. We heard that the Trust keeps a database detailing the training that has been undertaken and that this is distributed to managers. The educational and clinical supervisors we met with confirmed that training does take place and we heard that there are good links with the educational department. We were advised that the medical school provides training for the assessor role and we saw evidence of this in the form of a schedule of events planned for the academic year 2013/2014.
Equality & diversity	All staff with educational responsibilities are required to undergo equality and diversity training. The education management team confirmed that they keep a record of training undertaken and send reminders to staff when further training is due.
Bullying and undermining	Whilst we did not hear of any ongoing concerns in the specialties that were visited with regard to bullying and undermining, some foundation doctors we spoke to were unclear as to the Trust's policy or how to report bullying and undermining should the need arise.
Quality control processes	We heard from the education management team that they encourage feedback from doctors in training, although we heard little evidence of this from those we met with. The educational management team advised that in addition to local surveys and discussion forums, they also seek student and trainee feedback from the two medical schools with which they are associated as well as the Yorkshire and the Humber LETB with whom they have regular contact via the Associate

	Postgraduate Dean. We also heard that the Trust has been working with the LETB to trial a new quality management database that will enable the Trust to provide the LETB with 'real time' updates on quality management issues. From the discussions we held with the education management team and educational and clinical supervisors, there do not appear to be any mechanisms in place by which to disseminate good practice either within the Trust or externally to stakeholders. See recommendation 4.

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 1.2	Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations of doctors' competence.
2	TTD 8.4	Clinical and educational supervisors in all departments must have an adequate allocation of time in their job plans for training.

Requirement 1: Current terminology must be used when referring to the grades of doctors in training and designing rotas to ensure appropriate clinical supervision and expectations of doctors' competence.

11 During the visit we met a number of students, doctors in training, their supervisors and members of the management team who used out of date terminology. Examples of dated terminology included the term Senior House Officer (SHO) to describe foundation doctors years 1 and 2 (F1 & F2) and core medical training doctors years 1 and 2 (CMT 1 and 2). Doctors of these grades are included in a single rota.

12 The term 'senior house officer' or 'SHO' provides ambiguity for doctors in training, as it does not specify the level of training of the individual doctor. Furthermore, other staff members may not be aware of the level of experience of the doctors on the rota and may as a result ask such doctors to work outside the limits of their competence or without appropriate supervision.

Requirement 2: Clinical and educational supervisors in all departments must have an adequate allocation of time in their job plans for training.

13 The educational and clinical supervisors with whom we met presented a mixed picture in terms of recognition of educational activities within job plans. Whilst some educational supervisors did have 0.25 of a programmed activity included within their job plan, this was not universal.

14 We heard that the Trust is working towards ensuring that time for training is recognised in job plans and that this piece of work is ongoing.

15 Trainers must be supported in their role and have a suitable job plan with sufficient time to train, supervise, assess and provide feedback to develop trainees. We heard from the Trust management team that they are in the process of reviewing job plans to ensure that educational commitments are accurately reflected.

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 8.3	The impact on training of high vacancy rates amongst doctors should be addressed.
2	TTD7.1 TTD7.2	Communication with service commissioners should be improved such that it includes the role of the Trust in medical education and training.
3	TTD2.2	Transfer of information between the Trust and LETB should be improved such that it occurs in an efficient and timely manner.

4	TTD6.33	The quality control processes in the Trust should be more clearly defined such that best practice is shared across sites within the region.
5	TTD 6.1	Trust and departmental induction must be reviewed such that it is standardised and all doctors receive induction in a timely manner.
6	TTD 7.2	The Trust should ensure that education is reported to the local education provider (LEP) board as a standing agenda item.

Recommendation 1: The impact on training of high vacancy rates amongst consultants should be addressed.

16 We heard that the Trust covers a wide geographical area and as such offers many different clinical opportunities to doctors in training. However, we also learnt that the location of the Trust presents a number of challenges particularly in relation to the recruitment and retention of permanent members of staff.

17 We heard that in the past the Trust has depended on the use of locum doctors to provide service but that it is aiming to move away from this by developing a multi-professional workforce that will include nurse practitioners, SAS doctors and doctors from overseas (via the medical training initiative). We also heard that the Trust is looking at ways to work collaboratively with other Trusts in the region to address shortfalls in trainer numbers.

18 Doctors in training we met with told us that rota gaps and the resulting increase in workload meant they are often unable to attend training opportunities such as time in theatre, clinics or structured teaching sessions.

Recommendation 2: Communication with service commissioners should be improved such that it includes the role of the Trust in medical education and training.

19 We heard that the Trust works with three different service commissioners and whilst this adds a degree of complexity the working relationship with all three appears to be satisfactory.

20 At present, and despite the intrinsic link with service delivery, the role of the Trust as a provider of education and training is not included as a standing agenda item at meetings with service commissioners. As such, service commissioners are unlikely to have any understanding of the challenges currently being faced by the Trust in this respect. If the profile of education and training is to be raised within the region it is suggested that communication with key stakeholders is improved thereby garnering greater understanding and support.

Recommendation 3: Transfer of information between the Trust and LETB should be improved such that it occurs in an efficient and timely manner.

21 In the main, communication between the Trust and LETB appears to be satisfactory although there is room for improvement.

22 We heard examples of where the Trust and LETB work well, such as following quality management visits when meetings take place to discuss any issues raised. However, we also heard examples where communication between the two organisations could be improved and this includes the transfer of information relating to doctors in training, post fill rates and the implication for service delivery and the sharing of good practice.

23 This relationship was further explored during the planned visit to the LETB in December 2014.

Recommendation 4: The quality control processes in the Trust should be more clearly defined so that best practice is shared across sites within the Trust

24 Although we heard a number of examples whereby information is passed down from the medical school or LETB to help inform local quality control processes, there does not appear to be any formal reporting mechanism by which good practice can be communicated within the Trust or externally to stakeholders for further dissemination.

25 We heard that whilst HYMS actively requests examples of good practice, and indeed heard one example whereby an initiative regarding the use of RAG ratings had been noted by HYMS and disseminated to others, we did not hear any examples of the Trust independently recording good practice and sharing it with others.

Recommendation 5: Trust and departmental induction must be reviewed such that it is standardised and all doctors receive induction in a timely manner.

26 In the 2014 NTS, the Trust received below average outliers for induction in both foundation medicine and surgery.

27 The foundation doctors we met with considered the Trust induction to be too generic and stated that it would have been helpful to have more specific guidance on day to day tasks, such as the completion of handover documentation.

28 We heard that the Trust induction is a lengthy process and it was suggested by some of those we met with that a condensed version could be developed for those with prior experience of working within the Trust.

29 Doctors in training in both paediatrics and obstetrics and gynaecology confirmed that they had received a satisfactory departmental induction and this supported the findings of the NTS.

30 Although covered within the induction process, there was some uncertainty regarding the use of the consent passport. Whilst the majority of those we met were aware of the consent passport, there was some confusion as to when the passport should be completed, how the administration of the passport is managed by the Trust, legal implications of taking consent when the passport hadn't been signed off and transferability of the passport itself.

Recommendation 6: The Trust should ensure that education is reported to the local education provider (LEP) board as a standing agenda item.

31 We heard from the Trust management team that, in the past, education and training has not been included as a standard item on the Trust board agenda even though it is recognised as being fundamental to providing service delivery. At present, responsibility for representing education and training at board level lies with the Medical Director and we heard that matters concerning education and training are referred to the board as and when required.

32 Education and training must be planned and managed through transparent processes and all employing organisations such as LEPs must consider postgraduate training programme at board level. As such, and in conjunction with the work already being undertaken to raise the profile of education and training within the region it is recommended that medical education should be included as a standing item on the board agenda to ensure that there is formal representation.

Acknowledgement

We would like to thank the Northern Lincolnshire and Goole NHS Foundation Trust and all the people we met during the visits for their cooperation and willingness to share their learning and experiences.