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Quality and Regulation Team (London and South East)

Guy's and St Thomas' NHS Foundation Trust
Obstetrics and Gynaecology
Specialty Focused Visit

Quality Visit Report
19 January 2016
Final Report

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Visit Details	
Trust	Guy's and St Thomas' NHS Foundation Trust
Date of visit	19 January 2016
Background to visit	The last Trust-wide Review to Guy's and St Thomas' NHS Foundation Trust took place in May 2012. The London Specialty School of Obstetrics and Gynaecology had never undertaken a Specialty Focused Visit to the Trust. Obstetrics and Gynaecology at the St Thomas' site had received a red outlier in Workload for the last three years. In addition in 2015 they also received a red outlier for 'supportive environment' and pink outlier in 'induction' and 'feedback'. The Head of School of Obstetrics and Gynaecology felt it necessary to visit the department to review how the workload concerns could be addressed.
Visit summary and outcomes	The visit team would like to thank the Trust for accommodating the visit and the well-attended sessions the visit team encountered. The visit team met with the clinical director, college tutor, incoming college tutor, service lead for obstetrics and service lead for gynaecology. The visit team then met with three year one trainees, three year two trainees, two year three trainees, one year four trainee and one year five trainee. The visit team then met with three year six trainees, one sub-specialty urogynaecology trainee and one sub-specialty maternal and foetal medicine trainee. The visit team then met with nine educational supervisors across the specialty. The visit team noted one area of serious concern and an immediate mandatory requirement (IMR) was issued. The visit team was concerned that the trainee rota was not European Working Time Directive (EWTD) compliant. Trainees were working 19 day stretches which impacted on their ability to function, deliver a safe service and make safe decisions. The visit team noted the areas that were working well. The consultant body was committed and educationally orientated. All trainees felt supported by the consultant body. All specialty training year six and above (ST6+) trainees would recommend the post. The labour ward handover arrangement worked well. However, the visit team noted the following areas for improvement. • The local teaching was poorly attended due to conflicting duties and as a result the structured teaching had suffered. • The visit team was concerned with the ST1-2 trainees' access to educational activities. The St1-2 trainees had limited access to training. • There was evidence of excessive workload for all trainees. This resulted in trainees starting early and finishing late. The cross-site working delayed handover most evenings. • The visit team heard that room allocation was at a premium, which made teaching and arrangements for meeting trainees privately difficult.

Visit team			
Lead Visitor	Mr Greg Ward, Head of London Specialty School of Obstetrics and Gynaecology	**External Representative**	Miss Karen Joash, Specialty Training Programme Director, Imperial College Healthcare NHS Trust
Lead Provider Representative	Mr Nick Kametas, Kings College Hospital NHS Foundation Trust	**Trainee Representative**	Miss Sabrina O'Dwyer, Trainee Representative
Lay Member	Diane Moss, Lay Representative	**Observer**	Azeem Madari, Quality Support Officer

Visit Officer	Victoria Farrimond, Learning Environment Quality Coordinator		

Findings			
Ref	**Findings**	**Action and Evidence Required.** **Full details on Action Plan**	**RAG rating of action**
GMC Theme 1) Learning environment and culture			
OG1.1	**Patient safety** The core trainees reported that at night the gynaecology department could be stretched due to there not being enough staff to ensure all patients were seen and triaged. The core trainees commented that when on a 12 day shift, if you were rostered two on calls during the week and weekends it was physically exhausting. The trainees were concerned they were not working at their best and making errors. The higher trainees reported that when they were in theatre carrying out a caesarean section and patients were waiting they had to call the second on anaesthetist. If the second on anaesthetist was available they would help however they seemed reluctant to call their consultants to attend. This caused delays to the patients care. The visit team heard that there was a consultant obstetrics anaesthetist on call during the day however the night on call was covered by a general anaesthetist.	The visit team is concerned that the trainee rota is not European Working Time Directive (EWTD) compliant. Trainees are working 19 day stretches which impacts on their ability to function, deliver a safe service and make safe decisions.	Immediate Mandatory Requirement
OG1.2	**Serious incidents and professional duty of candour** The trainees reported that they all knew how to report serious incidents. The serious incident report was sent to the risk management team and the trainees would receive feedback through the educational supervisor. The higher trainees reported that every serious incident case was reviewed and feedback was provided; if the trainee was not present someone would make a note of the feedback for them.		
OG1.3	**Appropriate level of clinical supervision** The higher trainees reported that the consultants were present on the labour ward for more than six hours on a weekend, which was beneficial.		
OG1.4	**Rotas** The service lead for obstetrics informed the visit team that the consultants provided 78 hour labour ward cover and further provided a 68 hour cover across all services.		

	The visit team heard that in addition to the labour ward cover three consultants undertook a 'hot' week covering Monday to Friday 8.30am to 5 m in early pregnancy and gynaecological unit and six hour cover on Saturday and Sunday was provided by obstetric consultants over the weekend. At the time of the visit the department was looking into extending the hours of cover on a weekend. The visit team heard that the Trust delivered 6800 babies a year. The labour ward had consultant-led delivery between 8.30am and 9pm and held the bleep. The ST6+ held the bleep after 9pm. Within obstetrics there was a consultant and two trainees, one ST1-3 and one ST3-5 in the weekday. The rota had a separate tier of staff to cover the triage centre, elective theatre lists, antenatal and post-natal wards. The trainees commented that the rota was very tight with little flexibility which resulted in trainees feeling exhausted and becoming unwell. The trainees reported that they often arrived early and stayed late. The Trust had conducted a diary card monitoring exercise but the trainees reported that there was no notice of the diary carding exercise and there were problems with accessing log-in information so many trainees could not participate. The trainees were unaware of the outcome of the diary carding exercise. The visit team was told that the 19 day shift was dreadful as the trainees were scheduled to work 8.30am to 5pm every day though most trainees did not leave before 6.30pm and when trainees worked the day on call they were working 13 hour days. The trainees reported that when they had been on the 19 day shift they had tried on the third week to obtain a zero day as they were making mistakes. The core trainees stated that zero days were only available after a week on nights and were taken the following week. The visit team heard that the on call rota could have a ST3 and ST2 which was not an ideal combination as ST2 needed competencies signed off and most ST3 trainees were still building up on their competencies. The visit team heard that the higher trainees all arrived early and left late. The trainees commented that they did not mind working extra hours if they had exposure to surgical experience however, when they were not paid to the correct banding it became an issue. The higher trainees commented that the rota was so inflexible that they could not move their work around to attend other theatre lists and were obliged to undertake clinics which did not relate to the areas they wanted to specialise in. The higher trainees reported that they had little access to gynaecology training with only one four hour twilight shift every two weeks and a one in five weekend labour ward cover. The higher trainees stated they would like to have access to more acute on call. The visit team heard that the clinics at Guy's Hospital took precedence over theatre lists at St Thomas' Hospital. The clinics at Guy's Hospital finished at 5pm, the same time that the bleep handover was scheduled at St Thomas' Hospital. The visit team was told that an administrator was in charge of the rota. The visit team was	See IMR action in 1.1 above.	

	concerned that the rota was service provision heavy and did not allow time for teaching or training. The educational supervisors recognised there had been an issue with the rota this year.		
OG1.5	**Induction** The college tutor informed the visit team that they had reviewed the local induction and trimmed down the unnecessary content following trainee feedback. The department provided all trainees with an induction pack, contact numbers and online mandatory training in advance of starting at the Trust. The service lead for gynaecology informed the visit team that a handbook had been introduced detailing tasks the trainees might undertake and staff within the team. The department had also introduced an orientation around the department and how to travel from the wards to theatre. The core and higher trainees commented that the induction was good however there needed to be further work on introducing the practical elements of the role.		
OG1.6	**Handover** The visit team heard that a new handover process in the labour ward had been implemented since December 2015. The handover was now trainee to trainee with consultant attendance. The labour ward handover took place at 8.30am and 8.30pm. The handover team were all introduced and thanked for the work they had undertaken. The higher trainee then handed over to the incoming team. The consultants were in attendance and would ask questions if they felt necessary. The college tutor commented that the handover now provided educational opportunities and ensured trainees felt supported. The core trainees commented that the new labour ward handover worked well and was a good teaching mechanism. Some trainees reported that the handover could be intense and certain questions from consultants could be intimidating. The higher trainees reported that the new labour ward handover worked well and was consultant dependent on the amount of questions asked. The higher trainees were comfortable with what they were handing over so did not have a problem with the questions asked but could understand how core trainees may feel intimidated. The college tutor informed the visit team that the atmosphere within handover had significantly changed and both trainees and consultants had been receptive to the new handover process. The visit team heard that the obstetrics handover had a formal board and ward round at 8.30am and 8.30pm. The obstetrics medical team held huddles around the board at 11am and 4pm and reviewed high dependency unit (HDU) patients at 5pm. The visit team heard that the gynaecology handover at St Thomas' Hospital involved a 9am emergency ward round and then ward rounds for each individual surgical team. The emergency team carried out a post-operative ward round of all patients.		

GMC Theme 2) Educational governance and leadership			
OG2.1	**Impact of service design on learners** The gynaecology clinics were based at Guy's Hospital, for these clinics trainees travelled cross site. The visit team heard that there was a staff bus or trainees could walk or cycle.		
OG2.2	**Appropriate system for raising concerns about education and training within the organisation** The college tutor informed the visit team they used different tools for feedback to enable the department to work more cohesively. The trainees had four different forums to feedback into, meeting the clinical director, meeting the college tutor, risk meeting with the midwife and junior management meetings which all took place once a month. The college tutor informed the visit team that within the consultant committee meetings the trainees were discussed and any concerns were highlighted and reported to the educational supervisor. Moving forward the department had put in place dedicated forums to discuss training issues. The next meeting was planned for April 2016. The core trainees were unaware of a trainee forum where they could meet to discuss training. The higher trainees reported that some trainees would leave at the end of the day feeling deflated and down. The department had held a meeting to discuss behaviours and had worked through this problem and the trainees felt that a lot of the behaviour had changed for the better since.	The department is to develop a local faculty group (LFG) which consultants and trainee representatives attend. The department is to ensure these are well attended, minuted and take place once every three months.	Mandatory Requirement
OG2.3	**Systems to manage learners' progression** The college tutor commented that the department was surprised by the red outlier in 'supportive environment'. The department took informal and formal feedback from trainees, consultants and a consultant external to the department. The department had produced an action plan on how to work proactively to resolve concerns.		
OG2.4	**Organisation to ensure access to a named educational supervisor** The core and higher trainees confirmed that they all knew who their educational supervisor was and that they were easily contactable.		
GMC Theme 3) Supporting learners			
OG3.1	**Access to study leave** The visit team heard that it could be hard for trainees to access study leave due to the inflexibility of the rota.		
GMC Theme 4) Supporting educators			

OG4.1	**Access to appropriately funded professional development, training and an appraisal for educators** The educational supervisors commented that they all had annual appraisals which included the education part of the role. The educational supervisors reported that they all they felt supported by the Director of Medical Education (DME). The visit team was told that the consultants attended a values and behaviours workshop and there was a multi-disciplinary senior staff away day in November which looked into ensuring the department's environment was supportive.		
OG4.2	**Sufficient time in educators' job plans to meet educational responsibilities** The educational supervisors all stated that they had programmed activities for education.		
OG4.3	**Access to appropriately funded resources to meet the requirements of the training programme or curriculum** The educational supervisors commented that they did not always have access to appropriate space for teaching, clinics or meetings with trainees.		
GMC Theme 5) Developing and implementing curricula and assessments			
OG5.1	**Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum** The clinical director reported that the department supported all trainees to attend regional reaching and the services were all reduced. The trainees stated that they were released to attend away days. The core trainees commented that there was little structured local teaching available. The teaching took place on a Friday afternoon when many trainees were scheduled on the rota. The visit team heard that usually only three trainees attended the local teaching. The core trainees reported that the local teaching involved trainees presenting cases, gynaecology audits, antenatal ward round and maternal foetal medicine (MFM) ward rounds. The higher trainees reported they struggled to attend Friday local teaching due to the rota. The visit team heard that there was a reduced consultant presence at teaching and other clinics and theatre lists had been booked for Friday afternoons which clashed with teaching. The educational supervisors indicated that in response to the poorly attended local teaching, St5-7 were to cover the day assessment. The educational supervisors recognised it was hard to leave gynaecology to attend the local teaching. The visit team heard that there was no formal cardiotocography (CTG) teaching and that the	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. The Trust is to ensure that all trainees are able to meet the core training competencies for	Mandatory Requirement Mandatory Requirement

	trainees found it hard to sign off on evacuation of retained placenta (ERPC) and objective structured assessment of technical skills (OSAT). This resulted in trainees worrying that they would not meet the educational requirements prior to their annual review of competency progression (ARCP). The educational supervisors reported that there was mandatory CTG teaching which trainees had to book onto and drop in sessions on a Monday afternoon and Wednesday lunchtimes. The core trainees commented that they had very little opportunity to undertake scanning and there were no dedicated scanning teaching sessions. The educational supervisors stated that there was a dedicated ultrasound session on a Wednesday morning and two consultants ran a basic ultrasound course for trainees to meet core competencies. There were additional opportunities to undertake scans in the antenatal day unit (ADU) and labour ward. The higher trainees commented that the labour ward and antenatal clinic were great for teaching and training as the consultant reviewed patients following the clinics. The maternal and foetal medicine departments were very dedicated with specific teaching and training aims. However, the higher trainees struggled to ensure competencies were signed off within gynaecology. The higher trainees reported that they had been unable to attend one advanced training skills module (ATSM) session since October 2015. The job share trainees reported they struggled to access ATSM sessions due to the hours they worked. Some trainees had managed to arrange ATSM sessions but many had to come in on days off to attend ATSM sessions. The educational supervisors reported that dedicated ATSMs for ST6-7 were protected. The visit team heard that sub-specialty trainees were supernumery once a fortnight to enable their logbook to be signed off and this worked well.	scanning, ERPC and OSATs.	
OG5.2	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum** The visit team heard that the core trainees undertook a vast amount of roles more suited to a foundation year one (F1). Core trainees reported they had only attended two clinics in four months. Core trainees on the gynaecology oncology firm only attended one day surgery list as they were mainly ward based with sick patients so were unable to meet laparoscopic skills. The visit team heard that most core trainees had little access to theatre lists across the department and through this missed training opportunities. The visit team was told that when a caesarean section became complicated the consultant took over and the core trainee was not able to assist or support the surgery. The core trainees reported that the obstetrics department and labour ward were a great training experience. The visit team was told that most of the obstetric deliveries were high risk and the core trainees were unable to be involved in the instrumental delivery's or closing the sheath or	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	Mandatory Requirement

	skin as there was not enough time before the next patient. The core trainees at ST5 were able to do carry out labour ward work and simple surgeries and laparoscopy surgeries. The core trainee who was on the surgery theatre list had to get in early to review all ERPC patients before theatre. This resulted in the trainees missing out on taking patients consent and preparing for theatre. The visit team was informed that there were no fertility or unitary gynaecology clinics and no fertility theatre lists. The core trainees struggled to take study leave to attend the specialist obstetrics, perinatal or maternal clinics however once every two weeks some trainees attended a specialist clinic. The visit team met with trainees that were on their first day not on call since 11 December 2015. Throughout this time the trainees did not have access to theatre or clinics. The higher trainees indicated that they required more experience in gynaecology theatres and achieved this by attending extra Saturday lists. The visit team heard that there were only one or two theatre lists which no trainees attended that trainees can use as extra training opportunities. The higher trainees commented that they were unsure they would be able to meet the ectopic competencies and struggled to achieve OSATs. The educational supervisors reported that the Trust's numbers of laparoscopic and ectopic pregnancies had fallen.		
OG5.3	**Appropriate balance between providing services and accessing educational and training opportunities** The visit team heard that the department was focused on service provision with little time available for teaching and training opportunities.		

Good Practice	Contact	Brief for Sharing	Date

Other Actions (including actions to be taken by Health Education England)	
Requirement	**Responsibility**

Signed	
By the Lead Visitor on behalf of the Visiting Team:	Mr Greg Ward

Date:	18 February 2016