To consider

Recommendations of the University Hospital of Morecambe Bay NHS Foundation Trust Internal Review

Issue

1. In 2013, we commissioned Sarndrah Horsfall, Management Consultant and formerly interim Chief Executive of the National Patient Safety Agency, to undertake an independent review to assess what internal information we held and acted on in relation to the cluster of infant and maternal deaths at University Hospital Morecambe Bay NHS Foundation Trust that were identified by the Care Quality Commission. The Review concluded that we did discharge our duties appropriately in relation to individual complaints about doctors working at the Trust. However, it makes recommendations about ways that we can better use the information we gather in the course of our work to assess potential problems in the future.

2. We are already undertaking work in relation to better use of data and this appears as a priority in our Corporate Strategy for 2014–2017. This paper considers the fit of the Review’s recommendations with our current work plan and presents suggestions for the expansion of some projects to include full consideration of these recommendations.

Recommendations

3. The Strategy and Policy Board is asked to:

a. Note the findings of the University Hospital of Morecambe Bay NHS Foundation Trust Internal Review report at annex A.

b. Agree the approach outlined in paragraphs 11–22 to address the recommendations of the Review report.

c. Agree the publication of the Review report as an annex to this paper.
Recommendations of the University Hospital of Morecambe Bay NHS Foundation Trust Internal Review

Issue

4 Over the course of several years various agencies, including the Care Quality Commission (CQC) and Monitor, identified a number of concerns at University Hospital Morecambe Bay NHS Foundation Trust (UHMBFT), relating to the delivery of safe, quality care in the immediate and long term across a number of different clinical settings. Reports from the CQC, Monitor and Nursing and Midwifery Council (NMC) among others made clear that the processes, systems and accountabilities in providing safe care were fundamentally flawed, and both the CQC and Monitor issued formal warnings in 2012.

5 Following the CQC investigation, we commissioned Sarndrah Horsfall, Management Consultant, to conduct an independent internal review to assess what internal information we held and acted upon in relation to the UHMBFT between 2007 and 2013. The purpose was to identify whether we had fulfilled our responsibilities in assessing the information we held and had addressed all complaints appropriately. We received this report in November 2013 and have been working to address its recommendations; this paper sets out our formal response.

6 In July 2013 the Department of Health commissioned Bill Kirkup to conduct an independent investigation into maternity and neonatal services in UHMBFT. The investigation is ongoing and due to report in the autumn of this year. We are in correspondence with the investigation in order to respond to requests for written and oral evidence. To date, we have provided the investigation with a copy of Sarndrah Horsfall's independent Review, information about our policies and relevant lists of cases and documentation. The investigation has requested that Niall Dickson, Chief Executive, make a written submission with the possibility of a follow up request for oral evidence.

Conclusions of the independent Review

7 Sarndrah Horsfall's Review concludes that we did discharge our duties appropriately in relation to UHMBFT, and that we did not have any insight or information that should have been highlighted earlier. However, the Review does suggests that the wealth of knowledge and experience we have should lead us to ‘approach patient safety from a wider, more holistic perspective in order to ensure that we maintain our focus on protecting the public, while continuing to maintain standards within the medical profession’. The Review particularly highlights positive changes we could make in relation to internal cross-directorate sharing of information.
The recommendations

8 The Review recommends that we consider making changes in three areas: data surveillance; doctors’ service history; regular surveys.

Data surveillance

To enhance its newly developed data strategy, the GMC could develop an evidence based model for assessing and referencing the fitness to practise complaint data to look at the contributing factors around incidents involving doctors that could be used externally by other organisations and regulators.

9 We consider this to be an important area of work that should be developed. We regularly publish statistics which show the volume of complaints we receive about doctors and what happens to those complaints during our investigations and the panel hearings run by the Medical Practitioners Tribunal Service. As part of our commitment to being open and transparent about the data we hold, we have recently begun to make this data available, in excel format, through our website, which makes it easy to access by other organisations.

10 Before we would be able to produce the type of analysis suggested by this recommendation we will need to bring greater consistency to the way we categorise and record data. Our Data Strategy will go some way to addressing this first. We are also starting to develop a knowledge base that should help us to understand the factors which have contributed to incidents involving doctors so that our conclusions can be shared with others. Following development of the knowledge base we will be able to consider whether we are able to draw any conclusions about contributing factors around incidents involving doctors that could usefully be shared with other organisations and regulators.

The GMC has built a strong working relationship with Medical Directors since the introduction of the Employer Liaison Service but it could look to also build new relationships with the Trust Boards by providing Trusts with meaningful and insightful data that the GMC holds about the organisation including complaints, referrals, revalidation and evidence from their work in education and training.

11 We agree that sharing the information and data we hold is an important aspect in building relationships with the organisations that employ the doctors we regulate, and can help to build relationships. We are committed to sharing our data and have begun to publish data sets about the complaints about doctors we handle as they relate to secondary care organisations. We are examining how we can publish data sets about other locations that doctors work in. The development of our Data Strategy, which sets out how we will develop and use data and identify, analyse and understand areas of risk data, will help us develop the data we are able to publish. What we do publish may be accessed by anyone, including Trust Boards, through our website.

12 We agree that our relationships with organisations should not be only through the Medical Directors and Responsible Officers. The executive management and
boards of healthcare organisations are important players in ensuring the environment in which doctors work is safe for patients. We will consider ways in which we could foster better relationships.

The GMC considers creating one or two clinical fellow posts to support the development and implementation of its data strategy. Having these clinical posts focussed on research and analysis of the information held will strengthen the data which will have a clinical perspective and will complement the GMC's existing staff.

13  We agree that a clinical fellow, with the appropriate skills, could offer insight and a valuable perspective on the work we are doing to develop data and insight. We currently recruit two clinical fellow posts each year to offer insight and clinical expertise on large projects.

14  We have appointed a programme manager to take forward the data strategy work who will look at how we could best use the particular skill sets of the clinical fellows joining us in the autumn in relation to this work.

The GMC supports this data strategy by encouraging and enabling the sharing of data and information across its own internal organisational boundaries.

15  At the end of 2013 we set up a new internal Patient Safety Intelligence Forum to coordinate information that may demonstrate concerns about patient safety or medical practice and ensure the appropriate operational and policy response across our functions. The Forum is still in its infancy and we expect its ability to understand and help us respond to data will mature over time. The Forum reflects a major change in our operational approach, including that teams across the GMC are analysing and comparing data and linking with other organisations doing the same, the most prominent of which is the CQC. The Forum shares data and information across the organisation in relation to particular areas of concern and allows the senior management team space to consider the need for any changes in operational practice, including sharing information, across the organisation. The development of the sophistication of the information the Forum considers will be supported by the Data Strategy and the knowledge base projects.

16  The Board is asked to agree the outlined approach for addressing the recommendations related to data surveillance through the development of a knowledge base, continued development of the Patient Safety Intelligence Forum, and consideration of how best to involve clinical fellows in the data strategy work.

Doctor's service history

Presently it is a mandatory requirement for all practising doctors in the UK to be registered with the GMC. This mandatory registration process could be expanded (which would require a change in primary legislation) to include a self-service portal that doctors would be required to update their current employment history and
details through and would hold also any other details about their registration and contact information.

17 We support the concepts of openness, transparency and effective use of data and currently publish a large amount of information on our registers concerning a doctor's fitness to practise. We are undertaking a fundamental review of the List of Registered Medical Practitioners that will include considering the appropriateness of the information we collect, who it is for and how it is presented. This review, which will begin later this year, will include specific consideration of what employment information, both past and present, we hold about doctors on the register and how we collect and maintain this information.

18 The Board is asked to agree that the fundamental review of the List of Registered Medical Practitioners will include consideration of the information we collect, hold and publish about doctors’ employment past and present.

Regular surveys

At present the GMC distributes to postgraduate doctors a national training survey annually...The survey allows for any patient safety concerns to be recorded, however as this report is yearly it may miss the opportunity to react promptly on serious issues raised in real time...It would be possible to establish a simple electronic portal (via a newly developed application) linked to the GMC’s internal reporting systems that would allow for live interaction by junior doctors and trainees to provide feedback positive or other on their training activities. The portal would be used as a two-way communication tool between the GMC and junior doctors providing an interactive forum.

19 We currently provide two avenues for doctors and trainees to raise concerns with us: through our website and through the confidential helpline. We promote the importance of raising concerns with doctors and trainees through our guidance and engagement work. For example the Regional Liaison Service regularly runs sessions with groups of trainee doctors about our Raising concerns guidance.

20 In 2012 we launched a confidential helpline for doctors to raise concerns about patient safety. The helpline enables all doctors to seek advice on any issues they may be dealing with and to raise any serious concerns about patient safety when they feel unable to do this at local level. This tool allows for any patient safety concerns to be reported and acted upon.

21 In 2015 we will be reviewing the National Training Survey (NTS), following the completion of our review of standards for medical education and training. This will be an opportunity to consider reviewing the frequency of GMC surveys, as well as the approach taken and the technology for supporting the survey. We must, however, be alert to the dangers of over-surveying trainees (as a number of other organisations administer surveys including in real time) and the risk of diminishing returns.
22 The Board is asked to agree that the review of the NTS, beginning in 2015, will include consideration of the feasibility of ‘real time’ feedback from trainees through electronic means.

Supporting information

How this issue relates to the corporate strategy and business plan

23 This issue supports strategic aim 1 of the Corporate Strategy 2014–2017: Make the best use of intelligence about doctors and the healthcare environment to ensure good standards and identify risks to patients.

How the issues support the principles of better regulation

24 The report highlights the need to ensure better use and sharing of information across all regulators and employer organisations. The failings at UHMBFT were largely due to the failure to address long-standing concerns of patient care. By gathering useful data and sharing information, ensuring we act upon concerns that are raised, escalate those concerns where necessary as well as notifying relevant organisations, we will be supporting and encouraging consistent transparent and cooperative regulation.

How the action will be evaluated

25 Progress will be monitored and evaluated through the inclusion of the related projects, where they are not already present, in the relevant directorate operational plans.

What engagement approach has been used to inform the work (and what further communication and engagement is needed)

26 The Leadership team has discussed and provided comment on the recommendations and the implications of the report for existing and new work programmes.

How the issues differ across the four UK countries

27 Although this report focusses on the failings of five hospitals in the North West of England, the recommendations in the report relate to the ambitions and strategic aims of the GMC as a whole, which apply across the four countries.

If you have any questions about this paper please contact: Kristen Veblen McArthur, Regulation Policy Manager, kveblenmcarthur@gmc-uk.org, 020 7189 5269.
Executive Summary

This report was commissioned by the General Medical Council (GMC) to assess what internal information it held and acted upon in relation to the University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBFT) between 2007 and 2013.

In 2011, the Care Quality Commission (CQC) and Monitor served formal warnings to UHMBFT over breaches in the healthcare and governance of obstetrics and gynaecology at Furness General Hospital and emergency care services the Royal Lancaster Infirmary. It is clear, given the cluster of infant and maternal deaths that occurred at UHMBFT that their processes, systems and accountabilities in providing a high quality of patient care were fundamentally flawed and were not of a significant level of priority expected from a NHS Foundation Trust.

There were a number of significant key issues regarding the patient safety failures at UHMBFT, which included:

- Poor standards of care leading to a number of serious patient safety incidents
- Concerns with clinical governance, risk management and accountability
- Lack of appropriately qualified clinical staff
- Poor working relationships between all clinical staff
- No strategic direction and leadership in maternity and emergency services

The purpose of this report is to identify whether the GMC had fulfilled its responsibilities in assessing existing internal information on UHMBFT and addressed all complaints appropriately.
All relevant information has been reviewed to ascertain whether the GMC had any collective information about the poor care at UHMBFT, and whether there was any preventative or other action that could have been initiated.

This review found that the GMC did discharge its duties appropriately in relation to individual complaints about doctors working at UHMBFT. However, it is clear that some of the information the GMC gained in the course of its work could be better used to assess potential problems in the future.

The GMC must use its wealth of knowledge, experience and its capacity as a regulator to approach patient safety from a wider, more holistic perspective to ensure that it maintains its focus on protecting the public while continuing to maintain standards within the medical profession.
The following are some overarching recommendations for the GMC’s consideration.

### Recommendations for the GMC

As many of the complaints made about a doctor’s fitness to practise could include some contributing factors about an incident, it is likely that the GMC holds information that could be analysed and shared with other system regulators and NHS Trusts.

The development of the GMC’s new data strategy will provide a mechanism to support the assessment of the different types of data and information sources held within the organisation. This strategy will establish a robust evidence-based methodology for analysing information that ultimately will provide the GMC with greater insights into improving patient care.

Developing the GMC’s data strategy could help identify trends regarding poor performing doctors and possible contributing factors including:

- Environmental, incorporating regional differences in healthcare services
- Inadequate staffing
- Lack of appropriate equipment
- Educational issues
- Health concerns

Establishing a new Annual Report for each Trust that incorporates the following information from the GMC. The report could contribute towards their annual Quality Accounts and would include;

1. Summary of complaints by incident location
2. Trend analysis by medical specialty
3. Outcome of complaints, severity and recommendations for improvements
4. Feedback on Revalidation of Doctors and any issues of concern
5. Feedback from Deanery on any monitoring reports and visits undertaken during the year
6. Feedback from the annual National Training Survey

The success of the annual report needs to be directed by the GMC which will require buy-in and feedback from Trusts, this will not be a mandatory requirement however should be seen as an enhancement to patient safety in providing closer partnership.

### Integration of key information

It is important that the GMC internally shares the information and data it collects. This will assist the GMC in establishing the evidenced based methodology by analysing and assessing the following information it maintains;

- Fitness to Practice data
- National Training Survey
- Annual Deanery Report
- Employer Liaison Service concerns and insights
- Develop a junior doctors portal for raising concerns on a real-time basis rather than relying on potentially outdated information provided annually
- Integrate into Siebel all doctors service history enabling the GMC to have an overview of all doctors working in particular NHS Trust at any one time

### Doctors Service History

The GMC should have the ability to track all doctors’ service history making it easier to compile a list of doctors working at a specific hospital location at the time of any serious complaint.
Review Method

The review considered:

- Data that the GMC held on UHMBFT and whether or not it had responded appropriately to that information in its fitness to practise procedures
- GMC’s wider business operations and how effectively the organisation was able to use or share information to identify and respond to risks.

Data on UHMBFT

The review extracted and evaluated GMC records held within its two main systems of data storage: Siebel and LiveLink.

Siebel - GMC fitness to practise case management system

The GMC record in Siebel all aspects of a complaint or referral from its initial receipt through to practical completion including any supporting documentation.

LiveLink - GMC document management system

LiveLink is a web based collaboration system that is used by the GMC to track and store electronic documents, email and correspondence used on a day-to-day basis. A comprehensive search was completed on this system looking for any relevant documentation that had not been included in the Siebel search criteria.

The review included all records generated between January 2007 and July 2013 in which there was any mention of UHMBFT. This timeframe was decided to take into account the time delay in an incident actually occurring in the hospital and the potential delay in the incident being reported to the GMC. This delay could have been for a number of reasons including the complainant first going through due process with the Trust, the Strategic Health Authority (as it was then), the CQC and the Parliamentary and Health Service Ombudsman.

It must be noted that the GMC has an on-going improvement program looking at ways to further develop their processes and improve timeframes when dealing with complaints or referrals, this has been noted when reviewing cases from 2007 until 2013.

Search terms were formulated to cover all possible variations on the name of the Trust (Annex A and B).

The total number of records held in both LiveLink and Siebel during the review period was 11,592,794. The search yielded 5,217 records in LiveLink in which UHMBFT (or other specified sites) were mentioned and 150 complaints in Siebel.

Each record was manually reviewed to determine whether the GMC communicated or initiated external action in addition to following its internal procedures to scrutinise and investigate complaints.
It was beyond the scope of this review to evaluate the appropriateness of the GMC’s handling of complaints. The exceptions to this were thirteen complaints where poor clinical care was identified leading to a serious incident or death and public concern.

These thirteen complaints required a qualitative audit to ensure that the decisions the GMC had made concerning those complaints that were closed had been handled correctly and were not flawed. Legal advice was sought to review and verify the specific outcomes of these thirteen complaints.

The following assessment criteria were applied to the thirteen complaints.

### Triage

All thirteen complaints were reviewed to consider whether they had been triaged appropriately by the GMC. This included whether they had considered all doctors involved in the complaint and had sought advice appropriately from the Medical Case Examiner in relation to the clinical issues outlined.

### Investigation

Each complaint was checked to ensure the GMC had received all relevant information that had been requested including:

- Any internal Trust investigations
- Whether any further concerns had been raised by the Employer regarding the doctors being investigated.
- That appropriate evidence was gathered to assist the Medical Case Examiners’ decisions in considering whether the doctor’s fitness to practice warranted further investigation

At present a small number of these complaints have formed part of an on-going investigation by the Cumbria Constabulary. Any further information raised by an independent police enquiry over and above the GMC’s own specific investigations was reviewed to ensure these cases had been managed and handled in accordance with the GMC’s guidelines.

### GMC business functions

To commence the UHMBFT review, it was imperative to undertake a full business assessment. This included understanding and interpreting the two main business management systems Siebel and Live Link as described above. But it was also important to understand how the GMC operates, its processes and how it manages and shares information internally and with other relevant organisations.
Findings

Registration & Revalidation

In October 2007 the GMC introduced a new registration framework for doctors. This included arrangements for doctors new to full registration as well as doctors returning to the medical register after a prolonged period out of UK practice. Those doctors must work in an approved practice setting (APS) to ensure that they are appropriately supported and managed.

Organisations wishing to employ such doctors need to have APS status. To be recognised, an organisation must be subject to independent regulation or quality assurance and confirms that it meets defined criteria. The GMC criteria for APS are aligned to standards or requirements that system regulators place on organisations.

The GMC monitor all APS status through engagement with organisation as well as by using information from the relevant system regulators, registration and inspection arrangements.

From 2007 to 2011, APS status of NHS hospitals in England was monitored through an annual review based on published Healthcare Commission (HCC)/CQC\(^1\) information.

From 2011 this changed to regular checks of the CQC website to identify when inspection reports were published.

Since January 2013 the CQC notifies the GMC with a list of Trusts where they have undertaken an inspection and are about to publish the resulting report.

If concerns are reported that are aligned to the APS criteria and relate to doctors, the GMC seek copies of the action plans\(^2\) the Trust has put in place to address the CQC’s concerns. The GMC also assess whether its education directorate have any concerns and may agree to postpone action if an education or Deanery review is imminent.

If the action plans reveal that all actions have been completed, the GMC confirm APS status subject to regular monitoring.

If the actions are to be completed at a future date the GMC will confirm APS status and flag the Trust for an early review.

It is also an option for the GMC to limit or remove an organisation’s APS status, but to date this action has never been undertaken.

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\(^1\) The HCC was replaced by the CQC on 1 April 2009.

\(^2\) The GMC request copies of the action plans the Trust provides to the CQC rather than additional action plans.
University Hospitals Morecambe Bay NHS Trust

UHMBFT has had approved practice setting (APS) status from the introduction of the new registration framework in November 2007. Approval of that status was agreed by the Registration Committee in October 2007.

In 2007 recognition of NHS hospitals in England was based on a self-declaration from the Trust confirming that it satisfied the APS criteria alongside information provided by the then Healthcare Commission (HCC) about the Trust’s performance against standards. 

In 2011 CQC inspectors carried out unannounced inspections of maternity services across Furness General Hospital, Helme Chase unit at Westmorland General Hospital and Royal Lancaster Infirmary. These inspections followed concerns raised with the CQC about the provision of maternity care at the trust. CQC formally issues UHMBFT with a warning notice of noncompliance on 31 August 2011.

CQC’s reports indicated that they had major concerns with all three sites around staffing (particularly numbers of staff in theatres) and the assessment and monitoring of the quality of service (particularly around taking action on risks identified in maternity and midwifery services). They also raised a number of moderate concerns with all three sites in areas including respecting and involving patients, care and welfare, supporting workers, and dealing with complaints.

In January 2012 the CQC publishes a notice of investigation into UHMBFT. In July the CQC published their investigation report, which still showed that patients were at risk of receiving poor care particularly those in accident and emergency and other parts of the hospital that provided urgent care.

UHMBFT’s APS status was subsequently reviewed and in July 2012 the GMC wrote again to the Trust outlining a number of concerns in relation to Furness General Hospital and Westmoreland General Hospital both whom had not met three main aspects of the APS criteria and the Royal Lancaster Infirmary had not met 10 main APS criteria.

The Trust submitted to the GMC in August 2012 comprehensive action plans addressing all concerns raised around the non-compliance areas. The GMC decided to delay its approval until the completion of the North West Deanery’s visit due on the 25 October had reported as it the visit may have highlighted further concerns that should be taken into account.

In September 2012 the CQC assessed Furness General Hospital as fully compliant as the Trust had complied with a number of requirements.

An exercise was undertaken to map the APS criteria against the HCC’s standards, this was repeated when the CQC was established. Not all CQC standards map to the APS criteria.
The Dean’s report was received in November 2012, which reported no immediate concerns as trainees generally reported a good experience, although there were some issues with access to education, lack of senior support, induction and handover. The Deanery set a number of conditions in response to the visit.

Taking this into consideration the GMC agreed for the Trust to retain their APS status with an early review scheduled for 2013.

In January 2013 Westmorland Hospital was reported as fully compliant with CQC outcomes and a subsequent CQC report in March 2013 identified that the Royal Lancaster Infirmary was non-compliant in relation to complaints.

In April 2013 a further review was undertaken of the Trust and action plans were requested and submitted with continued APS approval given to the Trust on the 31st July 2013.

**Summary**

Since the introduction of Approved Practice Setting back in 2007, UHMBFT has tried to consistently deliver year-on-year improvements based on the concerns raised by the CQC despite having action plans that appeared to be robust. The GMC relies on the accuracy and timeliness of reports from the CQC and their conclusions about the environments regulated. It also relies on self-declared assurances from APS organisations that they are compliant against the criteria the GMC establish.

The GMC is committed to abolishing the APS scheme which it regards as being flawed, as soon as legislative time will allow. In the meantime it has completed a fundamental review of APS which takes into account the introduction of revalidation and, more recently, the recommendations from the Francis Report which was critical of the GMC’s management of APS.

The recommendations of the GMC review which confirms the commitment to seek abolition, includes changes to allow organisations that have designated body status to be Recognised Practice Settings therefore aligning their recognition requirements with existing statutory duties for healthcare organisations. This will clarify the GMC’s role in that its focus is about engagement with individual doctors and their fitness to practise rather than the suggestion that the GMC has powers to quality assure the working environments of doctors new to practise in the UK. The change will alleviate the requirement for the GMC to rely on the accuracy of the information it receives from other organisations in deciding whether to approve an organisation for APS status.

The GMC will review the future of recognised practice settings as part of its work in response to the Law Commission work on legislation for professional regulators.

**Fitness to practise**

The GMC’s current approach to fitness to practise is primarily focused on an individual case-by-case assessment when addressing poor performing doctors. The
fitness to practise data is not currently analysed for trends, themes and contributory factors by NHS organisations which may highlight areas of concern.

The review looked at all fitness to practise complaints relating to the search criteria set out in Annex B between 2007 and 2013. The comprehensive search criteria generated 150 complaints, which were re-examined to see whether there may have been a pattern of cases that could have alerted the GMC to wider organisational issues.

The outcomes of the 150 complaints reviewed are highlighted in the table below

<table>
<thead>
<tr>
<th>Total enquiries reviewed</th>
<th>150</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoted to Investigation</td>
<td>103</td>
</tr>
<tr>
<td>Promotion to Stream 1</td>
<td>75</td>
</tr>
<tr>
<td>Promotion to Stream 2</td>
<td>28</td>
</tr>
<tr>
<td>Closed</td>
<td>47</td>
</tr>
<tr>
<td>Enquiries directly attributable to UHMBFT</td>
<td>44</td>
</tr>
<tr>
<td>Enquiries directly attributable to UHMBFT that remain open</td>
<td>7</td>
</tr>
<tr>
<td>Enquiries directly attributable to UHMBFT that have been closed</td>
<td>37</td>
</tr>
</tbody>
</table>

*Note: The GMC's fitness to practise procedure consists of two stages: an initial investigatory stage and a second adjudication stage, in which allegations of impairment of fitness to practise are considered by a fitness to practise panel. At the investigation stage, the GMC divides complaints that fall within its remit into two streams: those the GMC considers it needs to investigate further (stream 1) and those it considers do not, on the face of it, require further investigation by the GMC (stream 2). Where those complaints have been closed these have been closed with appropriate action if that was required.*

In examining each of the 150 complaints it was found that there were 44 that directly related to UHMBFT of which thirteen in particular related to the serious clinical issues and poor standards of care including infant and maternity services at UHMBFT between 2007 and 2013.

These thirteen complaints were then subjected to further scrutiny to understand whether or not the decisions the GMC had made concerning those complaints that were closed had been handled correctly and whether there was any preventative action that could have been initiated.

*As a single complaint may contain allegations against more than one doctor, the GMC would treat this as being more than one incident and would consider each issue separately when deciding on a course of action.*
Overview of the thirteen complaints reviewed

<table>
<thead>
<tr>
<th>Complaint</th>
<th>Date Reported</th>
<th>No. of Doctors</th>
<th>Specialty</th>
<th>Action</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>May 07</td>
<td>1</td>
<td>Paediatrics</td>
<td>Stream 1 Investigation</td>
<td>Closed – Doctor issued with a warning</td>
</tr>
<tr>
<td>2</td>
<td>Jan 08</td>
<td>1</td>
<td>Paediatrics</td>
<td>Closed</td>
<td>No FTP issues</td>
</tr>
<tr>
<td>3</td>
<td>Feb 08</td>
<td>1</td>
<td>Paediatrics</td>
<td>Stream 1 Investigation</td>
<td>Closed with Advice</td>
</tr>
<tr>
<td>4</td>
<td>Dec 08</td>
<td>1</td>
<td>Obstetrics &amp; Gynaecology</td>
<td>Stream 1 Investigation</td>
<td>Closed no further action</td>
</tr>
<tr>
<td>5</td>
<td>Aug 10</td>
<td>2</td>
<td>Paediatrics</td>
<td>Stream 1 investigation</td>
<td>Closed no further action</td>
</tr>
<tr>
<td>6</td>
<td>Oct 11</td>
<td>3</td>
<td>Paediatrics Obstetrics &amp; Gynaecology</td>
<td>2 closed at triage 2 open</td>
<td>2 open linked with police investigation</td>
</tr>
<tr>
<td>7</td>
<td>May 12</td>
<td>4</td>
<td>Anaesthesia Paediatrics Obstetrics &amp; Gynaecology</td>
<td>Stream 1 &amp; 2</td>
<td>Anaesthesia – Closed all others remain open</td>
</tr>
<tr>
<td>8</td>
<td>May 12</td>
<td>1</td>
<td>Paediatrics</td>
<td>Stream 1 Investigation</td>
<td>On-going</td>
</tr>
<tr>
<td>9</td>
<td>Aug 12</td>
<td>1</td>
<td>Paediatrics</td>
<td>Closed</td>
<td>No FTP issues</td>
</tr>
<tr>
<td>10</td>
<td>Sept 12</td>
<td>3</td>
<td>Paediatrics Obstetrics &amp; Gynaecology</td>
<td>Stream 2</td>
<td>2 closed, 1 remains open</td>
</tr>
<tr>
<td>11</td>
<td>Dec 12</td>
<td>1</td>
<td>Obstetrics &amp; Gynaecology</td>
<td>No action</td>
<td>Closed</td>
</tr>
<tr>
<td>12</td>
<td>Jan 13</td>
<td>3</td>
<td>Obstetrics &amp; Gynaecology</td>
<td>Stream 1 Investigation</td>
<td>Open – awaiting outcome of police investigation</td>
</tr>
<tr>
<td>13</td>
<td>June 13</td>
<td>4</td>
<td>General Practice Physician</td>
<td>1 x Stream 1 1 x Stream 2 2 closed at triage</td>
<td>2 closed 2 on-going investigation</td>
</tr>
</tbody>
</table>

The GMC also had two Freedom of Information requests (FoI’s) from the Cumbria Constabulary in relation to their investigations surrounding the deaths at Furness General Hospital maternity unit, which were included in the reviewed complaints.

**Summary**

Each of the thirteen reviewed complaints concerning the fitness to practise of individual doctors was conducted in accordance with GMC guidelines.

While some of the reviews did include complaints against doctors especially in Obstetrics and Gynaecology and Paediatrics, in a number of cases it was difficult for the GMC to establish concerns about the individual doctor’s fitness to practise. In further instances it was difficult to establish the individual doctors responsible at the time of an incident. There are a few complaints that remain open and are part of an on-going police investigation; the GMC will not proceed further with their own investigations until the police have completed the work. The review has underlined the difficulty in highlighting any serious concerns with UHMBFT through the fitness to practise data.
However, each complaint made about a doctor’s fitness to practise could include other contributory factors about an incident which may have had an impact on the patient outcome. These contributory factors (known as human factors) could include staffing resources, workload, job stress and anxiety; lack of training, teamwork and in some cases the breakdown in communication between clinicians. The fitness to practise process should have taken the above factors into account when addressing a specific doctor’s performance. The process will not assess the wider environment and whether or not there are potential issues in the respective NHS Trust that should be highlighted as an overall concern for regulators.

In the case of these thirteen complaints, there were a number of factors that did contribute towards a serious outcome or death including:

- Mother had been given antibiotics for an infection but the clinical staff failed to recognise the signs and symptoms that indicated the baby also had an infection
- Inappropriate comments relating to the clinical care of a baby representing a significant departure from the guidance set out in *Good Medical Practice*
- Incorrect diagnoses of chest x-ray and bullying of a junior clinician who queried the abnormality
- Delays obtaining and interpreting scans had a direct impact on the patient outcome
- Poor communication between clinical staff including midwives
- Poor handovers between all healthcare practitioners
- On call consultant could not be identified for a high risk maternity delivery
- Medical equipment not in good working order
- Clinical staff being unfamiliar with medical records of patients until patients clarified the issues
- Clinical records not updated appropriately

It would be beneficial for the GMC to develop a robust, evidence based methodology so it can analyse these contributory factors for every fitness to practise complaint. This could identify trends and themes that could be triangulated with other information sources held within the GMC. The GMC could use this to highlight areas of concern that could be shared with other system regulators and the Trust concerned.

**Education and standards**

In April 2010 the Postgraduate Medical Education Training Board (PMETB) merged with the GMC. From this point, the GMC became responsible for regulating all stages of medical education and training, as well as advising doctors on standards of professional conduct, professional performance and on medical ethics.

As well as delivering postgraduate training, UHMBFT is the sole provider of placements for Lancaster Medical School.
Deanery reports are the mechanism by which deaneries provide assurance to the GMC and public that they are managing the quality of foundation, specialty and GP programmes. These reports have changed in recent years to issue six-monthly updates, as opposed to the previous annual publication scheme.

The North West Deanery and the Lancaster Medical School (previously part of the Liverpool Medical School) have since 2007 scheduled visits to UHMBFT and regularly reports on their findings from each visit.

The schedules of visits by the Deanery and the Lancaster Medical School during the review period include the following.
<table>
<thead>
<tr>
<th>Visit</th>
<th>Date</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>North West Deanery Foundation Training School Board</td>
<td>15 May 2007</td>
<td>Only issues raised concerning UHMBFT were minor concerns regarding Obstetrics &amp; Gynaecology related duties some female trainees were expected to conduct in some of the GP placements</td>
</tr>
<tr>
<td>North West Deanery report on training at Royal Lancaster Infirmary (RLI)</td>
<td>21 January 2008</td>
<td>This visit was triggered following concerns raised about the adequacy of training in respiratory and general internal medicine at Royal Lancaster Infirmary. Questions were raised about the competency of an individual as well as the training and educational opportunities for specialist registrars. The competency issue had been addressed by the Medical Director at the Trust following an internal investigation – no further action was required</td>
</tr>
<tr>
<td>Postgraduate Education Monitoring visit UHMBFT Foundation Programme</td>
<td>27 November 2008</td>
<td>Overall conclusion was that the foundation training is being delivered more than satisfactorily at this Trust. Areas highlighted during the visit were impressive, and by addressing the issues and recommendations identified would further improve foundation training at Furness General Hospital. The report does mention trainees feeling exposed around staffing in A&amp;E. The Deanery made recommendations that the Trust have taken on board with a response to be received by May 2009.</td>
</tr>
<tr>
<td>Visit</td>
<td>Date</td>
<td>Outcome</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
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<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Postgraduate Education Monitoring Visit by North West Deanery</td>
<td>October 2010</td>
<td>A scheduled visit was held around the Royal Lancaster Infirmary covering all trainees. Overall good practice was identified and a number of recommendations made for the Trust. Positive progress within the radiology department was commended. The majority of the trainees would recommend their posts. A full action plan was received from the Trust in May 2011.</td>
</tr>
<tr>
<td>Quality Monitoring Visit to UHMBFT by Lancaster Medical School</td>
<td>27 February 2012 with a follow-up with the senior management team at UHMBFT on the 26 March 2012</td>
<td>Capacity issues with smaller specialities (Obstetrics &amp; Gynaecology, Paediatrics). Need for contingency plans for certain areas of the hospital due to Trust reconfiguration.</td>
</tr>
<tr>
<td>Postgraduate Education Review by the North West Deanery</td>
<td>23 March 2012</td>
<td>This visit was requested by the GMC after Monitor had raised concerns over UHMBFT. The visit reviewed postgraduate education delivered at the Furness General Hospital site. Issues raised included trainees were not choosing to continue their training at UHMBFT after their foundation training; consultants in Obstetrics &amp; Gynaecology were unwilling to tackle unacceptable behaviour of middle grade staff; some paediatric consultants were unaware of significant educational standards especially relating to revalidation; staff in the surgical directorate are pressuring foundation trainees to defy good medical practice; concerns raised around critical incident reporting. Overall feedback indicates that training is not extensively affected by the issues Monitor raised, but the Deanery has recommended for improvement including the learning environment for trainees - these issues raised will be closely monitored and an action plan was requested to address recommendations by the Deanery.</td>
</tr>
</tbody>
</table>
Note: there were other visits conducted by the Deanery and the Lancaster Medical School during this period that did not involve UHMBFT that have not been recorded in this report, the above are the key visits conducted during the search criteria time period.

<table>
<thead>
<tr>
<th>Visit</th>
<th>Date</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate Quality Assurance Visit: Report on Lancaster Medical School: Royal Lancaster Infirmary (UHMBFT) site visit</td>
<td>16 May 2012</td>
<td>UHMBFT is currently the only local education provider that offers clinical placements for Lancaster Medical School. Issues have been raised in both the CQC and Monitor reports’ following visits to the Trust, and enforcement action has been taken by these regulators. There is currently an Interim Chief Executive Officer and an Interim Medical Director who have been brought in to help rectify the problems. No patient safety concerns were raised during the visit.</td>
</tr>
<tr>
<td>Full Deanery Visit to Furness General Hospital</td>
<td>25 October 2012</td>
<td>A new CEO, interim Medical Director and a interim Director of Medical Education are now in place at the Trust. The visit focused around the Furness General Hospital with a small team reviewing GP and higher medicine at the Royal Lancaster Infirmary. Trainees generally reported a good experience although there were some issues with access to education, lack of senior support, induction and handover which required further investigation by the Trust.</td>
</tr>
<tr>
<td>Lancaster Medical School visit to Furness General Hospital</td>
<td>26 April 2013</td>
<td>No concerns raised – continue to monitor reconfiguration plans and the impact on education and training.</td>
</tr>
</tbody>
</table>

Monitor notified the GMC in relation to serious concerns with UHMBFT on 2 February 2012. Since this time the Trust has been monitored through the GMC’s response to concerns process in conjunction with the North Western Deanery. The responses to concerns process is the protocol according to which the GMC receives and takes action on issues reported by external sources or raised based on existing GMC evidence.

Before Monitor's notification in February 2012, no concerns had been raised via the educational route that could have alerted the Deanery or the GMC to serious concerns at UHMBFT. The Deanery has now set a number of conditions in response to the October 2012 visits and monitors these regularly with reports from the Trust.
National training survey

The GMC’s national training survey (NTS) is an annual survey of all trainee doctors in the UK, measuring their perceptions of the quality of their medical education and training. The NTS was introduced by PMETB in 2006 and has been carried out by the GMC since the merger with PMETB in 2010. Survey data are used to monitor changes in the training environment, and to identify areas of good practice or in need of improvement.

From 2006, the NTS included a free text comments section which was reviewed after the survey closed. Among the comments there were typically a number that raised concerns about patient safety. Since 2012 specific questions related to patient safety were added and the responses to the questions were then screened daily during the period of the survey. All comments about patient safety concerns are now shared with the local deanery or Local Education Training Board (LETB).

There were no indications through the NTS that could have highlighted problems at the Trust before Monitor alerted the GMC to trainees raising serious patient safety concerns in early 2012.

<table>
<thead>
<tr>
<th>National training survey</th>
<th>Patient Safety concerns raised</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>One concern was raised about the night rota being dangerous with one anaesthetic junior for the entire hospital including ITU, theatres, maternity, wards and A&amp;E.</td>
</tr>
<tr>
<td>2008/09</td>
<td>Concerns were raised about being short staffed and rota gaps not being filled in Gastro-enterology and General surgery and not having adequate medical cover on the wards Geriatric medicine.</td>
</tr>
<tr>
<td>2010</td>
<td>No patient safety concerns were raised.</td>
</tr>
<tr>
<td>2011</td>
<td>No patient safety concerns were raised.</td>
</tr>
<tr>
<td>2012</td>
<td>8 concerns at FGH and 13 concerns at RLI – all raised concerns around paediatric/emergency medicine/other specialties</td>
</tr>
<tr>
<td>2013</td>
<td>1 concern at FGH and 9 at RLI – all raised concerns around paediatric/emergency medicine and other specialties with staffing/bed shortages/patients left in corridors.</td>
</tr>
</tbody>
</table>

In summary, all of the Deanery visits identified good practice at UHMBFT with notable areas that still require improvements (set out above). The Deanery has reported that the number of recommendations made to UHMBFT during all the visits is no greater than other Trusts; therefore UHMBFT was not perceived as an outlier. The Deanery also reviewed other sources of information to ensure nothing was overlooked during this period; however the review did not signal that there were any particular problems with the training being delivered, and the Trust consistently provided appropriate action plans to underpin all recommendations.

The review of the education documentation highlighted a wealth of information and evidence that is primarily shared with the registration and revalidation directorate.
concerning Approved Practice Settings as to whether any concerns have been raised through Deanery reports.

The education and standards directorate uses a number of other sources of data to enhance its own information including:

- CQC Quality and Risk Profiles (QRP’s) and Reviews of compliance
- Deanery reports including response to concerns outcomes
- National trainee surveys
- NHS Litigation Authority factsheets
- Medical School annual returns (MSARs)

This is an excellent example of triangulation of information that could be modelled within the GMC including fitness to practise and revalidation data to look at the overall evidence by individual NHS Trust.

**Strategy & Communications**

Having examined all 435 documents found in LiveLink there was no obvious documents revealed in this search that may have highlighted any issues earlier regarding UHMBFT.

**Resource & Quality Assurance**

Having examined all 1,148 documents found in LiveLink there was no obvious documents revealed in this search that may have highlighted any issues earlier regarding UHMBFT.

**Medical Practitioner Tribunal Service (MPTS)**

Having examined all 67 documents found in LiveLink there was no obvious documents revealed in this search that may have highlighted any issues earlier regarding UHMBFT. Any documentation found was referenced in the 14 reviews.
Conclusions

The GMC has a wealth of knowledge and experience as a regulator to approach patient safety from a wider, more holistic perspective to ensure that it maintains its focus on protecting the public while continuing to maintain standards within the medical profession. While it was reassuring that the GMC did not have any insights or information about UHMBFT that it should have highlighted earlier, the review has emphasised that more could be done around internal cross-divisional sharing of information.

Recommendations

This review recommends that the GMC considers making the changes in the following areas to develop a strong model for improved services and standards:

1. Data surveillance
2. Doctors’ service history
3. Regular surveys

1. Data surveillance

Each patient safety incident is unique, however there are often similarities and patterns in the source of risk, which may relate to system or clinical care failures that are often not reported and analysed. These are often referred to as contributory or human factors. In a work context, contributory factors are the environmental, organisational and job factors, and individual characteristics which influence behaviour. Some of the common human factors that can increase risk include:

- Mental workload
- Distractions
- The physical environment
- Physical demands
- Lack of appropriate equipment
- Device/product design
- Team work and lack of staff
- Educational and training issues
- Health concerns
- Process design
As complaints made about a doctor’s fitness to practise could include some of these contributing factors, it is likely that the GMC holds information that could be analysed and shared with other system regulators and with NHS Trusts.

The GMC is currently developing a new data strategy that will seek to better understand all the different types of data and information sources it already maintains, and look to develop a robust methodology for analysing this information, ultimately to provide the GMC with greater insights into improving patient care.

Since the GMC is one of ten participating organisations that are developing the guidelines for establishing a Quality Surveillance Group (QSG) it will be crucial that the data strategy is implemented quickly so that the GMC is able to articulate its insights gained from all its sources of information. The QSG is being developed to primarily bring together organisations and respective information and intelligence to safeguard the quality of care for patients.

The following are some proposals for consideration.

- To enhance this newly developed data strategy, the GMC could develop an evidence based model for assessing and referencing the fitness to practise complaint data to look at the contributing factors around incidents involving doctors that could be used externally by other organisations and regulators.

- Yearly, all NHS Trusts must submit a report on the quality of the services they provide and this is incorporated in their Quality Accounts. The GMC has built a strong working relationship with both Medical Directors since the introduction of the Employer Liaison Service but it could look to also build new relationships with the Trust Boards by providing Trusts with meaningful and insightful data that the GMC holds about the organisation including complaints, referrals, revalidation and evidence from their work in education and training. This would help forge a stronger alliance between the GMC and Trust Boards, creating an environment of transparency and open communication. It would also help to highlight any areas of concern in the future.

- The GMC considers creating one or two clinical fellow posts to support the development and implementation of its data strategy. Having these clinical posts focussed on research and analysis of the information held will strengthen the data which will have a clinical perspective and will complement the GMC’s existing staff.

- The GMC supports this data strategy by encouraging and enabling the sharing of data and information across its own internal organisational boundaries. There is very good practice in some areas where information is shared, but more generally there is very little interaction between directorates in sharing qualitative and quantitative data.
2. Doctors’ service history

At present all registered doctors with the GMC are not required to provide information on their present employment details unless they are specifically undergoing a fitness to practise investigation.

The fact that the GMC does not have this information readily available when a serious incident occurs makes the GMC’s task of compiling a list of doctors working at a specific hospital location at the time of a complaint extremely difficult.

Having access to this information will mean the GMC is clearly able to establish who the clinical participants were at the time of an incident. This will ensure a timely and focussed approach to delivering its investigation.

Presently it is a mandatory requirement for all practising doctors in the UK to be registered with the GMC. This mandatory registration process could be expanded (which would require a change in primary legislation) to include a self-service portal that doctors would be required to update their current employment history and details through and would hold also any other details about their registration and contact information.

3. Regular surveys

At present the GMC distributes to postgraduate doctors a national training survey annually.

The purpose of this survey is to help local education providers such as hospitals, general practices and deaneries improve their training practice. The survey allows for any patient safety concerns to be recorded, however as this report is yearly it may miss the opportunity to react promptly on serious issues raised in real time.

The training survey provides soft intelligence on patient safety and will continue to be an important information-gathering tool. For example - It would be possible to establish a simple electronic portal (via a newly developed application) linked to the GMC’s internal reporting systems that would allow for live interaction by junior doctors and trainees to provide feedback positive or other on their training activities. The portal would be used as a two-way communication tool between the GMC and junior doctors providing an interactive forum.

It should be noted that this recommendation should not be seen as minimising the existing annual survey but indeed a tool that complements the GMC training initiative and provides crucial information that would enhance the evidenced based methodology being developed through the data strategy.
Annex A

Criteria of UHMBFT search - Siebel

The search criteria established was as follows;

All enquiries received since January 2007 until July 2013 where there is reference to UHMBFT:

- The incident location was recorded as University Hospitals of Morecambe Bay NHS Foundation Trust, or any of the hospital sites which come under the trust (Royal Lancaster Infirmary, Ulverston Community Health Centre, Furness General Hospital, and Westmorland General Hospital).
- The doctor's practice history included University Hospitals of Morecambe Bay NHS Foundation Trust.
- Where the case employer included University Hospitals of Morecambe Bay NHS Foundation Trust.

Two additional checks for any potential further cases were undertaken:

- Searched for any cases where the complainant had a postcode matching the 4 hospitals.
- Searched for any cases where there had been correspondence with both the Medical Directors and Chief Executives at UHMBFT
- Searched for the names of the Trust and hospitals in all 'activities' in Siebel to look for extra cases.
Annex B

Criteria of UHMBFT search – LiveLink

The search criteria used for LiveLink was based on the University Hospitals of Morecambe Bay NHS Foundation Trust and its associated named hospitals, and all possible deviations of these named organisations.

Listed below is the nominated search selection;

- University Hospitals of Morecambe Bay
- University Hospitals of Morecambe Bay NHS Foundation Trust
- Hospitals of Morecambe Bay
- Hospitals of Morecambe Bay NHS Trust
- Morecambe Bay
- UHMBFT
- Furness General Hospital
- Furness Hospital
- Burrow in Furness hospital
- Burrow in Furness NHS Trust
- Burrow-in-Furness hospital
- Burrow-in-Furness NHS Trust
- Royal Lancaster Hospital
- Lancaster Hospital
- Royal Lancaster Infirmary
- Westmoreland General Hospital
- Westmoreland Hospital
- Queen Victoria
- Ulverston Community Health Centre
- Ulverston Centre
- Ulverston Health Centre

The scope included any correspondence the GMC had received from current and previous Medical Directors, Chief Executives and Chairman’s of UHMBFT, Royal Colleges, Medical Schools, National Clinical Assessment Service and local MP’s in relation to UHMBFT.

*The completed search returned 5,217 documents that required assessment and viewing to qualify and ascertain their relevance.*
Further Searches

The GMC education team were also asked to complete a comprehensive search on all information or correspondence relevant to the National Training Survey and the North West Deaneries.

The GMC acquired PMETB in April 2010 and a full search of all archived material has been undertaken.
Annex C

Background to the review of UHMBFT

University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBFT) was formed in April 1998 following the merger of the Lancaster Acute Hospitals NHS Trust, Westmoreland Hospitals NHS Trust and Furness Hospital NHS Trust.

In the early part of 2006, the Trust obtained University Hospital status as part of the introduction of a medical school and dental education centre of Cumbria and Lancashire.

University Hospitals of Morecambe Bay has 5 main sites including;

- Furness General Hospital
- Royal Lancaster Infirmary
- Westmorland General Hospital
- Queen Victoria Hospital
- Ulverston Community Health Centre

On October 1st 2010, the Trust was authorised as an NHS Foundation Trust (without compliance conditions), authorisation having been delayed due to an on-going CQC investigation into maternity services at the Trust.

The CQC undertook a number of unannounced visits in July 2011, which led them to issue the Trust with a warning notice in relation to its maternity and midwifery services with a cluster of infant deaths occurring in maternity and subsequently raised issues around the backlog of incomplete outpatient follow-up appointments and the emergency care pathway provided by the Trust.

A number of reports have been commissioned by various bodies including Monitor, CQC, NMC and UHMBFT to investigate issues and concerns that have been raised about;

- Quality of services provided;
- The number of serious untoward incidents reported by UHMBFT;
- CQC’s decision not to investigate the 2008 cluster of SUI’s even though acknowledging that they were serious and systemic risks to patient safety;
- Process leading up to Monitor authorising UHMBFT to Foundation status.

These reports are detailed below and will be considered as part of this report;

Grant Thornton June 2013 - Commissioned by the CQC on Project Ambrose

An investigation into CQC’s regulatory oversight of the UHMBFT through its inspection and monitoring regime.
Fielding Report August 2010 - Commissioned by UHMBFT CEO
Review of maternity services in UHMBFT - identified many outstanding matters in maternity which were being address in August 2010

KPMG July 2012 - Commissioned by Monitor
Learning and implications from UHMBFT - this report identified not only weaknesses in structures such as governance, risk management and lines of accountability, but also potentially issues at an operational level as to management of Serious Untoward Incidents and the quality of remedial steps

PWC February 2012 - Commissioned by UHMBFT and Monitor
Independent governance review of UHMBFT, which highlights weaknesses in the operation of governance, risk management and accountability

H&H Bellairs Consulting January 2011 - Commissioned by UHMBFT
Investigation into the Follow-up Outpatients backlog which highlights the root causes in addressing the back-log around poor governance, risk management and accountability

The Central Manchester University Hospitals December 2011 - Commissioned by Monitor
Diagnostic review of all risks within maternity and paediatric services which identified serious service weaknesses impacting patient safety, many relating to structural issues

Nursing & Midwifery Council October 2011 - Commissioned by the NMC
Investigation into whether NMC standards were being adhered to for midwives

North West Local Supervising Authority May 2009 - Commissioned by NWLSA
Supervisory review of the care of Hoa and Joshua Titcombe at Furness General Hospital Maternity Unit which points to poor record keeping, poor duty of care to the mother and baby and poor communication.

Kirkup Inquiry (underway) - Commissioned by NHS England
Investigation into the actions of health regulators around maternity and neonatal services at UHBM between June 2008 and September 2010 (although the terms of reference and timeframes have yet to be confirmed).
Annex D

Terms of Reference for the Internal Review

This is an internal review that will gather and analyse all contacts between the GMC and other organisations or individuals which may be relevant to the events at the University Hospitals of Morecambe Bay NHS Foundation Trust between 2008 and 2010 and subsequent allegations that managers at the Care Quality Commission failed to respond to those concerns and were party to a cover-up.

The internal review should consider whether the GMC discharged its duties appropriately and make any recommendations as to whether there are any lessons for the future.

In particular the internal review should examine:-

- The Grant Thornton report for any issues about medical practice at the Trust at the time or subsequently and how far the GMC was aware of these and whether they were dealt with appropriately
- Any implications from the Fielding report into maternity services at the Trust which reported in 2010 Any Fitness to Practise activity with the Trust
- Any contact between the GMC and the Trust during this period
- Any contact between the GMC and local health organisations about the Trust, including the Strategic Health Authority
- Any contact with Lancaster Medical School, the post graduate dean, or anyone else involved in medical education about the Trust
- Any contact with CQC at local or national level or any other regulator re the Trust
- Any contact from the public, doctors, MPs or anyone else with us about the Trust
- Any contact with Coroners following Inquests into deaths at the hospital
- Any other matters relevant to the GMCs duties
- Any contact between the GMC and any Royal Colleges or the National Clinical Assessment Service (NCAS)
Annex E

Independent Consultant background

Sarndrah Horsfall was the Chief Executive for the National Patient Safety Agency (NPSA) in the UK, the independent public body responsible for patient safety, research ethics and monitoring the performance of medical practitioners. Sarndrah has held a number of senior executive posts in both the public and private sectors, with a specific focus on setting up, developing and maintaining efficient and effective organisations in complex political environments. Sarndrah has a proven track record in managing strategic change in a complex environment, organisational development, team development, financial and performance management, and more importantly working with other key figures in developing the international patient safety agenda.