

**Quality and Regulation Unit (London and South East)**

**Chelsea and Westminster Hospital NHS Foundation Trust  
West Middlesex University Hospital  
Obstetrics and Gynaecology  
Specialty Focused Visit**



**Quality Visit Report**

17 November 2015

Final Report

Visit Details			
Trust	Chelsea and Westminster Hospital NHS Foundation Trust – West Middlesex University Hospital		
Date of visit	17 November 2015		
Background to visit	<p>Chelsea and Westminster Hospital NHS Foundation Trust acquired West Middlesex University Hospital in September 2015 and since then an integration of services and education and training had been on-going. It was felt that a review of how the integration was progressing and where education was fitting into the realigned services was necessary. This was especially relevant with the increase in patient numbers due to the reconfiguration of service in North West London under Shaping a Healthier Future.</p> <p>The reason for requesting to visit obstetrics and gynaecology was based on the most recent GMC National Training Survey (NTS) in 2015 which showed some deterioration following brief improvement in 2014. Patient safety and bullying and undermining comments were also raised in the 2015 GMC NTS.</p>		
Visit summary and outcomes	<p>The visit team met with four core trainees, five higher trainees, the college tutor, the clinical lead, the divisional director and nine educational and clinical supervisors.</p> <p>The visit team noted the areas that were working well. The core trainees commented that the department was incredibly supportive and the consultants were always contactable. The trainees would all recommend the post. The department had acted in a positive manner to previous undermining concerns by changing the handover structure on labour ward and seeking external views.</p> <p>However, the visit team noted the following areas for improvement. By changing the handover this could be detrimental to training as the handover should be a team activity. The visit team suggested that the educational supervisors needed to be clear about the curriculum requirement of trainees at the particular grade and enable trainees to attain the clinical experience and competencies. There was an apparent disconnect between the departmental educational leads’ and the trainees’ views on departmental teaching. The visit team noted that there were administrative constraints in enabling the rotas to be dealt with in an efficient and timely manner.</p>		
Visit team			
Lead Visitor	Greg Ward, Head of London Speciality School of Obstetrics and Gynaecology	External Representative	Dr Sonji Clarke, Deputy Head of London Speciality School of Obstetrics and Gynaecology
Trust Liaison Dean	Dr Chandi Vellodi, Trust Liaison Dean, Health Education England North West London	Lead Provider Representative	Dr Karen Joash, Training Programme Director, Imperial College Healthcare NHS Trust
Lay Member	Caroline Turnbull, Lay Representative	General Practice Representative	Dr Ramesh Bhatt, General Practice Associate Director, Health Education North West London
Visit Officer	Victoria Farrimond, Quality and Visits Officer		
Findings			

Ref	Findings	Action and Evidence Required. Full details on Action Plan	Requirement
<b>GMC Theme 1) Learning environment and culture</b>			
OG1.1	<p><b>Serious incidents and professional duty of candour</b></p> <p>The clinical lead reported that the department was an open reporter. The department only reported serious incidents if they were care or service delivery related since January 2015. There had been no change to the risk or governance level.</p> <p>The trainees commented that they had a list within the department which listed what constituted reporting a serious incident. The trainees all reported that they could complete datix reports. The trainees stated that they had not received formal feedback from the datix reports.</p>		
OG1.2	<p><b>Rotas</b></p> <p>The core trainees commented that they were not scheduled for elective caesarean section lists.</p> <p>The core trainees reported that the department had brought in antenatal ward time for the trainees.</p> <p>The core trainees stated that they were all European working time directive (EWTD) compliant.</p> <p>The higher trainees reported that the rota was fully staffed without gaps. The higher trainees had raised concerns over the rota due to some trainees organising the rota around their work; this was being addressed by the department.</p> <p>The college tutor indicated that there had been no complaints surrounding administrative staff following the 2013 quality visits. The challenge with the rota was that there was no administrative support and the trainees managed the rota themselves with the assistance of Mr Osakwe to ensure training needs were met. The rotas were created within a word document as the department did not have access to rota software.</p> <p>The visit team heard that the consultant rota had 157 hours labour cover. The consultants were not formally paid to stay after 3pm on Saturday and 1pm on Sunday when the night team did not arrive until 8pm.</p> <p>The clinical lead confirmed that the consultant rota worked well and enabled the consultants to provide increased supervision for the trainees.</p>	<p>The Trust is to investigate providing the department with a rota coordinator and suitable rota software to ensure rotas are dealt with in an efficient and timely manner.</p>	Recommendation
OG1.3	<p><b>Induction</b></p> <p>The trainees commented that the departmental induction was good and useful.</p> <p>The higher trainees reported that the Trust induction was poor as there was little time to arrange</p>	<p>The Trust is to ensure all trainees are set up on</p>	Mandatory

	user names and passwords for all the information technology systems so some trainees could order blood tests but not x-rays due to this.	the IT systems at induction to order all necessary tests	Requirement
OG1.4	<p><b>Handover</b></p> <p>The college tutor commented that the handover had changed following previous quality visits in 2013 to a higher trainee to higher trainee handover. The handover was attended by the whole medical team. The department was looking into how to make the handover an educational opportunity and was going to introduce a written handover, so that trainees understood what was expected of them.</p> <p>The core trainees reported that the handover on the labour ward was multi-disciplinary, higher trainee to higher trainee handover with minimal consultant input.</p> <p>The higher trainees stated that the labour ward handover had changed since the 2013 visit. The trainees felt that the consultants were reluctant to offer constructive feedback to the trainees and therefore the trainees felt that this had reduced the quality of handover. The higher trainees commented that they would like to be told if they were handing over incorrectly.</p> <p>The educational supervisors reported that the department had changed the handover system to its current format was so the trainees did not feel undermined. The supervisors felt it was a great learning opportunity.</p>	The department is to review the handover process within the labour ward. Best practice is for the consultants to take an active part in the handover process to ensure that the educational opportunity of handover is fully utilised.	Mandatory Requirement
OG1.5	<p><b>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</b></p> <p>The trainees commented that the feedback on clinical procedures and activity was constructive.</p>		
OG1.6	<p><b>Adequate time and resources to complete assessments required by the curriculum</b></p> <p>The trainees reported that they were able to get their workplace-based assessments (WPBA) signed off without issues.</p> <p>The higher trainees reported that with consultants working nights it had allowed more opportunity for WPBAs to be completed.</p>		
<b>GMC Theme 2) Educational governance and leadership</b>			
OG2.1	<p><b>Effective, transparent and clearly understood educational governance systems and processes</b></p> <p>The educational supervisors reported that the Trust took any comments regarding undermining behaviour very seriously and acted on this immediately. Following the 2013 quality visit the department had asked the co-DME Michael Beckett to step in and speak with trainees individually and away from the team to get to the bottom of concerns raised by trainees.</p>		

OG2.2	<p><b>Impact of service design on learners</b></p> <p>The Senior Management team reported that the acquisition of West Middlesex University Hospital by Chelsea and Westminster Hospital NHS Foundation Trust took place on 1 September 2015 and was still very new. The visit team heard that West Middlesex University Hospital and Chelsea and Westminster Hospital NHS Foundation Trust had been working together over the past three years so a lot of clinical and operational alignment had already happened or was in the process of being finalised.</p> <p>The Trust commented that they hoped to build on the significant educational opportunities that were available across the two sites.</p> <p>The visit team heard that the department was busier following the closure of Ealing Hospital maternity services. The department had predicted a peak from July to September 2015 and the rota was changed during this period to accommodate the increased activity and for training needs to be met.</p> <p>The visit team heard that since the closure of Ealing Hospital maternity services the department had an increased exposure to complex obstetrics cases and the early pregnancy unit was busier.</p>		
OG2.3	<p><b>Appropriate system for raising concerns about education and training within the organisation</b></p> <p>The core trainees were unaware of the local faculty group (LFG) within the department; the trainees assumed that the trainee representative attended these meetings. The higher trainees were unaware of the LFGs.</p> <p>The core trainees reported that Miss Barnes had asked trainees to nominate themselves to become a trainee behaviour champion within the department, to help support trainees with any bullying or undermining issues.</p>	The department is to ensure all trainees receive the minutes of LFGs.	Recommendation
<b>GMC Theme 3) Supporting learners</b>			
OG3.1	<p><b>Behaviour that undermines professional confidence, performance or self-esteem</b></p> <p>The higher trainees commented that they had witnessed a consultant disagreeing with a trainee over following the correct guidelines regarding the appropriate investigations. The trainee was given separate advice by two consultants who disagreed over the procedure for this instance. This was undertaken in an open forum for anyone to hear. The trainee that witnessed the discussion did not feel the consultant was aggressive towards the trainee.</p>	The Trust must ensure that such behaviour ceases as it is not conducive to a supportive learning environment and is not in keeping with the GMC's standards of good medical care and professional behaviours.	Recommendation
<b>GMC Theme 4) Supporting educators</b>			
OG4.1	<p><b>Access to appropriately funded professional development, training and an appraisal for educators</b></p>		

	<p>The clinical lead reported that the department envisioned the resident consultant would be in post for five years. The resident consultant roles had to have a specialist area of interest and developmental opportunities.</p> <p>The educational supervisors commented that the postgraduate medical education centre team were incredibly helpful and the supervisors appreciated the continuous support they offered.</p>		
OG4.2	<p><b>Sufficient time in educators' job plans to meet educational responsibilities</b></p> <p>The visit team heard that consultants received up to two supporting professional activities (SPA) which included allocation for education supervision.</p> <p>The educational supervisors commented that they had heard the job plans would change to one SPA and the trainers would have to justify additional SPAs following the acquisition. The educational supervisors were unsure how they would be able to maintain teaching and training if the SPAs were lowered.</p>		
<b>GMC Theme 5) Developing and implementing curricula and assessments</b>			
OG5.1	<p><b>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</b></p> <p>The college tutor stated that despite the numbers of trainees in the department ensuring trainees availability for Friday afternoon teaching could be a challenge. The college tutor reported that all trainees attended regional teaching.</p> <p>The college tutor commented that the Friday afternoon teaching was for the whole department and the teaching rotated through the month. The teaching on offer was via a morbidity and mortality (M&amp;M) meeting, journal club and joint meeting with anaesthetics to discuss cases.</p> <p>The core trainees reported however that the Friday afternoon teaching was not a regular occurrence. The core trainees commented that there were gynaecology and perinatal M&amp;M meetings. The GP trainees undertook skills and drills training with the nurses and midwives.</p>	<p>The departmental teaching is unclear and needs to be reviewed. We would like to see evidence that teaching is taking place and trainees are able to attend.</p>	<p>Mandatory Requirement</p>
OG5.2	<p><b>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</b></p> <p>The clinical lead reported that all trainees achieved the basic competencies required within ultrasound teaching. The department was investigating how to enable trainees to maintain ultrasound practice.</p> <p>The core trainees reported that the department was consultant led and they would like to be more hands on and involved with patients especially on labour ward. The core trainees commented that the department was aware of this and trainees undertook on call within the labour ward.</p> <p>The core trainees stated that if they needed to focus their training more in one area to gain</p>	<p>The department is to ensure that the trainees at each particular training grade are timetabled to receive the relevant clinical experience to achieve their competencies</p>	<p>Mandatory Requirement</p>

<p>competencies the department was very supportive and worked with the trainees to ensure they had access to practical procedures.</p> <p>The GP trainees reported that the training was relevant to their future practice as they worked within antenatal care, emergency department and maternity triage. The GP trainees stated that they did not see many complex gynaecology cases.</p> <p>The core trainees reported that the obstetrics department was busy but a good learning environment, there was always work to do within the early pregnancy unit. The core trainees commented that it was harder to meet competencies within elective gynaecology.</p> <p>The core trainees commented that they had not had an elective theatre list yet and there had not been many opportunities to get involved. This was due to the speciality trainees and consultants carrying out most of the work. The core trainees indicated that if they informed the consultants and midwives of procedures they wanted to be involved in they would notify the trainee to come and assist.</p> <p>The higher trainees commented that they struggled to meet all the gynaecology competencies. This was partly due to the department not having as many gynaecology cases. The higher trainees reported that they had one full day gynaecology theatre list every two months. The higher trainees had spoken to the trainee in charge of the rota to ask that gynaecology theatre lists were shared between all trainees.</p> <p>The higher trainees indicated that there were eight theatres lists a week, however a lot of equivalent trust grade doctors, senior clinical fellows and post CCT trainees were promised work in the theatres.</p> <p>The educational supervisors commented that they shared out gynaecology opportunities as equally as possible. The department would like to have weekly theatre lists however this was not possible. The educational supervisors reported that they used the operations creatively to enable training experiences. The department had a high ectopic rate, which created learning opportunities for trainees. The educational supervisors commented that due to the consultant expansion there were more operating surgeons which had increased training opportunities.</p>			
Good Practice	Contact	Brief for Sharing	Date
Other Actions (including actions to be taken by Health Education England)			
Requirement		Responsibility	

<b>Signed</b>	
<b>By the Lead Visitor on behalf of the Visiting Team:</b>	<i>Greg Ward, Head of London Speciality School of Obstetrics and Gynaecology</i>
<b>Date:</b>	<i>21 December 2015</i>