

# Bart's Health NHS Trust (Newham University Hospital)

Obstetrics & Gynaecology (Including GP and  
Foundation)

Risk-based Review (focus group)



## Quality Review report

10 September 2019

Draft Report

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## Quality Review details

<p><b>Background to review</b></p>	<p>This risk-based review was proposed as a result of a number of ongoing concerns that had impacted on the quality of Maternity Services being delivered at Newham University Hospital (NUH). Health Education England also had concerns around the significant deterioration of the 2019 General Medical Council (GMC) National Training Survey (NTS) results which returned seven red outliers for: overall satisfaction, teamwork, supportive environment, educational governance, handover and feedback. There were also eight pink outliers received for: overall satisfaction, clinical supervision, reporting systems, teamwork, adequate experience, curriculum coverage, educational supervision and local teaching.</p> <p>HEE had previously undertaken a number of risk-based reviews to the Women &amp; Children's services at NUH over the previous eighteen months:</p> <ul style="list-style-type: none"> <li>○ Obstetrics and Gynaecology (13 March 2018)</li> <li>○ Neonatal Medicine (02 July 2018)</li> <li>○ Neonatal Medicine (14 January 2019)</li> <li>○ Multi-professional O&amp;G and midwifery (20 June 2019)</li> </ul> <p>The most recent quality review on 20 June 2019 identified a number of longstanding cultural issues including a perceived breakdown in inter-professional working relationships. The review resulted in three Immediate Mandatory Requirements (IMR) being issued to the Trust.</p> <p>The rationale behind this focus group was to assess the progress made on the IMRs, action plans from previous visit and the quality of the learning environment from a new cohort of trainees.</p> <p>The Trust had submitted an update of the actions undertaken to improve the learning environment and a range of initiatives that were in progress. The Trust team confirmed that they were already aware of the issues and challenges through their internal feedback and were urgently making the necessary changes. There was recognition that culture change was difficult, and that sustained improvement would require more work. The Trust has agreed a program of internal peer review with staff from other sites to support the department in World Health Organisation (WHO) checklist, setting up multi-professional handovers and Director of Medical Education (DME) chaired monthly focus groups with trainees.</p>
<p><b>Additional information from the Trust</b></p>	<p>The Trust had appointed an obstetric and gynaecology education fellow at specialty training level five (ST5) to commence in post from October 2019.</p> <p>The Trust would also be recruiting a consultant lead on one PA to undertake junior doctor support and to provide additional support for trainees as part of their wellbeing.</p> <p>All foundation year one trainees would be attending resilience training organised by the Trust Education Academy, with the first session planned for October 2019.</p> <p>The NatSSIPs (early warning score) training for nursing and midwifery staff, along with refresher training in the robust monitoring of patients with appropriate escalation, was ongoing under the leadership of the new Head of Midwifery.</p>
<p><b>Training programme / learner group reviewed</b></p>	<p>Obstetrics &amp; Gynaecology (Including General Practice (GP) and Foundation)</p>

<b>Number of learners and educators from each training programme</b>	The review team met with a range of trainees across O&G including GP, foundation and specialty trainees.
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Quality Review Team			
<b>HEE Deputy Dean</b>	Dr Indranil Chakravorty, Deputy Postgraduate Dean North East London Health Education England	<b>Head of Specialty School of O&amp;G (Review Lead)</b>	Mr Greg Ward Head of School of Obstetrics & Gynaecology Health Education England
<b>North East Thames Foundation School</b>	Dr Nick Rollitt Deputy Head Foundation School Director North East Thames Foundation School	<b>General Practice Representative</b>	Dr Lak Larh Programme Director, Newham Scheme
<b>HEE Representative</b>	Tolu Oni Learning Environment Quality Coordinator Quality, Patient Safety & Commissioning Team	<b>Lay Member</b>	Jane Chapman Lay Representative
<b>Lay Member</b>	Sarah Pluckrose Shadow Lay Representative		

## Findings

1. Learning environment and culture		
<b>HEE Quality Standards</b>		
1.1 Learners are in an environment that delivers safe, effective, compassionate care that provides a positive learning experience for service users.		
1.2 The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.		
1.3 There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).		
1.4 There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.		
1.5 The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.		
1.6 The learning environment promotes inter-professional learning opportunities.		
<b>Ref</b>	<b>Findings</b>	<b>Action required? Requirement</b>

		Reference Number
<p>O&amp;G 1.1</p>	<p><b>Patient safety</b></p> <p>Although the review team heard that compliance with the local version of the World Health Organisation (WHO) checklist in obstetric theatres occurred frequently, there remained concerns about how this was being implemented, the lack of engagement from all parties, absence of leadership, poor team-working, an apparent culture of poor communication between the different professional groups, especially around emergency procedures. The review team was concerned that this could result in a potential impact upon patient and trainee safety.</p> <p>The review team heard of a lack of robustness, timeliness in the monitoring and escalation of high risk and deteriorating patients within the post-natal ward. Concerns were raised on the apparent lack of urgency (e.g. in responding to septic patients) demonstrated by some staff in the completion of the maternity early warning score (MEWS) accurately and in following the appropriate escalation required.</p> <p>Whilst this was noted as an ongoing issue, the review team was encouraged by the quality improvement initiative(s) undertaken of their own accord by the foundation trainees to raise awareness on the significance of adhering to MEWS and handover sheets amongst the healthcare assistant and maternity staff groups.</p> <p>In addition, the review team heard that the handover sheet(s) used at Labour room and post-natal ward rounds contained significant errors or missing identifiers (such as incorrect hospital numbers, absence of date of birth) and as a result some deteriorating patients had been missed or had incorrect investigations undertaken.</p> <p>In terms of clinical support and supervision, the trainees described the post-natal ward as unsafe, particularly because they frequently led patient care and some trainees felt unprepared given their limited previous experience. The trainee also felt that there was limited access to immediate consultant/senior clinical oversight. It was understood that trainees had escalated these concerns through the Datix reporting systems.</p>	<p>Yes, please see O&amp;G1.1a</p> <p>Yes, please see O&amp;G1.1b</p> <p>Yes, please see O&amp;G1.1c</p> <p>Yes, please see O&amp;G1.1d</p> <p>Yes, please see O&amp;G1.2b</p>
<p>O&amp;G 1.2</p>	<p><b>Appropriate level of clinical supervision</b></p> <p>The trainees informed the review team that the level of clinical support received was variable and largely depended on which team/ward/clinic they had been rostered to. It was noted that on an individual level, most of the consultants were described as kind and approachable but the overall leadership, guidance was felt to be deficient.</p> <p>Junior trainees appeared to be most vulnerable to a lack of interest, pastoral care or mentorship offered by consultants (or senior trainees) to them. Trainees appeared unable to raise personal challenges nor were aware of their individual training needs.</p> <p>The review team heard that some trainees perceived there to be tension between themselves and their immediate senior colleagues and were concerned that it had impacted on their ability to escalate issues to their clinical supervisors.</p> <p>The review team heard that a lack of consultant oversight on the post-natal ward with no regular ward rounds, no handover, absence of written handover lists, combined with poor monitoring of patients and a lack of adherence to the MEWS had the potential to create an unsafe environment for patients and trainees. The review team heard that trainees were aware of the consultant on call for acute gynaecology being 'responsible' for the ward but there was no regular system of ward rounds or interactions. The review team also heard that there was no regular middle grade oversight on the ward or routine support available to trainees.</p>	<p>Yes, please see O&amp;G1.2a</p> <p>Yes, please see O&amp;G1.2b</p> <p>Yes, please see O&amp;G1.2c</p>

O&G 1.3	<p><b>Responsibilities for patient care appropriate for stage of education and training</b></p> <p>With regards to the post-natal ward, the review team heard that junior trainees were responsible for diagnosing and managing post-natal patients. The trainees further reported that they did not feel that they had received an appropriate induction programme (that included training and a description of roles and responsibilities) and perceived there to be limited supervision.</p>	
O&G 1.4	<p><b>Taking consent</b></p> <p>The review team heard that while foundation trainees were not required to consent for procedures, that the foundation trainees would find it beneficial to be trained in the process.</p> <p>The review team further heard that general practice trainees were expected to consent for emergency caesarean sections.</p>	
O&G 1.5	<p><b>Induction</b></p> <p>The review team heard that the trainees found the Trust induction to be adequate. However, the local departmental induction was described by the trainees as unsatisfactory and commented that they felt that the induction had failed to prepare them for the delivery of safe care in the post-natal ward.</p> <p>The trainees also commented that there was a perceived lack of interest and understanding from the consultants in their different training needs.</p>	Yes, please see O&G1.5
O&G 1.6	<p><b>Handover</b></p> <p>The trainees raised concerns with the handover arrangement on the labour ward and described it as being disorganised. The morning handover was felt to be frequently disjointed, disrupted and poorly attended often due to a culture of lateness from some of the attendees.</p> <p>The review team heard that there was nominal presence from other professional groups within the maternity unit but that there was limited engagement and participation by these groups. It was also heard that there was no formal written or electronic handover sheet. The trainees reported that they had found it difficult to hear the handover discussion, note necessary actions and be fully aware of deteriorating patients.</p> <p>In terms of ward rounds, the trainees participated in daily labour ward round(s) but it was noted that the trainees had not found these to be particularly linked to education and teaching.</p>	Yes, please see O&G1.1d
O&G 1.7	<p><b>Protected time for learning and organised educational sessions</b></p> <p>The review team was informed that the local teaching sessions which included Monday cardiotocography (CTG), risk management and governance meetings were midwife-led. Some of the sessions were scheduled at a time that limited trainee attendance due to shift times.</p> <p>The trainees advised the review team that there appeared to be no involvement, attendance or contribution from consultants (except the Education Lead). The foundation and general practice trainees also commented that the content was not always appropriate to their learning needs.</p>	Yes, please see O&G 1.7

## 2. Educational governance and leadership

### HEE Quality Standards

2.1 The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.

2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.

**2.3 The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.**

**2.4 Education and training opportunities are based on principles of equality and diversity.**

**2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.**

O&G 2.1	<p><b>Impact of service design on learners</b></p> <p>The review team heard that the high number of emergency cases at NUH had contributed to trainees working additional hours.</p> <p>When asked about exception reporting, the trainees reported that they felt there was a culture of discouragement when they had attempted to complete an exception report. Some of these comments were described by the trainees to be non-supportive and public reference had been made to a lack of resilience and strength of character.</p>	Yes, please see O&G2.1
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O&G 2.2	<p><b>Appropriate system for raising concerns about education and training within the organisation</b></p> <p>The review team heard that the trainees were familiar with the process of raising concerns using the Datix reporting systems but noted that learning was not optimised through serious incidents.</p> <p>The review team heard of an example where a Datix report had been raised as a result of an inadequately managed handover list, which had resulted in patients being missed off for investigation on several occasions. It was understood by the review team that the trainees had escalated these scenarios to the governance midwife and post-natal ward, however the review team found no evidence that suggested learning was received from such incidents.</p>	Yes, please see O&G 2.2
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**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 to achieve the learning outcomes required.**

**3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.**

**3.3 Learners feel they are valued members of the healthcare team within which they are placed.**

**3.4 Learners receive an appropriate and timely induction into the learning environment.**

**3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.**

O&G 3.1	<p><b>Behaviour that undermines professional confidence, performance or self-esteem</b></p> <p>The trainees felt that the historical culture around bullying and undermining amongst staff still prevailed. In particular, the trainees noted several, daily examples of unprofessional behaviour during interactions between midwives and consultants; the review team further heard that these instances had also been witnessed by patients on the labour ward and in obstetric theatres.</p> <p>The review team heard that trainees would reluctantly recommend the placement to a peer due to their concerns related to the breakdown of inter-professional working relationships, bullying / undermining, lack of supervision, formal education sessions, disorganised handover and concerns for the safety of deteriorating patients.</p>	Yes, please see O&G3.1
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	The review team also heard that trainees would not recommend this unit for delivery to family and friends owing to their concerns around unprofessional working practices and organisational concerns around patient management.	
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#### 4. Supporting and empowering educators

##### HEE Quality Standards

4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.

4.2 Educators are familiar with the curricula of the learners they are educating.

4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.

4.4 Formally recognised educators are appropriately supported to undertake their roles.

O&G 4.1	<p><b>Access to appropriately funded professional development, training and an appraisal for educators</b></p> <p>No issues were reported by trainees.</p>	
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#### 5. Developing and implementing curricula and assessments

##### HEE Quality Standards

5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.

5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.

5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

O&G 5.1	<p><b>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</b></p> <p>The review team heard that the foundation and general practice trainees were not able to describe any formal or informal educational activity that helped them to meet their training requirements.</p> <p>The review team heard that there was little understanding of the trainees learning needs and there was limited evidence of consultant engagement in providing an educational environment.</p>	
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#### 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.

	<b>Appropriate recruitment processes</b>	
	No issues were reported by trainees.	

## Good Practice and Requirements

<b>Good Practice</b>
N/A

<b>Immediate Mandatory Requirements</b>
Given the severity of an Immediate Mandatory Requirement, the risk rating must fall within the range of 15 to 25 or have an Intensive Support Framework rating of 3. This risk rating will be reviewed once the Trust has provided their response to the Immediate Mandatory Requirement.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
O&G1.2 a	<p>The Trust was issued with one Immediate Mandatory Requirement related to the post-natal ward. However, there are five action points within the IMR:</p> <p>The Trust is required to provide evidence that there is designated leadership (both midwife and obstetric consultant) of the post-natal ward.</p>	<p>The Trust is required to confirm the daily supervision arrangements and assess the accessibility, timeliness and effectiveness of this access. The Trust is required to provide an initial response by 10 October 2019.</p>	R1.8
O&G1.1 d	<p>The Trust is required to ensure that there is a robust handover in the post-natal ward. As a minimum this should take place twice a day (written and auditable).</p>	<p>The Trust is required to submit a 'Handover Best Practice/ SoP' document describing the expected standard, ensure timely attendance is documented The Trust is required to provide an initial response by 10 October 2019.</p>	R1.1
O&G1.2 b	<p>The Trust is required to ensure that there is a daily consultant led ward round/board round held at least twice a day within the post-natal ward.</p>	<p>The Trust is required to ensure that there is a documented audit of daily senior ward rounds of all patients on the post-natal ward. The Trust is required to provide an initial response by 10 October 2019.</p>	R1.8
O&G1.1 c	<p>The Trust is required to ensure that all staff and learners are trained in the use of early warning systems within the post-natal ward.</p>	<p>The Trust is required to confirm that all staff have received training in early warning systems. The Trust is required to provide an initial response by 10 October 2019.</p>	R3.1
O&G1.1 b	<p>The Trust is required to ensure that there is a regular review of patients and that there is robust escalation as per the departmental procedures (medical trainees, midwifery</p>	<p>The Trust is required to provide a weekly audit of compliance with the MEWS and escalation policy. The Trust is required to</p>	R1.1



	students and nursing students) for all patients within the post-natal ward.	provide an initial response by 10 October 2019.	
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### Mandatory Requirements

The most common outcome from a quality intervention. The risk rating must fall within the range of 8 to 12 or have an Intensive Support Framework rating of 2.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
O&G1.1 a	The Trust is required to clearly define and demonstrate compliance with the WHO checklist, team working and safety culture in the Obstetric theatres to reassure HEE around trainee and patient safety.	The Trust is to provide evidence (audit & LFG minutes) of WHO checklist compliance, assessment by peer review of team-working and a regular schedule of multi-professional human factors training of all theatre and labour room staff. Please provide an initial update by 01 December 2019.	R1.1
O&G1.2 c	The department to initiate a daily/ weekly, safe forum for raising concerns (e.g. Schwartz Rounds). These sessions should be led by consultants or senior mid-wife with a structure that accommodates discussion around patient safety and allow any concerns to be raised.	The Trust to confirm a schedule of regular forum for raising concerns and lessons learned as part of the monthly submissions. Please provide an initial update by 01 December 2019.	R1.2
O&G1.5	The department should implement a specialty specific induction programme (bleep-free and competency mapped) so that all trainees can achieve the necessary clinical competencies to undertake their duties safely.	The Trust to submit the agreed departmental induction and training programme for all trainees new to the department and new to the specialty and arrangement for competency sign off prior to commencing clinical duties. Please provide an initial update by 01 December 2019.	R1.13
O&G1.7	The O&G unit to ensure that teaching sessions are appropriate to training needs, consultant-led, arranged at times that most trainees can attend, and bleep free (except for emergencies).	The Trust to provide evidence by 01 December 2019 that demonstrates teaching sessions are consultant-led, being attended by trainees, feedback received and are bleep-free.	R1.16
O&G2.1	The department to facilitate an open culture of exception reporting.	The Trust to confirm a session on awareness of Exception reporting is provided for all trainees, that this forms part of the Trust/ Departmental induction and that Exception reporting is included as a standing item in monthly LFG meetings. Please provide an initial update by 01 December 2019.	R1.3
O&G2.2	The department is to undertake a review of all DATIX incidents reported over the last three months to analyse any repeating trends.  The department should facilitate a learning culture by encouraging staff including doctors to provide feedback on concerns raised through the established systems	The Trust to submit the results of this analysis as part of the monthly submission to the Quality team by 01 December 2019.  The Trust to confirm a schedule of regular forum for raising concerns and lessons learned as part of the monthly submissions.	R1.2
O&G3.1	The Trust to ensure that a co-developed charter of excellence is implemented. A high	The Trust to provide evidence by 01 December 2019 that demonstrates the	R1.17

	standard of professionalism mapped to the General Medical Council (GMC) Good Medical Practice should be included along with a Team Behaviour assessment tool should be utilised at regular intervals via peer monitoring.	continued implementation and benefits of the charter of excellence across neonatology, maternity and midwifery.	
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**Minor Concerns**

Low level actions which the Trust need to be notified about and investigate, providing HEE with evidence of the investigation and outcome. Given the low level nature of this category, the risk rating must fall within the range of 3 to 6 or have an Intensive Support Framework rating of 1.

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
	N/A	None	

**Recommendations**

These are not recorded as 'open' on the Trust action plan so no evidence will be actively sought from the Trust; as a result, there is no requirement to assign a risk rating.

Rec. Ref No.	Recommendation	GMC Req. No.
O&G2.1	In relation to O&G2.1, for the interim period HEE recommends that the DME take a lead in providing an alternative (safe) pathway for exception reporting and oversight.	R1.3

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

Requirement	Responsibility
The Trust is required to facilitate a follow up quality review (multi-professional focus group) in November / December 2019.	HEE London and Bart's Health

**Signed**

<b>By the HEE Review Lead on behalf of the Quality Review Team:</b>	Dr Indranil Chakravorty, Deputy Postgraduate Dean
<b>Date:</b>	10 September 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.