

Health Education East of England
School of General Practice Quality Monitoring Visit

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
Re-Visit Thursday 14th November 2013

HEEoE Team	
Prof John Howard	Postgraduate Dean
Dr Rob Houghton	Training Programme Director from Peterborough

Trust Team	
Dr Leena Deol	GP Training Programme Director
Dr Richard Musson	GP Training Programme Director
Dr Mark Blunt	Joint Medical Director
Dr Bev Watson	Joint Medical Director
Dr Andrew Douds	Associate Medical Director for Education
Mrs Jeannette Richardson	Medical Education/HR Manager
Mrs Heather Slater	Medical Education Administrator
Ms Trudy Taylor	Business Support Manager

Programme	
14:00 – 15:00	Review of progress against action plan (all)
15:00 – 16:00	Meeting with GP Trainees (visitors) Present were GPST2 trainees undertaking the following posts: <ul style="list-style-type: none"> - Medicine for the elderly/MAU - MAU - Psychiatry - Paediatrics - General Practice - immediate past experience in medicine - GPSt2 Obstetrics and Gynaecology - GP St2 Urology
16:00 – 16:10	Visitor discussion in private
16:10 – 16:30	Feedback to Trust team (all)

Exception report from GP School Visit 1st May 2013

Concern / Issue	Action Needed	Timeframe	Person responsible
1. Patient tracking system – actions to date are inadequate; information available is unsafe	The Trust must institute an effective real time electronic patient tracking system accessible in every ward.	The Trust plan must be shared with GP Dean and DEQ within 1 month and implement within 2 months.	Director of Patient Experience/ Board
2. All trainees must have a departmental induction and out of phase trainees should have their inductions recorded	Departmental induction should be tracked by Associate DoME	Plan within one month and implemented within 2 months	Associate DoME
3. The Trust should ensure handover is used in all relevant disciplines, e.g. MAU	Handover policy should be reviewed and tracked by Associate DoME	Plan within one month and implemented within 2 months	Associate DoME
4. Trainees covering thrombolysis services out of hours must have adequate training	Thrombolysis included in Trust induction and education pack for trainees out of hours	Within 1 month	Associate DoME
5. Dissemination of learning from significant events and feedback about individual events should occur	The Trust should review and clarify the significant event / SIRI system and ensure engagement of all staff, ensuring evidence of activity can be available externally.	Within 3 months	Chief Executive
6. The Trust should consider the formal involvement of trainees in Trust affairs and provide a formal communication channel for trainees	Trainee involvement/engagement with the Trust must be reviewed	Within 4 months	Chief Executive
7. The Mental Health Trust must ensure adequate clinical and educational supervision of GP trainees	N&S FT to be contacted by GP Dean	Immediately	GP Dean

Actions by the Trust since the GP School visit:

The action plan of 12th June 2013 was noted. The Trust has recruited more than 100 nurses and has achieved a ratio of 1:8 patients during the day and 1:11 during the night. Further recruitments are planned but the scale and speed of the changes meant that trainees may not have fully experienced the impact on the clinical environment.

1. Patient Tracking

A multi-professional group had been set up within Trust to develop the patient tracking system; the Trust recognised the fundamental importance of this process to patient safety and education. Patientcentre from iSoft had been implemented across the Trust from July. An Admissions, Transfers and Discharge (ADT) Team had been established. This team is available 24 hours per day so that Patientcentre can be contemporaneously updated with live information in all areas. It is ward nurses responsibility to inform the ATD team of patient movements and this action has now been embedded. It is hoped that in time clinical staff will directly update the system. Patientcentre has been audited and the Trust believes that records are up to date within 2 hours 95% of the time; there are 2 hourly compliance inspections. At induction, all trainees are trained in using Patientcentre so all current junior staff should be aware of the system; consultants are currently being trained. The system offers other benefits for clinicians – archived notes, blood test results and requests are all available.

There has also been a re-organisation in the medical directorate aimed at ensuring that individual consultant's patients are grouped in particular wards to reduce outliers.

2. Departmental Induction

These are now monitored by the Medical Education manager – the Trust believes this is now happening in all areas.

3. Handover

The current policy has been re-emphasised but the Trust is developing a revised multi-professional handover policy for introduction in the first quarter of next year. MAU handover is now happening and monitored. The Trust believes there is scope for the educational value and the assurance of information transmission of handover to be further developed. The TPDs reported that the educational value of paediatric handover was very good but there were still concerns about the completeness and value of the handover in O&G. The Trust will consider how to embed the handover process in to IT systems so that there is a maximisation of learning from the process.

4. Thrombolysis Training

This has been incorporated in to induction for all juniors from August 2013.

5. Dissemination of learning from significant events

The outcomes of significant events are now emailed to clinical supervisors – significant learning points are summarised and put on the intranet. The Trust has also organised clinical learning events arising from events.

6. Trainee involvement in Trust affairs

Trainees have been included in clinically led committees to good effect.

7. Norfolk and Suffolk Mental Health Trust

The TPDs reported that the trainee psychiatry posts had been re-organised and supervision arrangements were now good.

Feedback from trainees:

MAU/Medicine

Good organisation in terms of patients and tasks reported. Some concerns were expressed about junior cover – rota organisation appears to be improved but communication arrangements could still be improved. More generally trainees reported ward cover out of hours is very busy – 1 GP ST2 trainee covers all wards at nights. Trainees reported that patients sometimes have to wait for attention as a result and trainees are worried that sometimes this may cause harm. Trainees reported it may take up to 6 hours before patients are seen. Registrars do call other departments for help sometimes and consultants have come in to assist out of hours. No incidents of patient harm were reported other than delayed access to treatments, however patients are in a monitored environment mitigating risk.

Trainees report an adequate departmental induction. Specifically, no concerns were reported with regard to patient tracking and trainees reported that the information they received was accurate and the system appeared to be working. While they were aware of Patientcentre, those present had not had to use it to locate patients.

Departmental induction

No concerns expressed.

Handover

As previously reported “fantastic” in paediatrics – procedure clear and educationally beneficial. O&G – handover now occurs regularly. MAU – handover happens 9.30 and 4.30 – this was said to be useful but could incorporate more teaching.

Thrombolysis service

Support for the thrombolysis service was felt to be appropriate providing the specialist nurse was available, but trainees were aware of the process of administering treatment.

Psychiatry

Rota and supervision now all based in the community with on call taking place in Churchill Ward – supervision good and support and workload appropriate – induction for a week – excellent consultant support reported.

SIs

Trainees are aware of clinical events and of the Datex system. Trainees acknowledged that individuals had a responsibility to follow up and learn from significant events

Involvement in Trust affairs

The group present had not been involved but acknowledged the opportunity.

Care bundles

This IT tool was felt to be really useful as a checklist and record of process
Generally report good support and supervision.

Feedback from the Visitors:

The visitors fed back the views from trainees which corroborated the Trust report. The Trust will monitor workload out of hours in medicine; it was agreed that some requests for trainee attendance involved tasks which could be carried out by other staff. The impact of nursing staffing changes has not fully impacted on the clinical environment.

Conclusion:

The visitors were grateful to the Trust for their hospitality, the reports provided and principally for acting on the serious concerns identified in the GP School visit. Further monitoring will continue via the TPDs and the GMC trainee survey and the next formal visit will be routine as per the normal GP School schedule.

Notes recorded by Professor John Howard – November 2013