The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Dr Beverley Watson Medical Director	Decision		High	Med	Low
	Discussion		√	√	
	Information	√			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Dr A Douds Clinical Director for Medical Education	Strategic				
	Operational	√			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)					

Meeting Date: 24 November 2015
Report Title: Workforce – Exception Report
- Medical Education/GMC Review Outcome (4/11/15)
- Junior Doctor Strike Action

PURPOSE:

To update the Board on the outcome of the GMC visit on 4 November and junior doctors strike action.

SUMMARY:

A pre-planned visit by the GMC alone on November 4th examined undergraduate and postgraduate education at the Trust.

As a result of a failure of the contract negotiations between the British Medical Association and NHS Employers, the Government has threatened to impose a new contact by August 2016.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
	√		√		√

RECOMMENDATIONS:

To acknowledge the steps being taken as described in the paper.

Medical Education/GMC Review Outcome (4/11/15):

The Trust remains under enhanced surveillance from the GMC and Health Education East of England following concerns raised at their joint visit in September. A further follow up joint visit is expected in January.

It will be crucial that the Trust is able to evidence significant progress by January and there is a comprehensive action plan to address the issues raised by the inspectors which is being overseen by the CEO. The junior doctors are fully engaged with the improvement plans and contributing where possible.

Key improvements to be delivered include:

- Induction processes for new doctors
- Information for new doctors about the Trust IT systems
- Organisation of cover for rota gaps
- Responding to concerns raised by junior doctors
- Clinical handover and patient tracking
- Support for junior doctors from nurses
- Junior doctors responsibilities around management of test results

A pre-planned visit by the GMC alone on November 4th examined undergraduate and postgraduate education at the Trust. They identified no serious concerns, and acknowledged a number of areas of good practice. However, there were also identified areas for improvement, including 'silo' working (this related to junior doctors feedback that nurses and doctors were not always working effectively together), the Hospital at Night, and implementation of improved IT systems including Wi-Fi to facilitate handover.

The early feedback proforma is attached.

The issues raised at this visit are already part of the action pan preparing for our January re-inspection.

Junior Doctors Strike Action:

As a result of a failure of the contract negotiations between the British Medical Association and NHS Employers, the Government has threatened to impose a new contact by August 2016. The BMA has balloted its junior doctor members and it seems likely that they will vote for industrial action. The ballot is due to close on 18th November and there will be confirmation of planned action in the days following.

The BMA has proposed 3 days of strike action:

December 1st – 2nd: 8am – 8am, emergency cover only
December 8th: 8am to 5pm full walk out
December 16th: 8am to 5pm full walk out

The Trust' emergency planning officer is engaged with operational teams and the staff side representatives to make preparations for this action. Junior and senior medical staff are also involved in order to reduce the impact on the hospital. The Trusts priority will be to keep patients safe and to continue with normal services wherever possible. The level of activity that the Trust will be able to deliver will depend on the number of junior doctors planning to strike and will be assessed on a service by service basis. A fully detailed plan will be developed over the coming week.

Dr Beverley Watson
Medical Director

General Medical Council

Initial Feedback Proforma

Regional review visit

Regional review	Health Education East of England
Organisation visited	Queen Elizabeth Hospital King's Lynn NHS Trust
Areas under review	Medicine, General Surgery and Trauma and Orthopaedics
Date of visit	4 November 2015
GMC visit team	Professor Alastair McGowan (regional co-ordinator) Professor Anne Garden (team leader) Dr Jamie Read Mr Owen Davis Dr Suzanne Shale Dr Peter Hockey Dr Josephine Buchanan Dr Rosie Lusznat
GMC Staff	Manjula Das (Education QA Programme Manager) Tasnim Uddin (Education Quality Analyst) Louise Devlin (Education Quality Analyst)

Introduction

The purpose of this proforma is to frame the initial feedback during a visit; it is not a definitive list of good practice, requirements or recommendations as they will appear in the final report. This proforma will be completed on the final day of the visit and provided to you by email as a PDF document.

If you choose to disseminate this feedback to your stakeholders please use this proforma so that the context for this feedback is understood by all.

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

Serious concerns

Serious concerns	None identified
Detail	n/a
Action taken	n/a
Action required	n/a

Areas that are working well

	Domain/ Outcome	Areas the team consider to be working well	Source
1	TTD7	The engagement and enthusiasm of the senior management team and its support for the education team and education and training at the Trust as a whole.	Senior Management Team Education Management Team
2	TTD6	Educational supervisors and trainer involvement in a range of external educational activities, which is supported by the Trust.	Educational and Clinical Supervisors
3	TTD6	There was evidence of progress made regarding incorporating time for education and training and appraisals for trainer and educational roles, in consultant job plans. Whilst the Trust acknowledged that this has not been fully achieved, we were pleased to hear of the steps taken towards this so far and encourage this work to continue.	Education Management Team Educational and Clinical Supervisors
4	TTD6	The higher specialty surgical doctors in training and doctors in training in medicine we met with were positive about their education and training experience on the whole. They achieve a good breadth and depth of experience and felt well supported in their roles. In particular Trauma and Orthopaedics and Stroke and Respiratory	Doctors in training

		Medicine were highlighted by doctors in training.	
5	TTD6	The Junior Doctor Forum is working well. Doctors in training we met with valued the opportunity to raise and discuss issues that are acted upon and can be fed back to the senior management team.	Senior Management Team and Doctors in training
6	TD6, TD7	Undergraduate education and training overall was viewed positively by the medical students from both medical schools. In particular, we heard that students are receiving good clinical exposure and supervision at the Trust and highlighted Haematology and Dermatology training.	Students

Areas that could be improved

	Domain/ Outcome	Areas the team consider could be improved	Source
1	TTD2	To implement the action plans for Information Technology (IT), including Wifi, handover, and the hospital at night.	Senior Management Team
2	TTD1, TTD6	We heard an example of a Foundation year 1 doctor being asked to act up on a Foundation Year 2 rota at night in the surgical department. Whilst this appeared to be an isolated incident, this must be avoided in the future to ensure that doctors in training are not being asked to work outside their competence without appropriate supervision.	Foundation doctors
3	TTD6	The Trust should continue to tackle silo working amongst health care professionals, to help improve working relations between foundation doctors in training and the nursing team, as well as the wider multidisciplinary team.	Doctors in training
4	TTD7, TTD6	The hours that foundation doctors are working must be monitored by the Trust.	Foundation doctors
5	TTD5	The Trust should address the difficulties in	Doctors in

		accessing study leave due to rota gaps.	training
7	TTD4	The Trust should continue to develop the medical and non-medical workforce to help address the issue of rota gaps.	Senior and Education Management Team

What happens next?

We will draft a report of the visit outlining any good practice, requirements and recommendations which will be shared with the LEP within six weeks of the visit and checked for factual accuracy.

This is one of the seven LEP reports which will feed into the wider East of England regional review and along with the reports from the two medical schools and Health Education East of England Local Education Training Board, will contribute towards the development of a regional thematic report.

Medical schools, LEPs and deaneries will have the opportunity to discuss visit reports at a wrap up meeting in spring 2016. The Regional Report and all visit and action plans will be published on the GMC website by March 2016

We will monitor the requirements and recommendations through scheduled reports from the LETB and medical schools, with the exception of any serious issues where more immediate timelines for action will be agreed.

If you have any questions please email quality@gmc-uk.org