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Quality and Regulation Team (London and South East)

The Hillingdon Hospitals NHS Foundation Trust Obstetrics and Gynaecology Specialty Focused Visit

Quality Visit Report

2 March 2016

Final Report

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Visit Details	
Trust	The Hillingdon Hospitals NHS Foundation Trust
Date of visit	2 March 2016
Background to visit	The last visit to The Hillingdon Hospitals NHS Foundation Trust was in 2014 as a part of Trust Wide Review (TWR) where obstetrics and gynaecology (O&G) was reviewed without any significant findings. However the visit to the Trust was deemed necessary because of the ramifications on education and training following the closure of the maternity ward in July 2015 at Ealing Hospital (London North West Healthcare NHS Trust) and the general large scale reconfigurations in North West London. The effects on the learning environment from the increase in patient numbers, which were estimated to have gone up from 4200 to 5000 per year needed to be investigated. In addition, the General Medical Council National Training Survey (GMC NTS) presented a pink outlier for trainee feedback, with 20% of trainees stating they never received feedback from a senior colleague and with a further 46.67% saying that they rarely receiving feedback. In summary the areas which needed to be reviewed were: • Staffing levels and the effect this may have had on training and education. • The consultant cover on the labour ward. • The consultant cover for emergency and acute gynaecology. • The provision of ultrasound training for trainees. • The prevalence of any bullying and undermining behaviour and how the Trust supported trainees and addressed these types of behaviour.
Visit summary and outcomes	The visit team would like to thank the Trust for accommodating the visit including the medical director (MD), director of medical education (DME), and the medical education manager (MEM). The visit team met with the speciality lead for O&G, the college tutor, the support for the college tutor, core trainees and higher trainees in O&G. The visit team then met with the medical education team, which included the clinical director, educational and clinical supervisors within the feedback session. The visit team would like to commend the Trust, as all trainees the visit team met with would recommend the training post to another trainee. The visit team found the following areas of good practice: • Trainees at every level enjoyed working at the Trust and found the consultant body affable and approachable. • All specialty trainees were highly satisfied with the practical training provided by the Trust. • All specialty trainees appreciated the team-based structure for training and felt well supported. • The visit team were also pleased to note that the high risk antenatal and postnatal patients were being highlighted to the on-call team on the labour ward. However it was felt that there were some areas which the Trust could improve upon: • The level of seniority of trainees allocated in the triage area in terms of support, efficiency and training needed to be reviewed as a higher and more experienced trainee might be more appropriate to be placed in this area. • There was a concern about trainees achieving ultrasound-scanning competencies, because of significant service cover trainees provided, which seemed to be compounded by the current rota gaps. • The visit team felt the Trust needed to review the dissemination of its operational and clinical guidelines for triage as well as the care bundles which appeared not to be used at the time of the visit. • There appeared to be a discrepancy in the perception of access to local teaching between the trainees and senior team as trainees were often, at

	times not aware of the training provided, or could not attend the scheduled sessions due to the rota gaps.

Visit team			
Lead Visitor	Ms Sonji Clarke, Deputy Head of the London Speciality School of Obstetrics and Gynaecology	**External Representative**	Mr Vincent Oon, Consultant Obstetrician and Gynaecologist
Lead Provider	Ms Karen Joash, Training Programme Director, Consultant Obstetrician and Gynaecologist.	**Trainee Representative**	Dr Sadiya Hussain, Trainee Representative.
Lay Member	Caroline Aldridge, Lay Representative.	**Observer**	Samina Ashraf, Deputy Quality and Visits Manager.
Scribe	Nimo Jama, Quality Support Officer.	**Observer**	Jannatul Shahena, Quality Support Officer.

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 visit team were informed that the triage area was covered by core trainees because core trainees did not have clinic lists and were supernumerary to the service. One of the issues to be addressed was the escalation policy in triage; in particular, how the trainees escalated issues which were beyond the level of competence of the trainee, to whom the patients were escalated, and what support trainees were given. The visit team heard from the consultants that there had been issues between the core and higher trainees, which had prevented effective support within the triage area. This had been addressed and it was stated that because the midwives also covered triage, the core trainees were not solely responsible for the escalation policy. The visit team heard from the college tutor that the core trainees had a set of operational and clinical guidelines and bundles to help them when in triage, as well having the senior nurses as support. The college tutor stated that the trainees were made aware of the operational guidelines as part of the induction process but it was a matter of looking them up. However, the college tutor stated that there might be times when these are not utilised by trainees and that there needed to be a better structure and streamlining of the service.	The Trust is required to ensure that the operational and clinical guidelines for triage as well as the care bundles are being used appropriately and consistently by all staff involved.	Mandatory requirement.

	The trainees reported triage to be a problem overall. They stated that following the reconfiguration with the Ealing Hospital maternity unit, triage had moved to a bigger area in the Trust in order to accommodate the rise in number of patients attending the maternity unit. The visit team heard that the area consisted of a row of chairs for patients to sit on, two cubicles separated by a curtain with a further cubicle in the day assessment unit (DAU), desk phone, and computer. The trainees told the visit team that when the area was busy and trainees had to discuss patient cases and diagnostics with other clinicians on the phone, or face to face, trainees could not do so without feeling patient confidentiality was being breached, as other patients might overhear. Furthermore the visit team also heard that the due to the set-up of the area and the cubicles, it was not the best place to review patients, especially when the department was busier, as it could be traumatic for them.	The Trust is required to review the triage area to ensure patient safety and confidentiality. The Trust should consider the allocation of higher trainees instead of foundation level trainees to cover the area. The Trust must also review the layout of the triage area, to allow for patient confidentiality and dignity.	Mandatory requirement.
OG1.2	**Serious incidents and professional duty of candour** The visit team heard from the management team that there was a robust system in place in relation to the reporting of serious incidents which included early morning meetings led by consultants that allowed trainees to discuss and feedback on all incidents with the consultant input. The trainees, the visit team met, did not report any serious incidents.		
OG1.3	**Rotas** The educational supervisor (ES) and college tutor confirmed that there were rota gaps, affecting both the core and higher trainees. The Trust was short of one full time higher trainee and the vacancy had been advertised but not filled, which meant there was no Day Assessment Unit (DAU) higher trainee. This meant that at times the labour ward trainee had to provide cover to the DAU, even when there was a core trainee on a phased rota. In addition there were gaps because of maternity leave, and sickness which had impacted on the design of the rota, resulting in a heavier workload for trainees, which sometimes left some of the service uncovered. The ES and college tutor said that the possibility of locum doctors filling in rota gaps was being explored. The visit team were told that alongside service coverage, rotas were mapped to the competencies of the trainees, and learning needs had to be prioritised, but could not be met at times. The visiting team found that higher trainees were rostered for the labour ward and were responsible for caesarean section (C-sections), as well as covering antenatal and postnatal ward and the consultant led clinics. Whereas core trainees were based in the gynaecology ward, postnatal ward and triage. It was stated that specialty training grade three (ST3) trainees had more consolidated labour ward experience, whereas higher trainees had more experience in theatre and antenatal ward but ST3s were being scheduled to go to theatre once every month.	The London School of O&G is concerned that the core trainees have very little access to gynaecology and antenatal clinics at this point in their training and would like to see plans as to how this can be changed.	Mandatory requirement.

	The higher trainees expressed similar issues, confirming the gap in the rota, which was increasing their workload, and stated that from April 2016 there would be another gap in the rota for at least six weeks. Both the core and higher trainees reported that some of the rota issues could be resolved if the gaps in the rota were filled.		
OG1.4	**Protected time for learning and organised educational sessions** The visit team were told that there were a number of teaching sessions for the trainees, which included a local teaching session for core trainees run by the higher trainees, which was well attended. In addition there were early pregnancy meetings every Wednesday, a perinatal meeting, an ultrasound meeting with significant cases for feedback and audit meetings, which ran every month, as did the journal club. The college tutor stated that the rotas were well designed to accommodate the teaching and education sessions. However, the trainees appeared to be unaware of most of these teaching sessions with the exception of the audit meeting and clinical governance meetings, but the higher trainees stated the high workload did not allow them to attend.	The Trust needs to provide evidence of the local programme and attendance lists to confirm trainees' access to local teaching.	Mandatory requirement.
OG1.5	**Organisations must make sure learners are able to meet with their educational supervisor on frequent basis** All the trainees the visit team met with reported that the ESs were supportive and approachable and that there were regular workplace-based assessments and feedback.		
GMC Theme 2) Educational governance and leadership			
OG2.1	**Effective, transparent and clearly understood educational governance systems and processes** The trainees reported having local faculty group meetings (LFG) and attending them. The trainees informed the visiting team that they had a meeting in early 2016 in which trainees were able to discuss issues relating to triage and ultrasound scanning sessions. The visit team received the minutes of these meetings.		
OG2.2	**Impact of service design on learners** The management team told the visiting team that due to the reconfigurations in the Trust a two-tier consultant system had been implemented. This had impacted on the training but not as much as anticipated. There were some areas which were still a 'work in progress' and would benefit with a streamlining of the service, notably the triage telephone and set-up in this area which was being discussed further as well as the rota.		

GMC Theme 3) Supporting learners			
OG3.1	**Access to resources to support learners' health and wellbeing, and to educational and pastoral support** The core trainees informed the visit team that there was good access to support and the trainees knew the system well as a result of being familiar with the Trust and its structure. However, the visit team heard that other trainees who were coming to the Trust and were not as familiar, might struggle to optimise the experience of O&G. The trainees told the visit team that there was however, a recent adoption of a three-day induction programme that the Trust had introduced, which would improve the outcomes for a trainee, and one week of shadowing in triage, which would also benefit the trainees.		
OG3.2	**Behaviour that undermines professional confidence, performance or self-esteem** The visit team was concerned about the level of support for trainees particularly in triage where it was felt that there was little peer support and pastoral support between the trainees especially when dealing with pregnancy loss. The visit team heard that these issues had already been addressed. When discussed with the trainees, the trainees that met with the visit team stated there were good relationships overall with the higher trainees. The higher trainees stated that training at the Trust was good, that there was a commendable team based structure, with effective continuity as the same trainee and consultant were on the same lists. The team heard that O&G was supportive in terms of the two-tier system despite the increase in workload.		
GMC Theme 4) Supporting educators			
OG4.1	**Sufficient time in educators' job plans to meet educational responsibilities** The educational supervisors (ES) told the visit team that they all had .25 programmed activity (PAs) in their job plans. The ESs stated that there were seven resident on-call consultants, which was due to increase to eight in October 2016.		
GMC Theme 5) Developing and implementing curricula and assessments			
OG5.1	**Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum**		

	Trainees at all levels reported having difficulties accessing ultrasound scanning sessions. The visit team heard from the higher trainees that sessions were consultant led with only one machine being available in the department making access to sessions difficult. The trainees reported that if trainees wished to do advanced training skills module (ATSM) this could potentially hinder them.		
	Other trainees stated that they had adequate ultrasound training in other trusts but expressed concern about not meeting the curriculum requirements at the Trust as there was less capacity and fewer resources to allow for completion. The trainees told the visit team that core trainees were scheduled for ultrasound scanning sessions based on trainees not being signed off in their annual review of competence progression (ARCP) and those who had, were less of a priority. The visit team heard that the meeting of competences for the core trainees was the responsibility of the management and sonographers, but the ultimate responsibility lay with the college tutor.	Provision of ultrasound training must be addressed for the core trainees in an equitable manner for training and continued demonstration of competence.	Mandatory requirement
	The trainees also reported some concerns with the attendance at clinics. The foundation trainees reported being on a ward based rota, which meant trainees, would rotate either on the postnatal ward, or on the gynaecology ward. The trainees stated that trainees could attend clinics but were not rostered for this and therefore were uncertain how it entirely worked. The trainees expressed some concerns in relation to having competences in the running of clinics. The visit team was informed by the consultants and college tutor that there was a fixed rota system in place; however, foundation trainees could attend clinics if trainees wanted to, but at times the trainees were so deeply involved in covering the postnatal wards that it was not always possible to attend clinics.	The Trust is required to map the curriculum for foundation, core and GP trainees which ensures trainees are able to meet curriculum requirements.	Mandatory requirement
	The GP trainees stated they felt demotivated that even after eight months of rotation GP trainees did not know how to run basic clinics.		
	The educational supervisors and clinical supervisors (ES and CS) informed the visit team that the specialty training grades one and two (ST1-2) rota was changed at the Trust a few years prior to the visit team attending the Trust, so trainees were not rostered on the antenatal clinics. The college tutor stated there were plans to reintroduce the antenatal clinics for these trainees, but this has not yet happened.		

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:	Ms Sonji Clarke, Deputy Head of the London Speciality School of Obstetrics and Gynaecology.
Date:	29 March 2016.