

# Barts Health NHS Trust (Newham University Hospital)

Obstetrics and gynaecology

Risk-based Review (on-site visit)



## Quality Review report

13 March 2018

Final Report

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## Quality Review details

<b>Background to review</b>	<p>The Risk-based Review (on-site visit) to obstetrics and gynaecology at Barts Health NHS Trust (Newham University Hospital) was organised in response to the poor results that were obtained in the 2017 General Medical Council National Training Survey (GMC NTS).</p> <p>In the GP Programme for obstetrics and gynaecology, four red outliers were received in relation to: work load, feedback, local teaching and study leave. A further four pink outliers were obtained for: clinical supervision out of hours, educational governance and educational supervision. In the obstetrics and gynaecology specialty training programme, two red outliers were received in relation to: work load and handover, with a further two pink outliers received regarding: induction and educational supervision.</p>
<b>Training programme / learner group reviewed</b>	Obstetrics and Gynaecology
<b>Number of learners and educators from each training programme</b>	<p>The review team initially met with the Director of Medical Education, the Clinical Director, the College Tutor and the Educational Lead.</p> <p>The team then met with the following grades of trainees:</p> <ul style="list-style-type: none"> <li>• Two foundation year one trainees (F1)</li> <li>• Three foundation year 2 trainees (F2)</li> <li>• Two GP trainees (GPVTS)</li> <li>• Two specialty year one trainees (ST1)</li> <li>• Two specialty year two trainees (ST2)</li> <li>• Two specialty year three trainees (ST3)</li> <li>• One specialty year four trainee (ST4)</li> <li>• One specialty year six trainee (ST6)</li> <li>• One specialty year seven trainee (ST7)</li> </ul> <p>The review team met with 11 clinical and educational supervisors from the department.</p>
<b>Review summary and outcomes</b>	<p>Health Education England would like to thank the Trust for accommodating the Risk-based Review (on-site visit) and ensuring each session was well attended.</p> <p>During the course of the review, the team was informed of a number of areas that were working well in relation to obstetrics and gynaecology training at Newham University Hospital:</p> <ul style="list-style-type: none"> <li>- The quality review team was pleased to hear from the trainees that the teaching environment was positive.</li> <li>- The trainees reported that there was a collegiate atmosphere universally in the obstetrics and gynaecology department and praised the consultant body who were said to have been very supportive.</li> <li>- It was highlighted that there was no tension regarding accessing adequate training opportunities between staff grades and trainees and that the relationship between them had greatly improved.</li> </ul>

- All trainees stated that they would recommend their placements to colleagues.

However, the review team was also informed of some issues regarding the education and training provided, which are outlined below:

- When trainees were asked if there had been any bullying and undermining, it was reported that there had been some tension between staff on the gynaecology ward and from some of the midwifery colleagues on the maternity assessment unit. Some trainees stated that they had been expected to take blood samples from gynaecology patients at around 6am in the morning prior to the 8am ward round. The quality review team was informed that these concerns had been raised with the department and action was being taken.
- The quality review team heard that the maternity unit had no second operating theatre which raised patient safety concerns. A business case has been submitted by the obstetrics and gynaecology department for a fully staffed second obstetric theatre which was being reviewed by the Trust management. The impact of not having a second theatre resulted in stress felt by trainees and senior staff alike and potentially had a significant impact upon patient safety, with a delivery rate of over 6000 per year.
- The junior trainees at foundation, GP and ST1-2 level informed the quality review team that there was a lack of junior trainees out of hours within the department which resulted in their heavy workload. The rota in place required review to ensure continuity of patient care was provided, as at the time of the review, trainees were undertaking separate duties 0800-1300 and 1300-1700 with resultant disruption both to patient care and the trainees and leading to multiple handovers. There was a clear need to increase the number of doctors at the junior level to improve the training experience and promote patient safety.
- As above, it was reported that there were multiple handovers each day in relation to gynaecology patients. This caused a lack of continuity in patient care and resulted in the trainees being unable to follow their patients through on their treatment journey. The review team also heard that the time of the morning handover on the labour ward was variable, which caused trainees to often miss their 08:30 teaching sessions.
- The quality review team heard that there had been issues relating to the attitude of nursing and midwifery staff towards the trainees, especially at the beginning of the trainees' placements.
- Although the trainees had been encouraged to complete audits, it was heard that some had felt that audits had been imposed on them, which were not beneficial to their training.
- The trainees noted that despite receiving a very good induction, there was no departmental handbook which if given to trainees at the beginning of their placement would have assisted them with their basic clinical management. This would have been particularly useful at the start of the trainees' placements, especially in relation to their out of hours shifts.

#### Quality Review Team

<b>HEE Review Lead</b>	Dr Greg Ward Head of the London Specialty School of Obstetrics and Gynaecology	<b>GP Representative</b>	Dr Michal Grenville Associate Dean, Health Education England, North East London
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<b>Deputy Postgraduate Dean</b>	Dr Gary Wares Deputy Postgraduate Dean, Health Education England North London	<b>Trainee Representative</b>	Dr Matthew Izett ST5/6 University College London Hospitals NHS Foundation Trust
<b>Scribe</b>	James Coeur-de-Lion Learning Environment Quality Coordinator, Health Education England		

### Educational overview and progress since last visit

The review team thanked the Trust for accommodating the review and for the efforts made in facilitating the process.

The review team was informed that the obstetrics and gynaecology unit had and two foundation year one trainees and three foundation year two trainees. There were three General Practice (GPVTS) trainees and ten ST2 to ST7 trainees. The consultant body was made up of 15 consultants and 1 locum consultant. It was heard that the specialty used a Monday to Friday consultant 'hot week' system for both gynaecology and more recently obstetrics and that there was consultant weekend cover from 0800-1630.

When asked about challenges facing the department, the review team was informed that there was inadequate staffing at night in the obstetrics and gynaecology department. This was raised in a Local Faculty Group meeting. However, the review team was informed that the department had submitted a business plan to increase trainee numbers in the department, which they anticipated would address the issue. Despite this, it was heard that the trainees received a good amount of training experience and received support from a strong, coherent consultant team. The consultant body was noted to be very hands on and approachable.

In response to the red outliers, the Trust acknowledged that there had been various aspects which had contributed to the poor results, notably the heavy trainee workload, as the department had a delivery rate of 6500 per year which was increasing and was estimated to be 7000 in 2018. There were also issues regarding a lack of junior trainees out of hours in obstetrics and gynaecology at night and at weekends. It was also highlighted to the review team that the issues with local teaching were related to the 8am morning handover often not starting on time, which subsequently resulted in the trainees missing their scheduled teaching session at 8.30am.

The clinical tutor explained that there was a 'feed forward' initiative which had been set up for the trainees. The aim of the initiative was to not rely upon the General Medical Council National Training Survey (GMC NTS) to highlight and resolve issues within the department, but instead to give trainees the opportunity to provide feedback on where improvements could be made in their training programme. It was heard that the initiative involved a set of meetings, which were held at the beginning of the trainees' placements and continued on a regular basis, throughout their time within the department.

## Findings

### 1. Learning environment and culture

#### HEE Quality Standards

1.1 The culture is caring, compassionate and provides safe and effective care for patients, service users, carers and citizens and provides a supportive learning environment for learners and educators.

1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in order to achieve the learning outcomes required by their curriculum or required professional standards.

1.3 The learning environment provides opportunity to develop innovative practice, engage in research activity and promotes skills and behaviours that support such engagement.

1.4 The learning environment delivers care that is clinically or therapeutically effective, safe and responsive, and provides a positive experience for patients and service users.

1.5 The learning environment provides suitable facilities and infrastructure, including access to quality assured library and knowledge services.

1.6 The learning environment and culture reflect the ethos of patient empowerment, promoting wellbeing and independence, prevention and support for people to manage their own health.

Ref	Findings	Action required? Requirement Reference Number
O&G 1.1	<p><b>Patient safety</b></p> <p>The higher specialty trainees informed the quality review team that the maternity unit had no second operating theatre, which had raised patient safety concerns. The training supervisors acknowledged this and explained that a business case had been submitted for there to be a second operating theatre to enable a more effective working environment.</p>	
O&G 1.2	<p><b>Appropriate level of clinical supervision</b></p> <p>When workload was discussed, the foundation trainees reported that even when the rota was fully staffed, they still felt that more staff were needed within the department to cope with the workload. All the trainees the review team met with, expressed concerns about the lack of junior trainees working in the department out of hours, and reported that as there was only one junior trainee on the rota out of hours, they often found themselves rushing between theatre and accident and emergency (A&amp;E) whilst also supporting midwives and nurses. It was heard that the shifts were often quite stressful and the trainees indicated that an extra trainee on the on-call rota would have made the department safer at night. Despite these concerns, all of the trainees praised the higher trainees for their support.</p> <p>The higher specialty trainees similarly raised concerns regarding staffing levels, specifically at weekends. It was heard that one junior trainee covered the gynaecology on-call shifts at weekends, which included covering A&amp;E, the gynaecology ward, antenatal and the maternity assessment unit. In addition to this, it was reported that one junior trainee covered the obstetrics workload at the weekends, which included covering the post-natal and labour ward alone, which often had the same level of workload as there was during the week, which was typically covered by two junior trainees and a foundation trainee. It was generally agreed by all trainees that an additional trainee at weekends would be beneficial, as well as during on-call shifts at night.</p>	Yes, please see below O&G 1.2

	<p>The educational and clinical supervisors acknowledge the significant pressures trainees were under at night and informed the review team that a business plan had been submitted, to increase trainee numbers on-call both at night and at the weekend.</p>	
O&G 1.3	<p><b>Responsibilities for patient care appropriate for stage of education and training</b></p> <p>The junior trainees reported that they had been asked by their consultant to take bloods from patients at 6am in the morning in time for the morning ward round. It was felt by the trainees that consultants were not necessarily aware of the pressurised workload they were under during their on-call shifts at night, adding that it seemed unreasonable to be taking bloods at that hour. Furthermore, the trainees indicated that the nurses in the department were often not willing to assist with taking bloods, as they had not attended the relevant course and often noted that it was not part of their job description to undertake such duties.</p> <p>The college tutor explained that the trainees being asked to take bloods in the early morning had been escalated to the Clinical Director and it was noted that only patients who required bloods for 8am had their bloods taken. The college tutor confirmed that this had been resolved, documented and communicated to the trainees.</p>	<p>Yes, please see below O&amp;G 1.3</p>
O&G 1.4	<p><b>Rota</b></p> <p>The foundation trainees were not fully aware or were unable to remember how exception reporting was carried out, but that they all generally left work on time with a good handover.</p>	
O&G 1.5	<p><b>Induction</b></p> <p>The quality review team heard from the foundation trainees that the induction had been good, but that it would be beneficial to have a handbook at the start of their placement containing the basic clinical expectations and requirements, to assist them at the start of their placements and especially in preparation for their on-call shifts.</p> <p>Similarly, the General Practice (GP) trainees explained that their induction had also been very good and had provided them with the skill set required especially in dealing with emergencies and how and when to escalate them.</p>	<p>Yes, please see below O&amp;G 1.5</p>
O&G 1.6	<p><b>Handover</b></p> <p>The ST1-ST2 trainees reported that there were times when consultants and higher trainees would not arrive at the 8am handover on time, which resulted in them being late for their 8:30am teaching. The trainees also informed the review team that there were four handovers which took place in the day.</p>	<p>Yes, please see below O&amp;G 1.6</p>
O&G 1.7	<p><b>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</b></p> <p>The foundation trainees reported positively on their training and informed the quality review team that their posts were varied and provided opportunities to spend time in different areas of the obstetrics and gynaecology department. They noted that it had been a very friendly, supportive and welcoming environment, with consultants who sought to provide them with a good amount of opportunities and experience. They also explained that they found it useful being able to see patients alone, reporting that it increased their practical skills. Despite this, the foundation trainees felt that the downside of such variety from an educational perspective, was that they would often spend the morning in one area of obstetrics and gynaecology and the afternoon in another area, which resulted in a lack of patient continuity.</p> <p>The GP trainees explained that their placements had been a steep learning curve, but that they had felt supported especially by the higher trainees who were there on hand</p>	

	<p>to provide support. The GP trainees spoke positively of the culture in the department and noted that it was warm, friendly, cordial, and very welcoming. The GP trainees were positive about their timetable which they said was varied, with clinic sessions included on a mid-week basis, which helped to break up their weekly schedule. The quality review team was happy to hear that all trainees were encouraged and given the opportunity to attend various clinics or undertake duties which benefitted them in their progression towards areas of their individual interests for the future.</p> <p>The higher speciality obstetrics and gynaecology trainees generally reported positively on their placements and reported that Newham University Hospital was a good place for training. The trainees highlighted how the consultants in the department were very helpful and supportive and allowed trainees to work both alone and supervised, in order to develop their skills and to meet their curriculum requirements. The college tutor, amongst other consultants, was praised for being very supportive, enthusiastic and accessible.</p> <p>When discussing audits, the trainees explained that they all completed one audit in their areas of interest per year. However, they also informed the review team that four months into their placements, some consultants had requested them to complete an additional audit which had not been related to their curriculum, which they had therefore found of limited educational value. The educational and clinical supervisors explained that they had recognised that the trainees had felt overwhelmed by the number of audits they were being asked to undertake and took steps to ensure the trainees were only undertaking one per year. The consultants informed the review team that they did not put compulsory pressure on trainees to undertake any additional audits.</p> <p>All the trainees the review team met with stated that they would recommend their posts to colleagues, particularly because of the good exposure they received to clinics, teaching opportunities and the option to develop practical skills in areas of their interest.</p>	<p>Yes, please see below O&amp;G 1.7</p>
<p>O&amp;G 1.8</p>	<p><b>Protected time for learning and organised educational sessions</b></p> <p>The foundation trainees highlighted that there were a lot of teaching opportunities available that they could access. However, they indicated that some of the teaching sessions were directed to the department as a whole, to include higher trainees, nursing and midwifery staff. The review team was informed that despite the teaching being good, some topics had been irrelevant to their level of training. However, it was heard that the Friday lunch time teaching which was provided by an ST6 obstetrics &amp; gynaecology academy education fellow was beneficial and very useful.</p> <p>The GP trainees reported that they received teaching three times a week, but that despite it being varied and useful, it was not always relevant to the GP trainees' curriculum. However, it was heard that there was GP focused teaching sessions, that were organised by the ST6 obstetrics &amp; gynaecology academy education fellow, which was helpful and beneficial to their training. Furthermore, the review team was informed that the rota coordinator arranged the rota to ensure that the GP trainees were able to attend their GP programme teaching sessions every other week.</p>	

## 2. Educational governance and leadership

### HEE Quality Standards

**2.1 The educational governance arrangements continuously improve the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.**

**2.2 The educational, clinical and corporate governance arrangements are integrated, allowing organisations to address concerns about patient and service user safety, standards of care, and the standard of education and training.**

**2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.**

**2.4 The educational leadership ensures that the learning environment supports the development of a workforce that is flexible and adaptable and is receptive to research and innovation.**

**2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.**

O&G  
2.1

**Appropriate system for raising concerns about education and training within the organisation**

All of the trainees the review team met with provided positive feedback regarding the 'Feed forward' project, which included a series of meetings at the beginning of trainees' placements and throughout their training, in which all trainees were encouraged and given the opportunity to raise any concerns and provide feedback, in order for the department to develop and improve the quality of the training provided.

The GP trainees informed the quality review team that they had a GP representative who attended the Local Faculty Group (LFG) meetings.

### 3. Supporting and empowering learners

#### HEE Quality Standards

**3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards and to achieve the learning outcomes required.**

**3.2 Learners are encouraged to be practitioners who are collaborative in their approach and who will work in partnership with patients and service users in order to deliver effective patient and service user-centred care.**

O&G  
3.1

**Behaviour that undermines professional confidence, performance or self-esteem**

It was heard that midwifery nurses often viewed and treated the foundation trainees as specialty trainees in obstetrics and gynaecology, which caused them to feel inept in their clinical work. The trainees felt that the nurses needed to recognise that as foundation trainees, they did not have the level of knowledge and skill mix that an obstetrics and gynaecology specialty trainee had.

The higher specialty trainees reported that on the maternity assessment unit (MAU) there were some midwives whose attitudes and behaviour was obstructive and rude. The training supervisors explained that the behaviour of the midwives had been escalated to the director of nursing. In addition, it was heard that midwives had attended a team building workshop in order to resolve the issues

Yes, please see below 3.1

### 4. Supporting and empowering educators

#### HEE Quality Standards

**4.1 Appropriately qualified educators are recruited, developed and appraised to reflect their education, training and scholarship responsibilities.**

**4.2 Educators receive the support, resources and time to meet their education, training and research responsibilities.**

O&G  
4.1

**Sufficient time in educators' job plans to meet educational responsibilities**

The educational and clinical supervisors the review team met with confirmed that they received two supporting professional activities (SPA) within their job plan which included 0.25 SPA per trainee.



## Good Practice and Requirements

Good Practice	Contact	Brief for Sharing	Date
The trainees reported that there was a collegiate atmosphere universally in the obstetrics and gynaecology department, and praised the consultant body who were said to have been very supportive.			
It was highlighted that there was no longer any tension surrounding training opportunities between staff grades and trainees, and that the relationship between them had greatly improved.			
All trainees stated that they would recommend their placements to colleagues.			

### Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A		

### Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
O&G 1.2	The Trust to ensure that the workload for junior doctors working in obstetrics & gynaecology out of hours, both at night and during weekends is manageable and that they have sufficient support available.	Trust to confirm on the outcome of the business plan that was submitted and detail what steps have been taken to address this issue. The Trust to provide trainee feedback through LFG minutes demonstrating that this issue has been adequately addressed.	
O&G 1.3	The Trust must augment the phlebotomy service to minimise the routine blood-taking by junior trainees, particularly out of hours, and to ensure that all routine blood samples solely deemed necessary by the medical teams are taken at a reasonable time.	Audit of time spent by juniors undertaking phlebotomy during their night shift.	
O&G 1.5	The Trust to create a junior trainee handbook detailing the basic clinical management requirements at the beginning of their placements.	The Trust to submit the handbook and confirm that it forms part of trainees' induction.	
O&G 1.6	The Trust to ensure that consultants and higher trainees arrive on time for the	The Trust to confirm that the handover is taking place on time, and provide trainee	

	8.00am morning handover, so the junior trainees are able to attend the 8.30 teaching sessions.	feedback, through LFG minutes, demonstrating that this issue has been resolved and that trainees are able to attend the 8.30 teaching session.	
O&G 3.1	Midwives who behave in a manner that undermines the professional confidence of trainees should receive appropriate training.  The Trust to ensure that trainees are not undermined and dealt with in an appropriate and professional manner at all times.	Trust to monitor this by the Local Faculty Group (LFG) and provide trainee feedback demonstrating that this is no longer taking place	

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
O&G 1.7	The Trust to ensure trainees complete as required one audit per year, with any additional audit deemed appropriate, relevant and beneficial to the trainee and the training curriculum	The Trust to provide trainee feedback confirming that this issue has been adequately addressed.	

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

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	
Date:	

### What happens next?

We will add any requirements or recommendations generated during this review to your LEP master action plan. These actions will be monitored via our usual action planning process. An initial response will be due within two weeks of receipt of this summary report.