

Chelsea and Westminster Hospital NHS Foundation Trust

Obstetrics and Gynaecology
Risk-based review (on-site visit)



Quality Review report

27 February

Final Report

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healthcare

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Quality Review details

Training programme / learner group reviewed	Obstetrics and Gynaecology
Number of learners and educators from each training programme	The review team met with five trainees at Foundation and General Practice level, and 12 Speciality Training level one to seven (ST1-7) trainees. The review team also met with 16 educational and clinical supervisors.
Background to review	<p>Health Education England conducted a multidisciplinary review to the Obstetrics and Gynaecology Departments at Chelsea and Westminster NHS Foundation Trust in November 2016.</p> <p>The review to Chelsea and Westminster Hospital was initiated after a decline in the results of 2019 General Medical Council National Training Survey (GMC NTS).</p> <p>For General Practice Programme – Obstetrics and Gynaecology one red outlier was generated in Rota Design. Eight pink outliers were generated.</p> <p>For Obstetrics and Gynaecology seven red outliers were generated in: Overall Satisfaction, Work Load, Induction, Adequate Experience, Educational Governance, Feedback and Rota Design. Four pink outliers were generated.</p>
Supporting evidence provided by the Trust	No supporting evidence was requested by the reviewing team.
Summary of findings	<p>The review team identified the following areas of good practice:</p> <ul style="list-style-type: none"> • Trainees described their consultants as approachable and knowledgeable. • The weekly departmental General Practice training was commended. • Senior trainees spoken to reported that they would recommend the department to colleagues as a training environment. • All trainees spoken to reported patient safety within the department to be good and would be happy for their family and friends to be treated by the department. <p>A number of areas requiring improvement were identified, including:</p> <ul style="list-style-type: none"> • The review team found a disconnect between the training reported to be available by departmental consultants and the trainees' perceived level of organised training sessions. • Junior trainees were reported to be spending a disproportionate amount of time on the Maternity Assessment Suite (MAS) which was felt to have impacted their access to learning opportunities available on the labour ward. • Educational supervision was described by the majority of trainees to be good, however, the review team heard some evidence of inadequate supervision. It was discussed that a review of the current educational supervisor appraisal process could help communicate responsibilities. • Workload was reported to be too high by some Foundation trainees, and too low for others. The department were advised to review the Foundation trainees' workload to ensure an appropriate level of work and clinical supervision was in place.

- The department to review the level of consultant presence on the labour ward to ensure that a high level of presence is consistent across the consultant body.

Quality Review Team

HEE Review Lead	Dr Bhanu Williams Deputy Postgraduate Dean Health Education England (London)	External Clinician	Dr Catriona Stalder Consultant Gynaecologist Training Programme Director North West London
Head of School Representative	Dr Greg Ward Head of School of Obstetrics and Gynaecology for London and the South East	Lay Member	Kate Brian Lay Representative
HEE Representative	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)		

Educational overview and progress since last visit – summary of Trust presentation

Trust representatives gave a presentation on the challenges faced by the department and the interventions planned.

An operational background to the department was given. Approximately 5800 NHS and 900 private patient deliveries occurred a year, with caesarean sections making up 40% of the deliveries. It was advised that an expansion to the neonatal Intensive Care Unit was planned, as a result the departmental workload was expected to increase.

It was discussed that within the department there were two Foundation Year One (FY1) Trainees, two Foundation Year Two (FY2) trainees, 11 Specialty Training Level one to seven (ST1-7) trainees, four General Practice trainees and one Innovative Training Programme (ITP) trainee. It was reported that the department was not always allocated the expected training grade or number of trainees. Trust representatives discussed that the placement was better suited to higher trainees due to the number of tertiary presentations. In addition to deanery trainees for the last 10 years clinical and research fellows had been appointed. There were currently unfilled positions in the department but at full complement 16 doctors were employed, 11 deanery trainees and five fellows. A 1:8 rota was in place, the fellows supported the on-call rota, however not the day rota. F2 trainees were rostered on the junior grade rota but were supernumerary in clinic.

Trust representatives advised that the private patients within the hospital were seen in the Kensington Wing. The standard operating procedure mandated that all private patient emergencies were to be seen by the Trust NHS service. A designated Resident Medical Officer (RMO) was employed to work with all private patients within the

hospital, however, it was noted that the RMO position was currently vacant. The review team heard that even with no RMO, trainees were not involved in the routine care of private patients.

Health Education England (HEE) conducted a Trust wide multidisciplinary review to the obstetrics and gynaecology department at Chelsea and Westminster Hospital NHS Foundation Trust in November 2016. Trust representatives reported that following the visit improvements had been made to clinical supervision and the departments' educational ethos. It was advised that structured transabdominal ultrasound simulation and multidisciplinary obstetric and midwifery simulation training had been implemented. The department had looked at additional appointments to address the rota gaps, it was discussed that there was a Trust-wide initiative to explore the recruitment of international graduate doctors. The review team heard how trainees did not cover termination of pregnancy lists following the Immediate Mandatory Requirement issued at the quality visit in 2016.

The department were reported to have been surprised at the number of red outliers generated by the 2019 GMC NTS survey. Reasons for the following red outliers on the survey; Overall Satisfaction, Workload, Adequate Experience, Feedback, Induction, Educational Governance, Rota Design, and interventions planned to address the problems were discussed.

The level of consultant support and a lack of office space was felt to have contributed to Overall Satisfaction being a red outlier on the 2019 GMC NTS survey. The review team heard that an increased consultant presence on the labour ward had been introduced, a daily consultant-led ward round occurred, and consultants were present from 08:00 – 22:00. It was further discussed that a departmental refurbishment had been finalised following the 2019 survey. A new consultant office which provided a space for private conversations had been allocated to the team, in addition to a junior doctor room. Trainee feedback following the refurbishment had been reported as positive.

Trust representatives discussed the perceived reasons for Workload being a red outlier in 2019. The junior doctor workload was felt to be high at the weekend, especially due to the high number of emergency cases within the hospital. Trust representatives acknowledged that junior doctors felt overwhelmed and had difficulty balancing their routine discharge and emergency case work. The high workload was felt to have been exacerbated at the time of the 2019 survey as there were a number of gaps due to long term leave and no College Tutor in place. It was advised that when the last Royal College of Obstetrics and Gynaecology (RCOG) tutor left in July 2018 the requirement for further service coordination support was identified. A consultant lead for service coordination was appointed after the 2019 survey to help oversee and manage rota gaps. It was advised that the department were exploring solutions, including a review of the length of patient stay. Trust representatives reported that at the last multidisciplinary monthly meeting, January 2020 was reported to have had the lowest length of stay in the last two years.

Following the Educational Governance red outlier, the department increased the number of educational supervisors, allowing fewer trainees to be allocated to each consultant. It was hoped that this would increase the quality of educational supervision received. A mentorship concept had also been implemented with two nominated consultants available for trainee support outside of the formal supervision arrangements.

In addition to supporting educational governance the mentorship concept was hoped to improve the feedback mechanism for trainees. Feedback was explored following the survey, the review team heard that junior trainees had felt that there were some apparent tensions within the consultant body. Further review of the departmental culture had occurred, including a multidisciplinary away day and departmental social events.

The induction programme had been reviewed, feedback had been collected from trainees at the last induction cycle and the induction was reported to have been positive. It was discussed that for the General Practice trainees a clinical skills-based induction occurred as they had often worked in the hospital before and had received a Trust induction. The department had developed a smartphone application which included useful hospital telephone numbers, the application had since been rolled out to other departments.

Trust representatives advised that following the 2019 survey there had been changes to the departmental rota. Feedback from trainees was that following nights and the mandated time off they had had long periods where they were not rostered to the department during the day, this was felt to have affected training. Following feedback changes to the rota had occurred to reflect trainees rostered more to the daytime shifts. It was further advised that changes to the middle grade rota had occurred to ensure trainees received the required days off, it was reported that the new rota was compliant with the new 2020 junior doctor contract. Two clinical fellows had been employed to fill the rota gaps.

In a further effort to address rota issues, a weekly education and service meeting between the RCOG College Tutor and junior trainees in charge of the rota took place. The meeting was felt to be productive in identifying and resolving short term issues, such as upcoming rota gaps. The department had produced an application for locums which had streamlined the filling of gaps. It was advised that there had been particular problems in filling the rota with ST2 level doctors.

Findings

1. Learning environment and culture

HEE Quality Standards

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.

Ref	Findings	Action required? Requirement Reference Number
O&G 1.1	<p>Appropriate level of clinical supervision</p> <p>Foundation trainees discussed how they had received differing levels of support during shifts. It was advised that on shifts where there was a high consultant presence the higher trainees had time to support the junior trainees. The antenatal ward was described to have high consultant presence. The Maternity Assessment Suite (MAS) was felt to have low consultant presence, which had led to trainees not feeling routinely supported. Educational and clinical supervisors discussed that they hoped the more junior trainees on the MAS would contact the labour ward consultant and higher trainee if they required support.</p> <p>Foundation trainees described how they would usually only approach a consultant if they were physically present on the ward. Most trainees advised that they were not aware where the consultant office was. It was discussed that if required the trainee knew they could contact the consultant through the switch board.</p> <p>Higher trainees advised that consultants on the labour ward could usually be contacted if required, however there was variance in their physical presence on the ward, with some consultants more readily available than others. Higher trainees felt that this had not negatively impacted on their training, however had concerns on how it may have affected their junior colleagues.</p>	Yes, please see action O&G1.1
O&G 1.2	<p>Responsibilities for patient care appropriate for stage of education and training</p> <p>The review team heard how some foundation trainees felt that they could have more training opportunities and other foundation trainees felt that the workload was too high.</p>	

	<p>Some trainees reported how the first month had been overwhelming, due to the high variability and frequency of workload.</p> <p>Trainees at the beginning of their speciality training were concerned they had not had enough opportunity to develop their decision-making skills. Trainees further reported that they did not have the opportunity to go to clinics.</p> <p>Educational and clinical supervisors advised that they were aware that trainees had been unable to attend clinics. It was discussed that a formal Friday afternoon clinic was to be established. A template was waiting to be created on Cerner before this could happen.</p>	<p>Yes, please see action O&G1.2a</p> <p>Yes, please see action O&G1.2b</p>
O&G 1.3	<p>Induction</p> <p>Foundation trainees reported that the induction programme had been a helpful introduction into the post.</p> <p>Support provided to trainees who had returned to training was reported to be mixed.</p>	<p>Yes, please see action O&G1.3</p>
O&G 1.4	<p>Protected time for learning and organised educational sessions</p> <p>Most trainees advised that there were not regular organised teaching sessions. It was discussed that the timetabling of the obstetric teaching for higher trainees on Wednesday mornings had meant that most trainees had not been able to attend. Trainees reported that their consultants were skilled and that they would appreciate the opportunity for more teaching in tertiary care settings within the department.</p> <p>Trainees advised that as a Trust Chelsea and Westminster Hospital NHS Foundation Trust was good at releasing trainees to attend regional teaching days.</p> <p>Educational and clinical supervisors advised that a number of organised teaching sessions were scheduled. A WhatsApp group had been established to advertise and remind trainees of the teaching available. Organised teaching sessions were timetabled to occur every Monday, Wednesday and Friday. All trainees, apart from those in theatre were required to attend. It was advised that a formal ultrasound training had been established, in addition to laparoscopic simulation training.</p>	<p>Yes, please see action O&G1.4</p>

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>Effective, transparent and clearly understood educational governance systems and processes</p> <p>Trainees advised that a Local Faculty Group (LFG) occurred every two months. Trainees discussed that they felt able to discuss concerns openly, however, were unsure of whether their concerns were acted upon.</p>	
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O&G 2.2	<p>Impact of service design on learners</p> <p>Some higher trainees spoken to had worked with the department previously or had been in post for a number of years. Trainees advised that the number and complexity of patients seen on the labour ward had increased notably.</p> <p>Trainees spoken to advised that there were a number of junior midwives working on the labour ward. It was felt that the escalation process in place for the midwives needed to be reviewed, trainees reported that the current escalation process was to escalate straight to the higher trainee.</p> <p>Higher trainees described how they would often be pulled from the MAS to work on the labour ward. It was discussed that work on the labour ward was felt to be a priority. Higher trainees expressed concern that when they were pulled away from MAS, they were not able to support their junior colleagues.</p> <p>Junior trainees described spending a disproportionate amount of time of the MAS, which was felt to have affected their learning opportunities available on labour ward. Trainees expressed concern of deskilling due to a lack of time on the labour ward. Trainees however did report that they felt there had been a recent improvement in the division of the time between the MAS and labour ward. Trainees advised that despite their proximity Labour Ward and the MAS did not feel integrated.</p> <p>Educational and clinical supervisors discussed that the MAS received inappropriate referrals, that should be directed to foetal medicine or the antenatal department. The high number of referrals received was felt to particularly affect trainees out of hours,</p> <p>It was advised that a sustainability transformation partnership (STP) project had been established to look at the triaging within the department.</p> <p>The middle grade obstetrics out of hours work was felt to be high and at times difficult to manage. One junior trainee was rostered and provided cover to the antenatal, gynaecology and labour wards, in addition to the MAS and Emergency Department (ED). Trainees felt pulled in different directions and workload was difficult to manage. Trainees advised that support was available if required, however required seeking out.</p> <p>The middle grade Gynaecology weekend rota was felt to be busy, however trainees were well supported. It was advised that the responsible consultant was on the wards until 22:00.</p> <p>Trainees reported that improvements could be made to the management of the postnatal ward. It was felt that a doctor to doctor handover did not occur and the electronic traffic light system was not efficiently uploaded. Trainees further discussed that there was not a robust handover of bloods in place.</p> <p>Educational and clinical supervisors described postnatal management to be a complex environment with various service pressures and junior members of staff delivering care. It was advised that once the labour ward consultant had conducted their ward round, they would visit the post-natal ward. It was further discussed that award-winning initiatives had been established on the postnatal ward.</p> <p>Trainees advised that there had been issues in the administration and organisation of gynaecology lists and clinics. It was felt that this may be due to the implementation of the new electronic records system Cerner in November 2019. Clinic lists were felt to appear last minute and on occasions were overbooked. Supervisors spoken to felt that more support could have been provided in the launch of Cerner, however using the system had improved.</p>	<p>Yes, please see action O&G2.2a</p> <p>Yes, please see action O&G2.2b</p> <p>Yes, please see action O&G2.2c</p> <p>Yes, please see action O&G2.2d</p>
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O&G 2.3	<p>Organisation to ensure access to a named educational supervisor</p> <p>Educational supervision was described as excellent by some trainees, however the review team heard there were occasions where there had been confusion in the understanding of responsibilities.</p>	Yes, please see action O&G2.3
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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>Behaviour that undermines professional confidence, performance or self-esteem</p> <p>Foundation trainees advised that their colleagues within the department were approachable. Senior trainees were praised for the level of support they provided their junior colleagues.</p> <p>The review team heard occasions where colleagues from the wider workforce had behaved in an undermining manner, however trainees did not believe this to be systemic.</p> <p>Higher trainees discussed how there were apparent tensions within the consultant body, and these tensions had filtered down to the higher trainee level. Trainees acknowledged that there were a number of stressors affecting their consultants, including job plans, workload, overbooking clinics and operating lists. Trainees further discussed that they viewed some consultants not to be invested in developing a training and learning environment.</p>	
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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 appropriate supported to undertake their roles.**

O&G 4.1	<p>Access to appropriately funded professional development, training and an appraisal for educators</p> <p>Educational and clinical supervisors advised that they had attended an introductory day when the new curriculum was introduced.</p> <p>Supervisors discussed that they did not have an educational supervisor appraisal separate to their annual appraisal. The amount of attention paid to educational supervision was variable in their annual appraisal.</p> <p>Supervisors advised that there were in-house courses available for educational supervision and that they had tried to attend these in alternate years.</p>	
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5. Delivering 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.

Not discussed at the review.

6. Developing a sustainable workforce

HEE Quality Standards

6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.

6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.

6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs to patients and service.

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

Not discussed at the review.

Good Practice and Requirements

Immediate Mandatory Requirements

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.
	None.		

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	The Trust to ensure there is consistent consultant presence on the Medical Assessment Unit and the Labour Ward and that trainees received appropriate supervision.	Please provide evidence that the level of consultant presence on both the Medical Assessment Unit and the Labour Ward has consistently increased and that trainees are receiving appropriate supervision.	R1.7
O&G1.2 a	The department to review Foundation trainees' workload to ensure an appropriate level of work and clinical supervision was in place.	Please provide evidence that a review has taken place and that if deemed appropriate changes have been put in place.	R1.11
O&G1.2 a	The department to ensure trainees are attending clinics as appropriate.	Please provide evidence that trainees have appropriate clinics attendance.	R1.9
O&G1.3	The department to ensure that an appropriate plan is put in place to support trainees who are returning to training.	Please provide evidence that a supported return to training plan is in place.	R2.11
O&G1.4	The department to review the disconnect in the level of perceived organised training sessions between trainees and trainers.	Please provide evidence that the number of organised teaching sessions have been reviewed in collaboration with trainees.	R1.16
O&G2.2 a	Please review the current escalation process on the Labour Ward in collaboration with midwifery colleagues and trainees.	Please provide evidence that the escalation process on the Labour Ward has been reviewed.	R1.17
O&G2.2 b	The department to ensure trainees of all grades spend the appropriate time on both the Labour Ward and the MAU to ensure they receive the maximum training opportunities.	Please provide evidence that trainees are spending an appropriate amount of time on the Medical Assessment unit, and the Labour Ward.	R1.19
O&G2.2 c	The Trust to review the out of hours rota for obstetrics	Please provide evidence that the out of hours rota has been reviewed and support put in place if required.	R1.7
O&G2.2 d	The department to review the management of the post-natal ward, to ensure robust handovers are in place.	Please provide evidence that robust handovers are in place on the post-natal ward.	R1.14
O&G2.3	The Trust to review the current educational supervisor appraisal process to help communicate educational responsibilities.	Please provide evidence that the educational supervisor appraisal process has been reviewed.	R1.21

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Dr Bhanu Williams
Date:	01/06/2020

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.