

North Middlesex University Hospital NHS Trust

Obstetrics and Gynaecology

Risk-based Review (on-site visit)



Quality Review report

16 January 2019

Final Report

Developing people
for health and
healthcare

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Quality Review details

Background to review	<p>This review was based on the Trust's performance in the 2018 General Medical Council (GMC) National Training Survey (NTS). The 2018 GMC NTS results showed the third successive year of red outliers for handover, as well as reds for clinical supervision and teamwork.</p> <p>There were also pink outliers for:</p> <ul style="list-style-type: none"> - Overall Satisfaction - Clinical Supervision out of hours - Curriculum Coverage - Educational Governance
Training programme / learner group reviewed	All trainees working within Obstetrics & Gynaecology
Number of learners and educators from each training programme	<p>The quality review team met with:</p> <ul style="list-style-type: none"> - five Foundation year 2 (F2) and Specialty Training level 1 -2 (ST1-2) trainees - four ST3+ trainees - six educational and clinical supervisors, including the college tutors <p>The joint feedback session with the Trauma and Orthopaedics review held in the afternoon following the review was attended by the Medical Director and Deputy Director of Medical Education.</p>
Review summary and outcomes	<p>The review team thanked the Trust for hosting and facilitating the review. The review team reported that the following areas were working well:</p> <ul style="list-style-type: none"> - The review team was pleased to hear of the improvements made to handover on the labour ward that included the wider multidisciplinary team (MDT); - All of the trainees the review team met with reported feeling well supported by their educational and clinical supervisors and the wider MDT; - The review team heard that the trainees had access to a wealth of training and educational opportunities and the trainees reported that they had good access to study leave and local and regional teaching; and - All of the trainees the review team met with would recommend their training posts to their peers. <p>However, the following areas were identified as in need of improvement:</p> <ul style="list-style-type: none"> - The review team heard that the Trust induction was too focused on trainees completing the required statutory mandatory training and could be

better used to include more practical information on navigating the work environment;

- The review team heard that trainees were not issued with a login for the CIP system at induction along with all the other necessary login credentials for other systems. Some trainees reported that once logins for CIP had been requested there was delay in being given access;
- The review team heard that handover in the postnatal ward required improvement and was described as chaotic;
- The review team heard that trainees did not have access to secure lockers and that there had been incidences of theft of clothing; and
- The review team heard that trainees had concerns around car parking and incurred costs, particularly when working out of hours.

Quality Review Team

HEE Review Lead	Dr Sonji Clarke, Deputy Head of School, Obstetrics and Gynaecology	Deputy Postgraduate Dean	Dr Gary Wares, Deputy Postgraduate Dean, Health Education England (North Central and East London)
External Clinician	Mr Nick Kametas, Consultant Obstetrician, King's College Hospital NHS Foundation Trust	External Clinician	Miss Charlotte Kingman, Consultant Obstetrician, Homerton University Hospital NHS Foundation Trust
Lay Representative	Kate Rivett Lay Representative	HEE Representative	John Marshall Learning Environment Quality Co-ordinator, Quality, Patient Safety & Commissioning Team, London, Health Education England

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>Patient safety</p> <p>The review team heard of no incidences where patient safety had been compromised.</p>	
O&G 1.2	<p>Serious incidents and professional duty of candour</p> <p>The review team heard of no incidences where trainees had been involved in serious incidents (SIs).</p>	
O&G 1.3	<p>Appropriate level of clinical supervision</p> <p>The review team heard from both groups of trainees that it met with that clinical supervision was always present and that escalation pathways were clear, and that there was always a senior clinician on hand to give advice. However, the Foundation year 2 (F2) and Specialty Training level 1-2 (ST1-2) trainees reported that in some cases it was initially challenging to identify the responsible senior clinician, noting that this became clearer when they were more familiar with the clinical environment.</p> <p>F2 and ST1-2 trainees reported that clinical supervision was provided either by consultants or Trust grade doctors and that they felt comfortable in approaching both for advice and support. The review team was encouraged to hear that complex patients on the antenatal and postnatal ward had a named consultant or Trust grade doctor responsible for their care.</p> <p>The review team heard from the ST3+ trainees that they were responsible for leading some clinics and felt well supported in doing so. The trainees reported that a culture of cohesive team working was encouraged and that trainees of all grades found the consultant body and other senior clinicians approachable.</p> <p>Both groups of trainees noted the appointment of a 'hot week' consultant from January 2019 for the gynaecology ward as a particularly welcome development in providing a consistent level of clinical supervision and a more robust handover.</p> <p>The educational and clinical supervisors also welcomed the appointment of the gynaecology 'hot week' consultant and that despite only being in place for a matter of weeks the benefits were already being realised. It was noted that familiarity with patients across the week potentially led to better patient care and the supervisors raised the possibility of aligning trainee rotas so that trainees spent the whole week with the same consultant. It was felt that this would lead to a better educational experience for trainees.</p> <p>It was expected that the role of 'hot week' consultant would rotate between all of the consultants, meaning that each would be the named 'hot week' consultant for three or four weeks per year. In the event of being the 'hot week' consultant, the review team heard that some gynaecology clinics would be cancelled, whilst others would be registrar led.</p>	Yes, please see O&G1.3
O&G 1.4	<p>Taking consent</p>	

	<p>The review team heard that there was a lack of clarity around F2 trainees taking consent for the medical management of miscarriage and the trainees felt that a simulation scenario at induction, along with written guidance around taking consent, would be beneficial. It was reported that there was a directive that F2 trainees were not expected to, and should not, take consent for the surgical management of miscarriage. The review team informed trainees that the Royal College of Obstetrics and Gynaecologists produced guidance on taking consent.</p> <p>The review team heard that ST1-2 and ST3+ trainees had no concerns around taking consent and that if they did they would feel comfortable raising this with their clinical or educational supervisor.</p>	Yes, please see O&G1.4
O&G 1.5	<p>Rotas</p> <p>The review team heard that that Foundation and ST1-2 trainees did not ever feel the pressure to stay beyond their contracted hours and that there was no culture or expectations of routinely working late.</p> <p>It was reported that the Trust had recently appointed three Trust grade doctors to alleviate pressures caused by rota gaps. The review team heard of one incidence where an ST1-2 trainee was pulled away from a scheduled teaching session to cover an antenatal clinic, but it was noted that this was during a particularly busy period and not the normal process.</p> <p>The review team heard from both the ST3+ trainees and the clinical supervisors that there were concerns about maintaining a sustainable rota in the coming months. It was noted that two trainees would be leaving the Trust in March 2019 and that effective from January 2019, one trainee would no longer be available to be scheduled to work overnight. It was understood among the trainees that of a full registrar rota of 20 there would be three full time equivalent (FTE) training posts vacant from March 2019. The review team heard that a full registrar rota was comprised of eight Trust grade staff and 12 trainees.</p> <p>The review team heard from the clinical supervisors that it was felt that the red outlier on the GMC NTS survey for workload was attributable to gaps in the rota and that the appointment of additional Trust grade doctors had gone some way to minimise the impact of these on the training environment. The review team heard of similar concerns to those of the ST3+ trainees about the anticipated additional gaps in the rota from March 2019, as well as noting the impact of receiving fewer GP Vocational Training Scheme trainees from HEE than expected – 2.2FTE, down from seven.</p>	
O&G 1.6	<p>Induction</p> <p>The review team heard from both groups of trainees it met with that they received a two-day Trust-wide induction. Both groups of trainees reported that they felt this induction was too focused on ensuring that new trainees completed the required statutory mandatory training at the expense of orienting trainees in their new work and training environment. One of the ST3+ trainees noted that they had completed another rotation at the Trust earlier in their career and that they felt the quality and usefulness of the Trust-wide induction had deteriorated in the intervening period, with little focus on the use of reporting systems.</p> <p>The review team heard that it was felt among the trainees that the departmental induction for F2 trainees was too heavily focused on obstetrics, whilst the workload whilst in post was centred on gynaecology and the labour ward. The review team noted that reconfiguring the departmental induction for F2 trainees presented an opportunity for trainees to become involved in a quality improvement project.</p> <p>ST1-2 trainees reported that whilst they felt that their departmental induction was good overall, it did not cover all aspects of working in the department. It was noted that that the rota coordinator, an ST3+ trainee, was on call on the day of the induction which meant that the rota was not discussed at induction. The review team noted that this issue was raised at the local faculty group (LFG) meeting and that the trainees felt that the department would avoid this reoccurring at future inductions. It was reported that it</p>	Yes, please see O&G1.6a

	<p>was unclear who was responsible for the overall coordination of the departmental induction.</p> <p>The review team heard that all trainees were issued with a handbook that they found to be a useful source of information. However, it was noted that the guidance it had for hyperemesis gravidarum was not consistent with the advice available on the Trust intranet.</p> <p>All of the trainees reported that they were welcomed into the department and helped to settle in their roles by the consultant body and the wider multidisciplinary team (MDT). Both groups of trainees also noted that they were sent the rota in advance of starting their posts. Asked if anything was missing from the departmental induction, the trainees reported that they felt too much time was spent on the Growth Assessment Protocol (GAP) tool when it would have been more beneficial to have included a section on managing emergency presentations. It was also noted that the trainees did not have a clearly defined role or set of expectations on them whilst working in maternity settings.</p> <p>The review team heard that all trainees were given their logins for the various reporting and patient management systems in an ordered and timely manner. It was noted by the review team that trainees had been provided with standardised logins for all systems, something that the trainees were grateful for. However, some trainees reported frustrations in requesting authorisation for the CIP system, and in some cases had to wait long periods before being granted access.</p> <p>The review team heard from the clinical and educational supervisors that the delay experienced by some trainees in accessing the CIP system was due to the fact that logins could not be generated centrally and that trainees needed to request these manually from a computer terminal on the Trust's network. There was also an acknowledgement that the departmental induction could be more practically oriented.</p>	Yes, please see O&G1.6b
O&G 1.7	<p>Handover</p> <p>The review team was pleased to hear that improvements had been made to handover on the labour ward, and that this now included the wider MDT. The review team heard that the labour ward handover was conducted at 08:00 and that this was now consultant led and that both overnight and day staff were present and that all patients were discussed. The review team heard that there was a reciprocal handover at 20:00. One ST3+ trainee noted that this was the best demonstrable handover they had seen during their training.</p> <p>The review team heard from the clinical supervisors that there had previously been three layers of handover on the labour ward and that whilst there was initially some resistance from some consultants and the midwifery team over the timing of the handover, it was now widely agreed that the quality of patient care had improved.</p> <p>The review team heard that the antenatal and gynaecology handover had benefited from the appointment of the 'hot week' consultant and was described as well run, with a registrar from the CEPOD in attendance. The review team was informed that the appointment of the 'hot week' consultant meant that there was now a consultant presence between 08:00 and 09:00 where there had previously been none.</p> <p>Despite the improvements made in the handover of patients on the labour and antenatal and gynaecology ward, the review team was disappointed to hear the handover on the postnatal ward described as "chaotic". It was reported that patient notes and records were not collated into a single document. The review team heard that there was a diary in place to record patient handover details but that this was not effective.</p>	Yes, please see O&G1.7
O&G 1.7	<p>Protected time for learning and organised educational sessions</p> <p>The review team heard that trainees were relieved of clinical duties on Friday afternoons for teaching sessions. Some of the trainees reported that this allowed them</p>	

	to attend regional teaching at University College London Hospitals NHS Foundation Trust.	
O&G 1.8	<p>Adequate time and resources to complete assessments required by the curriculum</p> <p>The review team heard that some trainees had not fully grasped the extent of the curriculum expectations for their rotation until part way through their rotation after they had met with their clinical supervisor college tutor. Some trainees also reported that they had struggled to undertake enough scanning cases to meet the curriculum requirements.</p>	
<h2>2. Educational governance and leadership</h2>		
<p>HEE Quality Standards</p> <p>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.</p> <p>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.</p> <p>2.3 The educational governance arrangements ensure that education and training is fair and is based on principles of equality and diversity.</p> <p>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.</p> <p>2.5 The educational governance processes embrace a multi-professional approach, supported through appropriate multi-professional educational leadership.</p>		
O&G 2.1	<p>Impact of service design on learners</p> <p>The review team heard that whilst the maternity ward did feel disorganised, the trainees did not feel that patient safety had been compromised. One trainee with experience in a similar setting at another Trust did not feel that the department was any more or less disorganised.</p> <p>One trainee noted that whilst they found the curriculum coverage to be good, they did not feel that there were enough opportunities to meet the required number of procedures within the department and felt at risk of becoming deskilled. The review team was encouraged to hear that this had been raised with the educational supervisor and that these concerns were listened to.</p> <p>The review team heard that clinic lists were reduced in the rare event that consultants were unable to attend. However, it was noted that some clinics, particularly the antenatal diabetic clinic, were heavily subscribed and often over capacity due to the lack of punctuality of some patients.</p> <p>It was reported by the ST3+ trainees that the Triage role that covered gynaecology, the maternity day unit and Emergency Department referrals was heavily geared toward service provision and was too demanding to be of sufficient educational value.</p>	
O&G 2.2	<p>Organisation to ensure access to a <u>named educational supervisor</u></p> <p>All of the trainees the review team met with reported that they had access to a named educational supervisor. However, it was noted that a Foundation year 2 trainee did not know who their educational supervisor was until one month into their rotation.</p> <p>The review team was pleased to hear praise from a number of trainees for the College Tutor and several other educational supervisors.</p>	

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	<p>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</p> <p>The review team heard that some trainees did not have a locker or a secure location to store their valuables. The review team was alarmed to hear that there had been some reported incidences of theft and one of the trainees present reported that they had had their theatre shoes stolen. The review team heard that one trainee had been designated to lead an audit of locker allocations with a view to bringing back into use lockers that it was assumed were no longer in use but remained locked. The educational supervisors added that the department hoped to implement formal locker allocations – previously it had been left to staff to arrange among themselves. Because there was nowhere secure to keep their valuables, the review team heard that trainees kept their belongings in the labour ward doctors room.</p> <p>The review team also heard that some trainees felt that the Trust's policy for staff car parking was not suitable. It was reported that whilst there were subsidised staff parking permits available, this was not always appropriate, and in some cases staff working out of hours preferred to use the main carpark for the sake of personal safety. It was also reported that there were separate day and night subsidised permits which meant that staff working overnight risked receiving a parking fine if they were required to work late. The review team heard of a trainee that had incurred three £100+ fines.</p> <p>The review team heard that one trainee who had recently returned to training after time out of training had not encountered any issues settling back into clinical work and the training environment and had been well supported by the Trust.</p>	
O&G 3.2	<p>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>The review team heard from both groups of trainees that there had been no incidences that would constitute bullying or undermining behaviour. One of the ST1-2 trainees did report an occasionally difficult working relationship with one consultant but did not feel that this had an adverse effect on them.</p>	
O&G 3.3	<p>Access to study leave</p> <p>The review team was pleased to hear that all trainees had not encountered any difficulties in booking study leave and attending courses.</p>	
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	<p>Sufficient time in educators' job plans to meet educational responsibilities</p> <p>The review team heard from the educational supervisors that there was sufficient time in their job plans for their educational roles and that each supervisor never had more</p>	

	than four trainees at one time. Some consultants had opted out of assuming educational supervisor duties but all were accredited clinical supervisors.	
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5. Developing and implementing curricula and assessments

HEE Quality Standards

5.1 Curricula assessments and programmes are developed and implemented so that learners are enabled to achieve the learning outcomes required for course completion.

5.2 Curricula assessments and programmes are implemented so that all learners are enabled to demonstrate what is expected to meet the learning outcomes required by their curriculum or required professional standards.

5.3 Curricula, assessments and programme content are responsive to changes in treatments, technologies and care delivery models and are reflective of strategic transformation plans across health and care systems.

5.4 Providers proactively engage with patients, service users, carers, citizens and learners to shape curricula, assessments and course content to support an ethos of patient partnership within the learning environment.

O&G 5.1	Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum	
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N/A

6. Developing a sustainable workforce

HEE Quality Standards

6.1 Recruitment processes to healthcare programmes fully comply with national regulatory and HEE standards.

6.2 Learner retention rates are monitored, reasons for withdrawal by learners are well understood and actions are taken to mitigate attrition of future learners.

6.3 Progression of learners is measured from commencement to completion for all healthcare learning programmes.

6.4 First destination employment is recorded and retention within first year of employment monitored, including the recording of reasons for leaving during the first year of employment.

6.5 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

O&G 6.1	Learner retention	
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The review team was pleased to hear that both groups of trainees it met with would recommend the Trust and their training posts to their peers.

The review team heard from the supervisors that there were concerns about the sustainability of trainee numbers but recognised that this was a national recruitment issue, and was informed by the review team of an HEE initiative, that provided funding and support to the Trust, to develop the advanced practitioner workforce.

The review team was also pleased to hear the Trust grade appointments all had their own areas of sub-specialty and were encouraged to develop these as a means of making the roles more appealing.

Good Practice and Requirements

Good Practice

The review team was impressed with the improvements made to handover on the labour ward and would recommend that the Trust look at the lessons learned from this when looking to implement improvements to handover in other O&G settings.

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&G1.4	The Trust is required, for F2 trainees to develop written guidance on taking consent in an O&G setting for all new trainees as part of future departmental inductions.	Please submit a copy of the written consent guidance. This should be submitted to HEE within two months and supportive LFG minutes confirming the issue has been resolved	R1.1
O&G1.6 a	The Trust is required to make a clear distinction between its Trust-wide induction and trainee completion of statutory mandatory training, ensuring that the Trust-wide induction is focused solely on preparing trainees for their roles.	The Trust education team should work with rota coordinators to ensure that all trainees have time protected in the rota to complete their statutory mandatory training outside of the designated Trust-wide induction days. The Trust should develop induction guidance for all rota coordinators and provide HEE with a copy within two months.	R1.13
O&G1.6 b	The Trust is required to work with the department to develop a robust departmental induction for F1 and F2 trainees that is reflective of the practical and clinical duties expected of Foundation trainees and includes a checklist of all curriculum requirements, along with ensuring that clinical guidance provided in the handbook is consistent to the guidance on the Trust's intranet.	Please provide a copy of the updated departmental induction for foundation trainees as well as evidence to indicate that the Trust's intranet site has been updated to match. This should be provided to HEE within two months.	R1.13
O&G1.7	The Trust is required to develop a robust handover that collates all necessary patient information from across all the relevant patient record systems in the maternity ward that presents all patient data in a concise and readily available format that is updated ahead of every shift change.	Please provide evidence that this issue is discussed at the next LFG (with trainee input) and submit the meeting minutes along with a proposal that shows how the Trust will develop and implement this new handover process.	R1.14

Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions	GMC Req. No.
O&G1.3	The Trust is recommended to explore the possibility of aligning trainee rotas to coincide with the 'hot week' consultant for gynaecology to ensure that all trainees spend one full week with the same 'hot week' consultant during their rotation.	Please provide evidence that a meeting between all rota coordinators was held and provide details of the discussion held around aligning trainee rotas with that of the 'hot week' consultant as described. This should be submitted to HEE within three months.	R1.7

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:	Dr Sonji Clarke, Deputy Head of School, Obstetrics and Gynaecology
Date:	21 February 2019

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.