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Our Ref 1758/MI/AM
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Dear Ms Freeman

NHS Boards Governance Assurance Systems

Thank you for your letter dated 5 September 2018 regarding the above. Please find below the information as requested:

NHS Complaints

Complaints are managed at directorate level with oversight via the governance structures of the Board. The directorate associate medical directors have oversight of complaints which specifically involve medical care/treatment and would be aware of any patterns or cluster. Annually a complaints report is compiled by the Patient Relations Team for individual consultants which details any complaints they have been involved in the last year. Senior medical staff are advised to discuss complaints at appraisal and junior medical staff at assessment with educational supervisors. If a concern about the safety of professional practice was identified the situation is immediately reviewed by the relevant Associate Medical Director and General Manager and appropriate actions taken. This would include notification to the Medical Director, if required. Actions will be dependent on the individual circumstances but would ensure patient safety – for example restrictions in practice or suspension to allow further review. A clear time line is agreed at the outset with respect of the time available until a decision is made – e.g. next on-call or theatre sessions.

Surgical safety and M&M reviews

- **Reliable processes for pre-operative marking**

  There are robust surgical briefs and pauses together with the use of the WHO safety checklist prior to anaesthesia and surgery starting to ensure pre- operative marking has been undertaken.

- **Monitoring workloads , surgical list length and appropriately equipped theatres**

  Surgical list length is monitored. Some lists will over run and some will under run. On occasion procedures are cancelled should the list overrun significantly. Theatre under runs and cancellations are monitored and regularly reported and acted on. Data is reported nationally. Specialist knowledge ensures that lists sizes are appropriate. Workload and equipment issues should be discussed at appraisal and job planning. There are also regular senior staff and theatre users meetings where any issues can be addressed.

- **Processes to support clinicians in presenting cases and have time allocated to attend morbidity and mortality reviews**

  Consultants have 20 to 25% of their time set aside for Supporting Professional Activities. Four hours of this time is set aside for personal development including reflection and preparation for appraisal. The organisation cannot guarantee attendance of all consultants at the Morbidity and Mortality meetings as such attendance would impact on both emergency and elective care (including cancer work): and, like all activities, is impacted on by leave. The procedures around these meetings are continually being reviewed. All surgical departments now have access to MoSES – a locally developed M&M eform to encourage and simplify the recording of clinical events. All Consultants undergo annual appraisal. This process requires consultants to confirm they are aware of their duties to the regulator (GMC).

- **Arrangement for reviewing the effectiveness of on- call rotas**

  On-call rotas are reviewed at job planning, usually a yearly event. Increasingly team job plans are being scheduled before individual job plan meetings where collective issues such as on-call are discussed. When issues are identified robust actions are taken. Two years ago we reviewed the general surgical on-call rota to support the development of a new surgical assessment unit. We are currently developing plans to offer a similar provision for orthopaedic patients.

- **Supervision of junior medical staff**

  All junior medical staff have an educational supervisor whom they meet regularly. Consultant surgeons undertake daily ward rounds and should therefore be aware of any concerns regarding the care of patients they are responsible for. There is a consultant on call overnight and handovers at 8pm and 8am.

  At the hospital-wide safety huddle, patients who are “triggering” on the early warning system are discussed and the presence of action plans confirmed.

- **Openness and transparency**

  There are processes in place for colleagues to raise concerns regarding the behaviour or other aspects of colleagues care. There is a local Dignity at Work Policy which supports staff to raise concerns. There are also mechanisms for trainees to feedback from through the GMC and Deanery. A number of other mechanisms are also available including Walk rounds, Safety huddles and surgical debriefs and iMatter.

  National and Local Directorate balanced score cards have been developed that highlight activity as well as safety information and sickness rates. Other local data includes antibiotic utilisation, and HEI data. A range of local, regional and national outcome data is available and is used to review care and identify any areas for further review and analysis .This includes national and speciality specific data including orthopaedics, some "society" information e.g. endocrine and vascular surgery, SICSAG).

I hope this information is of assistance, please do not hesitate to contact me should you require anything else.

Yours sincerely

Cathie Cowan
Chief Executive