

NHS Boards Governance Assurance mechanisms: NHS Lothian

Assurance on mechanisms in place to review complaints about professional practice in NHS Lothian:

Appraisal: details about appraisal were not requested but we would note the following: since 2012 all career grade doctors with a licence to practice have been required to participate in the General Medical Council process of revalidation (relicensing) which provides assurance through their Responsible Officer (the Board Medical Director in Scotland) that they are up to date and fit to practice. The cornerstone of revalidation is an annual appraisal covering the whole of the doctor’s practice in which they provide supporting information across four Domains and reflect with their appraiser on their practice over the previous year to demonstrate that they are continuing to meet the principles and values set out in the GMC’s Good Medical Practice standards. The supporting information includes complaints and critical incidents involving the doctor annually and at least once in every five year cycle patient/care feedback (where appropriate) and colleague multisource feedback. One outcome of each appraisal is a Personal Development Plan for the year ahead intended to support the doctor with their ongoing professional development. The appraisal system in each board is reviewed externally by HIS on an annual basis.

| | Mechanisms in place |
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| Complaints | |
| Mechanisms to detect clusters about same clinician | <ul style="list-style-type: none"> • The directorate management team, including the Clinical Director (CD) and Associate Medical Director (AMD), review all complaints involving the performance of a doctor. • The lead for Patient Experience and Feedback highlights to the relevant medical manager or directly to the Medical Director as RO, any complaints regarding an individual clinician where performance or outcomes are found to be an issue. • All SPSO reports are taken through clinical management meetings. • For adverse events, a report is sent monthly to the Appraisal Lead which records where a (non-trainee) doctor has been involved in an adverse event. The Appraisal lead reviews the report and informs the doctor and their CD about any relevant events for discussion at appraisal. • Any SAE involving a named doctor, where there are concerns raised about individual’s practice, are discussed with the GMC at the regular meeting between the GMC Employment Liaison Advisor and the RO |
| Timely decision about safe practice when concerns are raised | <ul style="list-style-type: none"> • Any such decision about restrictions to practice is made on an individual basis by relevant AMD or MD with HR advice. This may occur before or during an investigation or on return from a period of absence. • There is also a regular meeting between the RO and the local private provider. • RO to RO transfer of information is sought and expected for all consultants at the start of employment |

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| Surgical safety and M and M | |
| Preop marking | <ul style="list-style-type: none"> • Surgical site marking is part of the Surgical Checklist which is in place reliably on all sites and in all theatres. A pre-procedure checklist is also used in radiology and endoscopy. [This is collected through the QIDS dataset, detailed at the foot of this table] • Theatre policy is that no patient can get into theatre without having been marked. Any adverse events with harm or potential for harm would be reported and reviewed through DATIX in the normal timescales. • Specifically for neurosurgery, level marking for disc surgery is by radiological screening intra-operatively |
| Workload list length and equipment | <ul style="list-style-type: none"> • Any individual issues raised are discussed at the Patient Safety and Experience Action Group. This is a fortnightly minuted meeting, attended by the Executive team and the Chairman. • Staffing issues are reported on DATIX and reports for medical and for nursing & midwifery run on a weekly and quarterly basis. Both reports are reviewed by the associate director for quality improvement and safety. In addition, the nursing report is distributed to the Board and acute services nurse directors and the deputy nurse director for corporate nursing who has responsibility for the staff bank. The medical report is distributed to the Board and acute services Medical Directors. • Issues related to equipment with harm or potential for harm are recorded on DATIX, when they are received. Medical device related Safety Alerts are circulated through the medical director's office and there is a policy and committee for devices (NHS Lothian Medical Devices Policy for Acute Services) who also monitor all recorded risks on risk registers relating to equipment. • List length: lists are agreed in advance at the regular site based theatre management groups and any regular overruns identified |
| Attendance at M and M | <ul style="list-style-type: none"> • Attendance at M and M is expected as part of their job plan for all consultants and we have recently presented the range of meetings and their self assessments to Health care Governance committee. This paper is attached. • The job planning framework is also provided • Some M and Ms have begun to record their discussion in the electronic patient record |
| Effectiveness of on call rotas | <p>Clarification has been sought about this element: it pertains to the work pattern that may see a surgeon be on call as well as working electively.</p> <ul style="list-style-type: none"> • For surgical specialties with higher volumes of urgent presentations, time has been protected in job plans so that consultants are free from elective activity when they are on call. That does not preclude them being in theatre with one emergency case, when advice is sought urgently about another. • These specialties include General Surgery, Colorectal Surgery, ENT, gynae, trauma, vascular surgery. These are all specialties where an emergency requiring operative intervention may |

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| | <p>arrive on site.</p> <ul style="list-style-type: none"> • Neurosurgery is a regional service delivered from WGH for adults and accepts transfers in from other adult sites. There is no emergency department at WGH and it does not receive 999 ambulances. Any head injury patient requiring urgent neurosurgical intervention would come from another hospital after assessment and stabilisation as appropriate. • During the day, the agreed and expected way of working for Lothian neurosurgeons is to be in theatre undertaking a list of shorter cases, with space to accommodate some emergencies as they arise • This means the consultant is on site and available for discussion with the registrar. • If the consultant happens to be working off site (RHSC) then the register on call knows to go to the adult theatre and discuss any questions with the consultant there • This is an agreed and understood way of working • Most discussions relate to the need for a patient to be transferred rather than a sudden need to operate on a patient already on WGH site • Once the service is working from one site not two after the move to Little France, the system will be reviewed in case modification is needed |
| Supervision of junior medical staff | <ul style="list-style-type: none"> • There is a clear expectation that doctors in training are supervised during their clinical practice and each has a named educational supervisor. • This is monitored through NES and GMC with Recognition of Trainer status signed off on Form 7 in job plans and monitored through the Director of Medical Education. • There is a clear tariff system in place for postgraduate supervision (one hour per week per trainee) |
| Openness and transparency | |
| Open reporting of behaviours | <ul style="list-style-type: none"> • Free and open reporting of any action that may adversely impact on patient or staff experience is supported. • Ordinarily these are investigated at a local level but in addition, a network of Confidential Contacts is in place across the organisation who act as a signposting service for staff, providing independent, confidential support to staff who may be affected by bullying or harassment. • In addition, the organisation has a Whistleblowing Policy under which staff can raise any concerns that may have a wider public interest as opposed to an individual concern. The Board's Non Executive Whistle blowing Champion receives a regular update on all open cases to ensure that the cases are being dealt with in a timely and proper manner and progress is also reported to each Staff Governance Committee meeting. |
| How quality of outcomes are monitored and | <ul style="list-style-type: none"> • NHS Lothian participates in a range of Scotland and UK-wide clinical audits which are reported via the Healthcare Governance Committee (HCG). This includes a range of maternal and child |

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| addressed | <p>health audits such as EMBRACE, Critical Care, Renal Services, Hip Fracture, etc, all of which include National Comparators.</p> <ul style="list-style-type: none"> Variation is discussed at HCG, and areas for improvement and timescales set for reporting on progress. In addition, at each HCG, a Quality & Performance Report setting out patient experience, safety, access and complaints measures is discussed and actioned. |
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Attachments:

Job planning framework

Paper to September 2018 Healthcare Governance on Deaths in acute hospitals

GMC visit report 2017, confirming the mechanism of supervision through a clearly understood system

Theatre QIDS audit collects the following data:

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| <p>Prelist Brief 1 . Prelist brief carried out</p> <p>Patient Identity 2 . Accurate ID band on two limbs (upper &/+ lower if available)</p> <p>Surgical Pause 3 . Read aloud</p> <p>PVC Insertion (NA = no PVC) 4 . Documented on ICP 5 . Dressing dated and timed</p> | <p>Antibiotic Prophylaxis (NA = not required) 6 . The appropriate prophylactic antibiotic administration completed within 60 minutes prior to skin incision</p> <p>Normothermia (NA = when recorded in OP room) 7 . Patient's body temperature is maintained >36 degrees</p> | <p>Glucose Control (NA = cardiac/pancreatic patients) 8 . Known diabetic patients' glucose level kept at <11mmol/l throughout the operation, where applicable</p> <p>VTE Prophylaxis 9 . Appropriate mechanical prophylaxis in situ</p> | <p>CVC Insertion (NA = no CVC) 13 . Surgical scrub and maximum barrier precautions (hat, mask, gloves) 14 . Sterile drape & aseptic technique 15 . 2% Chlorhexidine skin preparation 16 . IJV or SC site 17 . Sterile transparent dressing in situ 18 . CXR ordered on TRAK</p> |
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