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Pan-London Quality and Regulation Unit

Chelsea and Westminster Hospital NHS Foundation Trust

Obstetrics and Gynaecology

Quality Visit Report

Date of visit: 19 May 2015

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Health Education
North West London

SPECIALTY-FOCUSED VISIT REPORT

Visit Details	
LEP	Chelsea and Westminster Hospital NHS Foundation Trust
Specialty	Obstetrics and Gynaecology (O&G)
Date of visit	19 May 2015
Background to visit	Chelsea and Westminster Hospital NHS Foundation Trust's O&G department had not been visited in several years and therefore a Specialty Focused Visited was needed to assess the training environment. The General Medical Council National Training Survey (GMC NTS) results in 2014 had improved since 2013 however there were still two pink outliers in 'regional teaching' and 'study leave' which suggested that the trainees' ability to attend training days was impeded and needed to be assessed at a visit. There were also concerns about the red outlier for 'workload'. In addition, the visit team also wanted to investigate the management of the rotas and how the high volume of private patients impacted on the training environment. Importantly, a bullying and undermining comment had been raised through the GMC NTS 2015 results and the visit team was interested to see how this had been dealt with. The Trust was going through the acquisition of West Middlesex University Hospital NHS Trust and the visit team also intended to investigate how education and training were being accommodated within this process.
Visit summary and outcomes	The visit team would like to thank all members of staff at Chelsea and Westminster Hospital NHS Foundation Trust who attended the Speciality Focused Visit for O&G. The visit team met with the Trust senior management team, including the medical director (MD), director of medical education (DME), the college tutor for O&G and the service and clinical leads. The visit team also met with core trainees, higher trainees and some of the consultants who were educational supervisors. Areas of note included the following: • The visit team was pleased to find a department that had a comprehensive range of training opportunities and was impressed with the commitment to provide trainees with bespoke training plans. • The visit team commended the department for its receptive nature to improving and developing the training opportunities available to trainees. • The trainees stated that there was generally good support from the consultant body, although there needed to be an increase in support on the

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	labour and gynaecology wards. • The visit team felt that the department was to be congratulated on the manner in which they dealt with the bullying and undermining behaviour highlighted in the GMC NTS and the visit team encouraged the department to review the bullying and undermining behaviour in the department in a wider, multi-professional scope with an external reviewer. • The visit team found that publication and execution of the rotas needed improvement with trainees and senior staff involvement to ensure its predictability. • The visit team also found that there was a lack of adherence to the clinical guidelines in the department and that these guidelines were in need of updating. • The visit team also had a concern that there were conflicting requirements for trainees with respect to the provision of care to private patients whilst being required to undertake their NHS clinical duties. This may have had a detrimental effect on supervision for training and therefore patient safety.

Visit Team

Trust Liaison Dean	Dr Chandi Vellodi	**Trainee Representative**	Ms Sabrina O'Dwyer
Lead Visitor	Mrs Sonji Clarke	**Lay Representative**	Mrs Kate Rivett
Lead Provider Representative	Miss Karen Joash	**Quality and Visits Officer**	Miss Lizzie Cannon
Specialty Representative	Mr Mike Savvas		

Findings

GMC Domain	Ref	Findings	Action and Evidence Required. Full details on Action Plan	RAG rating of action
1	O&G 1.1	**Clinical supervision** The visit team heard from the college tutor that there were plans to increase the consultant "resident on call" cover on the labour ward to 115 hours per week in June 2016. At the time		

		of the visit in May 2015 there was a consultant resident on call at night, every Monday and Thursday and alternate Wednesdays. There was no consultant present on Tuesday and Friday nights and consultants covered some weekends at night. The college tutor stated that there was always consultant presence on the wards during the day. The core trainees stated that there was consultant cover on Monday and Wednesday nights, but there was rarely any consultant cover on a Saturday and Sunday night. The core trainees stated that during the weekend the lack of consultant cover was not a problem. The visit team heard that the Labour Ward Lead was on call on alternate Monday nights but there had been discussions that this role should focus more on training and education and therefore be more present during the day. This would mean the role would have fewer on call commitments to allow for daytime education and training responsibilities. The visit team heard from the core trainees that there was support from the consultants, but it was not seen as proactive support. They stated that there were few consultants who oversaw trainees, and the core trainees felt this resulted in inconsistent training and support. The core trainees reported that the consultants frequently left the labour ward to attend to their private patients in the Chelsea or Kensington Wings (these wings were a separate part of the hospital, although on the same floor). This left the core trainees unsupervised and responsible for managing the labour ward including overseeing the lower grade trainees. The general practice (GP) trainees agreed that there was often a lack of support on the labour ward because the ward was covered by the gynaecology higher trainees and they would frequently be in theatre and unavailable. The core trainees stated that the department had recently employed two acute gynaecology consultants to cover the acute gynaecology ward, which had increased supervision levels. The visit team heard from GP trainees rotating into O&G that they were not happy with the levels of support and supervision they received. They felt that their lack of experience within O&G was not acknowledged and the level of support was not increased accordingly, especially early on in the rotation. They also stated that they sometimes found nights very stressful because they could be very busy and if the emergency department was breaching their supervising consultant was called to assist, which meant that they were left alone.	The Trust is required to provide adequate levels of clinical supervision to all trainees on all wards and at all times. The Trust is required to review the levels of clinical supervision trainees receive and provide evidence that there are adequate levels.	**Amber** Mandatory Requirement

		The higher trainees stated that they thought the level of supervision was good, with most of the consultants being approachable and accessible. The higher trainees conceded that lower grade trainees needed additional support especially on the gynaecology ward. The higher trainees stated that they did not think that the consultants' responsibilities to private patients interfered with the level of supervision. The visit team heard from the higher trainees that the consultants were not always present on the wards, but they were available via phone.		
1	O&G 1.2	**Serious incidents (SIs)** The senior management stated that the Trust had a high reporting rate on the total number of incidents reported per 100,000 bed days and the Trust also reported on SIs that had caused serious harm or death. The medical director (MD) assured the visit team that the Trust had methods of triangulating SIs that caused serious harm or death but the reason for the low reporting rate for the death category was because the Trust had not had any deaths occurring due to SIs. The MD stated that learning from SIs formed a prominent part of the senior management agenda. The visit team heard that the MD and the chief executive officer (CEO) met every two weeks to discuss SIs and how learning could be developed from them and the MD assured the visit team that the structures were in place for the learning to cascade down to the trainees. The visit team also heard that there had been an impetus to increase the feedback methods for SIs with newsletters, handover tips of the week and half days of clinical governance where SIs from the last quarter would be discussed. The college tutor assured the visit team that the department was good at disseminating feedback from SIs. Anyone who reported a SI would be sent a copy of the report and offered a meeting by the divisional director and the trainee's educational supervisor. The director of medical education (DME) stated that the trainees had expressed concerns about possible ramifications for their revalidation and Annual Review of Competency Progression (ARCP) outcomes, if they were to be involved with or report an SI. The DME stated that the trainees were informed in their inductions of the support structures and processes regarding SIs. The Trust had also appointed a fellow (to start in August 2015) to		

		develop better communication surrounding SIs and give robust support to trainees regarding SIs. The core trainees stated that there was a meeting on Wednesdays where SIs could be discussed. They stated that anyone who had been involved with the SI would be informed in advance and there was good support on offer. The core trainees stated that the method for reporting SIs was outdated, with a paper form that was confusing to submit. The core trainees stated that there was an open and encouraging culture of reporting but that there was little feedback on the minor issues. The trainees commended the labour ward matron who had handled a lot of the SI forms the trainees had submitted and then discussed the issue with the trainees and given advice. The visit team was pleased to hear that an electronic reporting system for SIs, Datix, would be introduced to the Trust in November 2015.		
1	O&G 1.3	**Access to up to date clinical guidelines** The visit team heard from the core trainees that there was conflicting clinical guidance and an inconsistent approach to patient management amongst the consultant body. The core trainees stated that at the multi-disciplinary (MDT) meeting, held on Wednesdays, there was a clear patient plan agreed but consultants often then changed the patient plan regardless. The trainees perceived this behaviour to mean that the consultants did not respect each other's clinical decisions. The visit team heard of an incident where a term intra-uterine death had been scheduled to be delivered in theatre by one consultant, but another consultant had changed the management plan for a natural birth which had caused a t3B vaginal tear to the patient. The consultants had questioned the decision-making surrounding the incident and the trainees had perceived this as infighting. The consultants stated that the changing management plans for patients resulted from changing clinical situations. The visit team was concerned that there was a lack of communication between consultants regarding patient management plans which could impact on patient safety. The core trainees stated that the clinical guidelines were not followed but they were also not	The Trust is required to provide regularly	Amber

		up to date. The core trainees stated that the Divisional Lead was aware that the guidelines were out of date and needed development; however some of the consultants felt that the guidelines were more than adequate and were continually updated. The visit team heard from one consultant however, that this was not the case, and the consultants had been tasked to rewrite the majority of the guidelines with new standard operating procedures.	updated clinical guidelines for the O&G department and ensure that these are accessible to all trainees working within the department.	Mandatory Requirement
2	O&G 2.1	**Trainee engagement** The visit team heard from the senior management team that the Trust had a committed post-graduate medical education team which the trainees were told at induction were there to support and engage trainees. The post-graduate medical education team was also said to communicate well with the Local Faculty Groups (LFGs) to support change and implement solutions. The MD stated that there were difficulties communicating with trainees because most trainees did not use their Trust email accounts and the MD did not have their personal email accounts. The MD was looking for other methods of communicating with the trainees directly and assured the visit team that the trainees had good communication links with their departments. The visit team was pleased to hear about the O&G summit within the department. The college tutor stated that this was a multi-professional summit that had involved trainees, consultants and managers, but unfortunately the midwives had not been able to attend and the higher trainees stated that they had not heard of the summit before. Its purpose was to discuss the training and education needs of the trainees within the department and how the training environment could be developed. The visit team commended the proactive attitude of the department for engaging with trainees and their educational requirements.		
5	O&G 5.1	**Training opportunities** The visit team heard from the college tutor that the department had made sure that training days had been made available to the trainees. This included a multi-professional obstetric simulation course that was run 34 times per year, attended by all consultants, obstetric anaesthetists, midwives and all trainees. The visit team commended this as good practice.		

		The college tutor assured the visit team that there was a standard operating procedure for doctors working on private patients and those private patients did not infringe on the trainees training opportunities. The college tutor stated that previously the trainees had been used to stand in for an operating assistant for the two elected caesarean lists for private patients. This visit team was pleased to hear that this had now been rectified and instead there was a separate rota for private patient operating lists and the trainees could volunteer to assist on these lists for extra training opportunities. The core trainees stated that there were lots of training opportunities with each core trainee appointed to Evacuation of Retained Products of Conception (ERPC) lists, theatre lists, caesarean section lists and time on labour wards. The core trainees stated that they did not have as many scanning sessions as they would like, but the trainees stated that the college tutor had put together an ultra sound scanning program which would allow the trainees to have one full week of ultra sounds training, to address this. The core trainees stated that they would be able to meet the curriculum competencies, although, they stated that the engagement of some consultants for Work Placed Based Assessments (WPBAs) was variable and could lead to delayed sign offs. Some trainees were concerned that this would make it difficult to ensure that all the curriculum competencies were signed off in a timely manner. The higher trainees stated that because the majority of the higher trainees were the same grade they all needed the same training opportunities and this meant that there could sometimes be limited exposure to operating and other training opportunities. The higher trainees stated that if there were more standard training (ST) grade six or ST7 trainees there would be fewer training opportunities. The higher trainees already felt that there were insufficient training opportunities for them to attain their certificate of completion of training (CCT) at the projected time. The higher trainees also stated that there were not enough trainee opportunities for trainees in sub-specialities and therefore the sub-speciality training programme had had to be extended by six months to enable the trainees to gain enough exposure and experience. The college tutor stated that the department was aware that the training opportunities in gynaecology were fewer than other areas but stated that the two newly appointed acute	The visit team is aware that this is an issue caused primarily from allocation of posts. Please see other required actions at the bottom of this report for a solution to the allocation issue. The Trust is required to ensure that the current higher trainee cohort (July 2015) are allocated an adequate number of training opportunities to meet their curriculum competencies.	**Amber** Mandatory Requirement

		gynaecology consultants would be able to provide more gynaecology training opportunities. The visit team heard from the higher trainees that it was a widely acknowledged fact in the department that the team system was ineffective and did not allow for optimal training opportunities. This visit team found that this was not an opinion shared by the consultant body; however there was acknowledgement that the disproportionate number of higher trainees to core trainees had reduced the number of available training opportunities for higher trainees. The visit team found that the department took a proactive approach to ensuring that the individual trainee's training needs were assessed and a bespoke training plan developed between the educational supervisor and trainee. The Service Lead stated that there had to be a balance between service and training and the department was always looking for the educational value in service requirements such as clinics. The college tutor stated that the department had been working hard to ensure that all trainees achieved their competencies in light of the high number of ST6 and ST7 trainees.		
6	O&G 6.1	**Induction** The visit team heard from the senior management that the postgraduate team met with the trainees on their induction and informed them about the support available to them and that they could approach the DME if they so wished. The GP trainees felt that their induction was insufficiently GP-focused and they found that the department did not acknowledge their relative inexperience in O&G. They would have appreciated an induction that included referral pathways and services especially.	The Trust is required to provide evidence of a full induction for all trainees that includes details of relevant referral pathways.	**Amber** Mandatory Requirement
6	O&G 6.2	**Rotas** The visit team heard that the core trainee rota was well staffed at the beginning of the rotation and this had enabled the trainees to access many good training opportunities. The core trainees did however state that when the rota was stretched the trainee was expected to undertake mostly service provision on the labour ward and post-natal ward.		

		The core trainees reported that the rota had become stretched at the time of the visit (May 2015) because they were short of two core grade doctors. This was because two of the three locum doctors had finished their contracts and no replacements had been found. The third and final locum was due to finish at the end of May 2015 which would leave three gaps in the rota. The core trainees felt that the stretched rota could have been avoided because the Trust would have known when the locums were going to finish and should have made recruitment plans to eliminate the lag time to fill the gaps in the rota. The core trainees stated that the vacancies had not yet been advertised. The core trainees stated that their rota had been put under more pressure due to the ST3 core trainees being moved on to the higher trainee rota to cover gaps in that rota but also to increase the training opportunities of the core trainees. The visit team heard that these core trainees had felt out of their depth and deeply uncomfortable doing night shifts since starting on the higher trainee rota. However, the visit team was pleased to hear that the trainees had escalated their concerns and had been taken off nights and instead worked late shifts to acclimatise to the clinical demands and expectations of the higher grade rota. They stated that they were not allocated to the night and weekend shifts unless asked in advance; the visit team heard from the college tutor that the department was aware that this needed improvement but thought it was a good training opportunity for ST2 trainees. The visit team encouraged the department to ensure the core trainees were gradually introduced to the higher trainee rota in the future. The higher trainees stated that the rota changed multiple times a week and this was not communicated to them and there was not a rota given to them six weeks in advance. The visit team heard however from the rota manager in the consultant session that the rota changed regularly but the trainees were advised to look everyday on the rota mobile application which had the most up to date rota available. However, none of the trainees mentioned this rota mobile application and the visit team was concerned that this was an impractical system. The visit team heard from the consultants that the department had been discussing different models of rota and that this was becoming a more pressing issue as the activity of the department was increasing rapidly.	The rotas should be executed and published six weeks in advance, with trainee and senior staff engagement to ensure predictability.	**Amber** Mandatory Requirement

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6	O&G 6.3	**Educational supervisors** The visit team was pleased to hear that the Trust had reached 92 per cent compliance in the GMC Training the Trainer Census. The visit team heard that the MD was present for the majority of consultant appointment interviews and encouraged the departments to appoint a mentor or buddy to the newly appointed consultant. The MD also stated that the Trust had a Five Year Club for all newly certified consultants that provided an opportunity for them to interact with other consultants and the executive team. The college tutor stated that they were developing a formal mentorship program for newly qualified consultants in the department and this would be operational in 12 months' time. The MD informed the visit team that the Trust was developing the consultants' job plans under the postgraduate education tariff in an 18-month period. However the MD stated that the consultants were allocated enough time in the job plans to fulfil their educational roles. The visit team heard from the college tutor that the department had decided to select a few consultants to become educational supervisors who would be able to identify the trainees' training needs and arrange the right workplace-based assessments (WPBAs) in certain areas. However, all consultants would be responsible for WPBAs sign offs.		
6	O&G 6.4	**Bullying and undermining** The visit team heard from the senior management team that they acknowledged that bullying and undermining was specific to certain departments and wards. They were made aware of any issues in this area by internal staff surveys and by the GMC NTS results. The senior management team stated that they were progressing well on how to deal with bullying and undermining behaviour and engaging staff in different activities to develop their interaction with other staff members. The visit team was also pleased to hear that there had been an impetus by the senior management team to encourage people to talk about bullying and undermining behaviour. The visit team commended the open and timely process of how the department dealt with		

		the bullying and undermining comments raised in the GMC NTS 2015. The visit team felt it was purposeful and developmental for those involved, including the department. The visit team would encourage the department to continue to support those involved. The visit team heard from the trainees that there was no culture of bullying and undermining but that due to the high workload in the department, staff could easily become very stressed and rude towards one another. The trainees stated that this bullying and undermining behaviour was attributable not only to doctors but midwives and nurses too. The core trainees did not report any major problem with bullying and undermining. However, unlike other O&G departments they had worked in, there was not a sense of team work and as a result many trainees did not particularly enjoy working within the department. However, the higher trainees stated that the consultants were supportive and open to discuss cases, which the core trainees corroborated but added that the consultants were not proactive in their support.	The department should continue its work with the perception of bullying and undermining behaviour but should widen the scope of the review to midwives and nurses too. The Trust is required to provide evidence that a multi-professional approach to address bullying and undermining is being undertaken.	Amber Mandatory Requirement
8	O&G 8.1	**The acquisition of West Middlesex University Hospital NHS Trust** In May 2015 Chelsea and Westminster Hospital NHS Foundation Trust was in the process of acquiring West Middlesex University Hospital NHS Trust. The MD stated that the acquisition would allow for increased training opportunities for trainees across sites, including sub-specialisations and for other healthcare professionals. The visit team heard that although the priority of the acquisition was to secure financial and service stability, education and training were high on the agenda and the benefits of the acquisition would be considerable. The consultants corroborated this stating that education had been discussed and although education was not the priority it still formed an important part of the acquisition process. The visit team heard that there had been no clinical director for the department in a couple of years. Although the department acknowledged the need for a clinical director, there was no apparent enthusiasm from the consultants within the department to take up the role. This was because the role of clinical director would be a cross-site appointment and therefore was unappealing to many. The department hoped to recruit to the role from the staff at West Middlesex University Hospital NHS Trust.	The visit team recommends appointing a clinical director.	**Green** Recommendation

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North West London

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Good Practice	Contact	Brief for Sharing	Date

Other Actions (including actions to be taken by Health Education North West London)

Requirement	Responsibility
The higher trainees reported that they had not been able to meet curriculum requirements because of the number of same grade trainees. The School of Obstetrics and Gynaecology and the Training Programme Director should review the number of higher-grade training posts allocated to the department. The TLD (Dr Chandi Vellodi) should be informed of the outcome of the review.	Head of School and Deputy Head of School for O&G and the Training Programme Director.

Information and reports provided to the team prior to the visit

DME Annual Report	*No*	Regulator Reports/Data	*No*	LFG Reports	*Yes*	MEM minutes	*No*
GMC Survey - trainees	*Yes*	GMC Survey - trainers	*No*	Previous visit reports & action plans	*Yes*		
PVQs - trainees	*Yes*	PVQs - trainers	*No*	Result of school survey	*No*		

Signed

By the Lead Visitor on behalf of the Visiting Team:	*Mrs Sonji Clarke*
Date:	*8 July 2015*