

London North West University Healthcare NHS Trust (Northwick Park Hospital)

Obstetrics and Gynaecology including General
Practice

Risk-based Review (education lead conversation)



Quality Review report

23 January 2020

Final report

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Quality Review details

Training programme	Obstetrics & Gynaecology (O&G) and General Practice (GP) O&G
Background to review	The General Medical Council National Training Survey (GMC NTS) 2019 returned three red outlier results for O&G specialty training against the following indicators: teamwork, educational supervision and feedback. There were also two pink outlier results for clinical supervision out of hours and induction. GP O&G training returned red outlier results for overall satisfaction and handover, and pink outlier results for clinical supervision, teamwork and curriculum coverage.
HEE quality review team	<p>Dr Orla Lacey Deputy Postgraduate Dean</p> <p>Dr Greg Ward Head of School of Obstetrics and Gynaecology for London and the South East</p> <p>Dr Sonji Clarke Head of School of Obstetrics and Gynaecology for London and the South East</p> <p>Louise Brooker Deputy Quality, Patient Safety & Commissioning Manager Health Education England (London)</p>
Trust attendees	<p>The review team met with the following Trust representatives:</p> <ul style="list-style-type: none"> • Associate Director for Education and R&D • Programme Directors for General Practice • Deputy Director of Medical Education • Divisional Director for Acute Gynaecology • Clinical Director • College Tutor for O&G • Medical Education Manager • Programme Director, Central Middlesex Hospital site.

Conversation details

	Summary of discussions	Action to be taken? Y/N
OG1	<p>Service design</p> <p>Following the merger of Ealing Hospital with the Trust in 2016, Obstetrics and Gynaecology (O&G) services had been redistributed across the Northwick Park Hospital, Central Middlesex Hospital and Ealing Hospital sites. The review team heard that the labour ward, obstetric theatres and inpatient antenatal and postnatal services had all been moved to the Northwick Park site, with emergency gynaecology services located at both Northwick Park and Ealing. There were outpatient clinics located at the Central Middlesex site but no inpatient or emergency services. Overall it was estimated that the Trust's birth rate was 4700-4800 per year, which was a slight reduction from 5000 prior to 2016. At the previous review it had been noted that there were issues around transport between the sites. The Trust representatives advised that this was linked to communication issues between doctors and site managers arranging transfers, but that these had since been resolved. It was acknowledged that</p>	

	<p>moving between sites could still be challenging for staff due to a lack of public transport links.</p> <p>There were obstetric ultrasound services at both the Northwick Park and Ealing sites, with Northwick Park offering a consultant-led service and Ealing a combination of nurse and consultant-led sessions. Northwick Park Hospital had a low-risk inpatient postnatal ward and a combined ward for antenatal and high-risk postnatal inpatients.</p> <p>The review team heard that on the labour ward there were daily multidisciplinary team (MDT) handovers, including medical students in O&G and Anaesthetics. The midwifery team had a daily handover and safety meeting, and the senior midwives participated in the MDT handover with the obstetric team. There was a separate gynaecology handover which took place in theatres at Northwick Park Hospital. It was reported that following the introduction of an acute gynaecology MDT meeting in November 2019, there had been a reduction in the number of prolonged inpatient stays.</p>	
OG2	<p>Consultant rotas and supervision</p> <p>The review team enquired about the on-call consultant rota at Northwick Park Hospital. At the time of the previous review, the obstetric consultants had been divided between two rotas, one of which included resident overnight labour ward cover. In line with regional guidance the Trust representatives advised that a new, single obstetric consultant rota was being drafted and was due to come into effect from 1 April 2020. The new rota did not include resident on-call shifts for consultants but provided extended daytime and evening cover, from 08:00 to 22:00 each day, with non-resident on-call cover overnight. It was hoped that this would ensure more equitable working arrangements between consultants as well as improving supervision and teaching for trainees during day shifts. The review team agreed that this would be a positive step for both training and service provision.</p> <p>There were on-call consultants covering gynaecology services at both the Ealing and Northwick Park sites during the day, with one consultant on-call overnight. During the day, the consultant on-call at Ealing also covered clinics and other commitments, but at Northwick Park the on-call shift was separate from clinic lists.</p> <p>The review team heard that the elective caesarean section (CS) list had a named consultant assigned but that there were some gaps in direct supervision. However, the revised rota would allow for full direct supervision cover for these lists and for the labour ward each weekday. In the interim, the Trust representatives advised that if there was no dedicated consultant for the CS list, the second consultant on the labour ward provided supervision and a point of escalation for the higher trainee in theatre.</p>	Yes, please see action OG2
OG3	<p>Trainee rotas</p> <p>The General Practice (GP) trainees in O&G were split across the three Trust sites and the review team heard that the rota arrangements at each site were significantly different. The GP O&G rota at Ealing Hospital did not involve on-call shifts for obstetrics or overnight on-calls for acute gynaecology, included more time in community settings and was considered by the Programme Directors to be less intense in terms of workload than the rotas for the other two sites. At Northwick Park and Central Middlesex Hospitals, GP trainees worked across sites and participated in the O&G rota, including on-call commitments and out of hours work on the wards. GP trainees based at Ealing Hospital had a six-week block on the obstetric wards at</p>	

	<p>Northwick Park Hospital during their rotations to expose them to labour care, obstetric emergencies and high-risk antenatal and postnatal care. During this block, the trainees worked day shifts from 08:00 to 17:00 but were not rostered to work out of hours. It was reported that this arrangement had made it difficult to ensure the rotas were covered and that trainees had indicated dissatisfaction with the inequity between the two training schemes. The review team heard that, if cover was needed for an out of hours shift at late notice, trainees from the Northwick Park and Central Middlesex scheme would receive calls to ask if they could cover, whereas trainees on the Ealing scheme would not.</p> <p>The Trust representatives reported that these differences were based on historical arrangements prior to the merger with Ealing Hospital in 2016 and the labour ward on that site was closed. Since this time, it was noted that there had been an increase in the number of trainees working less than full-time and those undertaking supported return to practice and phased returns from leave. The Programme Directors advised that this had impacted on the trainees on the Northwick Park and Central Middlesex scheme in terms of increased workload, and that this could be partly mitigated by more equal allocation of acute and out of hours work. It was acknowledged that GP trainees often felt that community services and antenatal care were more directly relevant to their future roles, but the review lead noted that exposure to obstetric emergencies, immediate postnatal care and acute gynaecology was also valuable, particularly in the context of changing and increasingly complex patient profiles, and the schemes should be equitable in terms of out of hours work. The review team informed the Trust representatives that this artificial discrepancy in GP schemes would be brought to the attention of the Postgraduate Dean.</p>	Yes, please see action OG3
OG4	<p>Departmental culture</p> <p>The review team heard that a new working model for midwifery had been introduced which had not been well-received by either the trainees or the midwives. The model incorporated a case-loading care model which was aimed at improving continuity of care, which was considered to be a positive step overall, but the Trust representatives advised that the consultation process had involved some midwives' roles being re-banded from band seven to band six. This had impacted on the labour ward coordinator rota, which now included both band six and band seven midwives. The College Tutor suggested that trainees felt less well-supported when a band six midwife was in charge of the labour ward, particularly when the trainees were more junior or new to the rotation. In addition, the Trust representatives felt that morale in the department had been negatively affected by this process.</p> <p>The GP Programme Directors advised that, aside from the issues described above, feedback from GP trainees indicated that relationships within the O&G team and with the midwives were good and that the trainees were exposed to positive role modelling around relationships between primary and secondary care colleagues.</p>	
OG5	<p>Educational Governance</p> <p>The Trust representatives advised that all educational supervisors had time included in their job plans for training activities and had educator appraisals every three years.</p> <p>The College Tutor advised that the General Medical Council National Training Survey (GMC NTS) outlier result around feedback related to the time taken for supervisors to</p>	

<p>adjust to the new e-portfolio system and respond to tickets raised by trainees in a timely way. The GP Programme Directors reported that the GP trainees had not raised any issues around feedback and that the O&G team had been responsive in addressing concerns raised by GP trainees. It was noted that some supervisors had experienced technical difficulties with the e-portfolio system.</p> <p>The O&G educational leads had held an hour long consultation meeting with trainees on the day of the review to allow them to raise any concerns and planned to hold further meetings in future. The GP Programme Directors reported that they held weekly meetings with the trainees and that much of their feedback centred around the rota issues described above and increased workloads due to two long-term rota gaps. The GP Programme Directors felt that their team and the O&G team had worked well together in trying to mitigate these gaps and in communicating with the trainees. Prior to the review, the GP Programme Directors had met with the GP trainees who were finishing their rotation at the Trust and advised that they had given positive feedback about their training experience.</p>	Yes, please see action OG5
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Next steps

Conclusion
<p>The review team thanked the Trust attendees for the time taken to facilitate the review. It was agreed that the implementation of the revised consultant rota was an important step in ensuring named cover for the elective CS list as well as for trainee supervision and teaching. The review lead agreed to liaise with the GP School regarding the difference in rota arrangements between the two schemes at the Trust.</p>

Good Practice and Requirements

Good Practice
<p>The educational leads from the O&G and GP teams worked well together and were dedicated to improving the training experience for all trainees.</p>
<p>The review team commended the work done to revise and improve the consultant rota to improve equity between consultants, consistency of clinical supervision for trainees and patient care.</p>

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.
OG2	The Trust is required to ensure that the consultant rota allows for named consultant supervision of trainees on the CS list.	Please provide copies of the revised rota demonstrating full consultant cover for the CS list.	R1.12
OG3	The Trust is required to review the inequity in the current GP O&G trainee rotas to ensure	Please provide evidence that the rotas have been reviewed and revised to provide	R5.9

	that trainees based at all Trust sites gain exposure to the full range of clinical areas and experience within O&G, with the support of the Postgraduate Dean.	equitable experience across the GP O&G trainee cohort.	
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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.

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.
OG5	The Trust is advised to seek assistance from the regional champion from the Royal College of Obstetricians and Gynaecologists regarding the new curriculum and requirements around e-portfolio.	R1.18

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

Requirement	Responsibility
The discrepancy between the GP training schemes, in particular for the out of hours cover for the labour ward at Northwick Park will be raised with the Postgraduate Dean for an early and equitable resolution.	Orla Lacey DPGD

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Dr Orla Lacey
Date:	12 March 2020

What happens next?

We will add any requirements or recommendations generated during this review to the Quality Management Portal. These actions will be monitored via our usual action planning process.

