

# **Barking, Havering and Redbridge University Hospitals NHS Trust**

## **Obstetrics and Gynaecology**

### **Risk-based Review (focus group)**



## **Quality Review report**

22 June 2017

Final Report

**Developing people  
for health and  
healthcare**

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## Quality Review details

<p><b>Background to review</b></p>	<p>The purpose of the risk-based review (focus group) to obstetrics and gynaecology (O&amp;G) at Barking, Havering and Redbridge University Hospitals NHS Trust (Queen’s Hospital) was two-fold.</p> <p>Firstly, the quality review team was keen to explore the results of the 2016 General Medical Council National Training Survey (GMC NTS). This survey generated four red outliers in O&amp;G at Queen’s Hospital for ‘clinical supervision’, ‘handover’, ‘supportive environment’ and ‘access to educational resources’. Furthermore, there were four pink outliers in ‘reporting systems’, ‘induction’, ‘educational supervision’ and ‘feedback’. These results showed a deterioration in the educational experience in the specialty as it had zero red outliers in 2015, one in 2014 and three in 2013. Additionally, O&amp;G received two comments relating to bullying and undermining in the 2016 GMC NTS.</p> <p>Secondly, the specialty was discussed at the Education Lead Conversation, which took place with the Trust in October 2016. The Trust reported that there was a historic cultural issue in the department, with bullying and undermining behaviours exhibited by a small number of staff. The Trust confirmed that they were undertaking various endeavours in order to tackle and change this culture and therefore, it was decided a focus group would be held with the trainees in order to ascertain how these efforts had impacted upon the learning and training environment.</p>
<p><b>Training programme / learner group reviewed</b></p>	<p>The quality review team met with trainees in O&amp;G and trainees in general practice (GP) with experience of O&amp;G, at the following grades:</p> <ul style="list-style-type: none"> <li>• Foundation year 2 (F2)</li> <li>• Specialty training year 1 (ST1)</li> <li>• Specialty training year 2 (ST2)</li> <li>• Specialty training year 3 (ST3)</li> </ul> <p>The quality review team met with six trainees at GP and F2 level, six ST1-ST2 trainees and two ST3 trainees.</p>
<p><b>Quality review summary</b></p>	<p>The quality review team would like to thank the Trust for accommodating the risk-based review (focus group).</p> <p>During the course of the review, the team identified areas that were working well with the O&amp;G training at the Trust, including the following:</p> <ul style="list-style-type: none"> <li>• The quality review team heard that the college tutor was very supportive.</li> <li>• The quality review team heard that the majority of consultants were supportive and approachable.</li> <li>• Trainees at all levels reported receiving a positive training experience on the labour ward with good levels of support.</li> </ul> <p>The quality review team also identified two serious concerns regarding the O&amp;G training, for which two immediate mandatory requirements were issued. The details of these concerns are as follows:</p> <ul style="list-style-type: none"> <li>• The quality review team heard that there were at least four incidents where patient safety was compromised as a result of them being sent straight to the gynaecology triage area from the emergency department (ED). The quality review team also heard that the workload was unmanageable with up to twenty patients waiting to be</li> </ul>

seen at any one time. Part of this may have resulted from the scanning facilities in the early pregnancy unit being used for general gynaecology patients thus taking consultant time away from acute gynaecology.

- The quality review team heard that only one, and the most junior of the trainees, was allocated to the postnatal ward with no direct support provided. There was also no formal handover. This led to trainees having to operate outside their competency level and led to patient safety concerns.

Furthermore, the quality review team highlighted a number of areas for improvement which are outlined below:

- Some of the trainees had experienced undermining behaviour from HST trainees and consultants.
- Despite an agreement that core and higher specialty training (HST) trainees would be released to attend regional teaching sessions, they were often put on the rota at the same time as the teaching. Furthermore, these trainees reported that it was then difficult to be released in order to attend the sessions.
- The quality review team heard from the GP trainees that the induction was not considered fit for purpose. These trainees reported that whilst they had been told that they would receive shadowing experience with the outgoing trainee, this did not happen in most cases due to staff shortages. As a result, the GP trainees stated that they often felt out of their depth especially at the beginning of their placement on the postnatal ward.
- The GP trainees reported that they were not able to attend sufficient numbers of clinics and that when they did it was for service provision rather than a learning opportunity. Furthermore, these trainees noted that many of their other duties were not useful for their future career as a GP.
- The ST1-ST3 trainees in O&G reported that access to gynaecology theatre lists and scanning was limited. They noted that it would be helpful to have a timetable that was targeted to their training needs and stipulated the number of clinics and theatre lists they should attend each week.

**Quality Review Team**

<b>HEE Review Lead</b>	Mr Greg Ward Head of the London Specialty School of Obstetrics and Gynaecology	<b>Lay Member</b>	Robert Hawker, Lay Representative
<b>Trust Liaison Dean/County Dean</b>	Dr Indranil Chakravorty Trust Liaison Dean Health Education England North East London	<b>Scribe</b>	Kate Neilson, Learning Environment Quality Coordinator, Health Education England London and the South East

# 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&G1.1	<p><b>Patient safety</b></p> <p>The quality review team heard from the ST1-ST3 trainees in O&amp;G that there were at least four incidents where patient safety was compromised, as a result of patients being sent straight to the gynaecology triage area from the ED. Moreover, these trainees reported that the workload was unmanageable with up to twenty patients waiting to be seen at any one time. Part of this may have resulted from the scanning facilities in the early pregnancy unit being used for general gynaecology patients thus taking consultant time away from acute gynaecology.</p>	Yes. See ref O&G1.1 below.
O&G1.2	<p><b>Serious incidents and professional duty of candour</b></p> <p>The GP trainees reported that whilst some of them were aware of how to report serious incidents via Datix, others were not. These trainees noted that there was a 'near miss' meeting on Wednesdays that covered serious incidents and lessons learnt but some of the GP trainees had compulsory teaching at this time so could not attend this meeting. The quality review team heard that these trainees did not receive an email from the Trust that summarised recent serious incident reports and learning from these.</p> <p>The ST1-ST3 trainees in O&amp;G advised the quality review team that some of them had received personalised feedback via email after submitting Datix reports.</p>	Yes. See ref O&G1.2 below.
O&G1.3	<p><b>Appropriate level of clinical supervision</b></p> <p>The quality review team was informed by the GP trainees that only one trainee was allocated to the postnatal ward (either a F1, F2, GP or ST1 trainee in O&amp;G), with no direct support provided (although HST trainees were available over the phone). This trainee also had responsibility for the patients on Coral ward, which was an inpatient ward for low risk patients. Delays to discharge of patients on Coral ward occurred due to time being taken up looking after the sick patients on the postnatal ward. There was also no formal handover and no ward rounds on the postnatal ward. This led to trainees having to operate outside their competency level with sole responsibility for high risk patients, which led to patient safety concerns. The GP trainees advised that the situation would be remedied by the introduction of a second trainee to cover the postnatal ward and would also expedite the discharge of patients from Coral ward.</p> <p>The ST1-ST3 trainees in O&amp;G told the quality review team that overall they received very good support from senior colleagues, especially on the labour ward.</p>	Yes. See O&G1.3 below.

	However, there were reports of incidents of consultants undermining some trainees (see section O&G3.2 below).	
O&G1.4	<p><b>Responsibilities for patient care appropriate for stage of education and training</b></p> <p>The GP trainees advised the quality review team that many of their duties were inappropriate and not useful to their future career as a GP, such as spending considerable time completing discharge summaries. As a result, many of these trainees felt that their role was for service provision and not as a training experience. When they did attend clinics, there was little time to sit in with consultants and observe them.</p>	Yes. See ref O&G1.5 below.
O&G1.5	<p><b>Rotas</b></p> <p>The quality review team heard from trainees at all levels that due to the rota, they did not have adequate access to clinics and theatre lists. Whilst in some cases this had been resolved when the trainees had raised this, for other trainees it was still an issue. Access to clinics (especially Gynaecology clinics) was particularly limited for GP trainees and that when they did attend these, it was for service provision rather than a learning opportunity. The ST2-ST3 trainees in O&amp;G reported that overall their access to clinics was adequate, although inconsistent as some weeks they went to multiple clinics whilst other weeks none. These trainees noted that preference was given to ST2 trainees rather than GP trainees when covering rota gaps for clinics.</p> <p>The ST1-ST3 trainees in O&amp;G informed the quality review team that access to Gynaecology theatre lists and scanning was limited, which was in part due to the number of core and HST trainees (and non-training Trust grade doctors) in the department. There were twenty junior doctors at HST level in the department, five of these were trainees and the others non-training Trust grade doctors. In addition, there were also twenty trainees at a junior level within the department. Moreover, the ST3 trainees reported that allocation of theatre lists was such that they often worked with different consultants which meant that there was little consistency and limited opportunities for progression. Furthermore, the quality review team heard that there was no laparoscopic simulation experience available at the Trust. The ST3 trainees noted that it would be useful to have a timetable that was targeted to their training needs and stipulated the number of clinics and theatre lists they should attend each week.</p>	<p>Yes. See ref O&amp;G1.5a below.</p> <p>Yes. See ref O&amp;G1.5b below.</p>
O&G1.6	<p><b>Induction</b></p> <p>The GP trainees advised the quality review team that their induction was not tailored to their requirements and that it included many irrelevant topics for GP training. These trainees noted that it would have been useful to have been told about the postnatal ward and how to assess and discharge post-natal patients during the induction. Furthermore, they were not shown how to clerk Gynaecology patients, perform examinations or how to use a speculum (which many had not used since medical school). Whilst these GP trainees had been advised that they would receive time shadowing the outgoing trainee, due to staff shortages this did not happen in the majority of cases. It was noted that when trainees commenced placement out of sync to the rest of the cohort, shadowing was easier to facilitate.</p> <p>The ST1-ST3 trainees in O&amp;G informed the quality review team that they had all attended a three-day Trust and departmental induction, which they noted was good.</p>	Yes. See ref O&G1.6 below.
O&G1.7	<p><b>Handover</b></p> <p>The quality review team heard from the GP trainees that the Gynaecology and labour ward handovers were good. However, there was no formal handover on the postnatal ward (see section O&amp;G1.3 above).</p>	
O&G1.8	<p><b>Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience</b></p> <p>See section O&amp;G1.5 above.</p>	

O&G1.9	<p><b>Protected time for learning and organised educational sessions</b></p> <p>The quality review team was informed that teaching sessions were held three times a week, between 08:00 and 08:30 and were led by either a HST trainee or consultant. The GP trainees reported that they could attend these sessions if they were not covering other duties but that the teaching was not always relevant to their level of training. Furthermore, these trainees advised that the teaching sessions were often organised at the last minute and that they received a message the night before the session to confirm the topic and format of the teaching. The GP trainees stated that they would prefer to have separate GP teaching sessions once a week, held at lunchtime. Furthermore, it was noted that there was O&amp;G teaching on a Friday afternoon but that the GP trainees were not able to attend these sessions.</p> <p>The ST1-ST3 trainees in O&amp;G advised that the 08:00-08:30 teaching sessions were not protected time for them so they were not always able to attend. Furthermore, they were not always able to attend the Friday afternoon O&amp;G teaching due to being put on the rota at these times.</p> <p>The quality review team heard from the ST3 trainees that despite an agreement that they would be released to attend regional teaching sessions (which were held on a Friday afternoon), they were often put on the rota at these times. Furthermore, these trainees reported that once scheduled on the rota, it could be difficult to be released in order to attend these sessions as this was at the discretion of the rota coordinator.</p>	<p>Yes. See ref O&amp;G1.9a below.</p> <p>Yes. See ref O&amp;G1.9b below.</p>
O&G1.10	<p><b>Adequate time and resources to complete assessments required by the curriculum</b></p> <p>The quality review team heard from the GP trainees that it was hard to get their competencies signed off as they did not have regular contact with their clinical supervisors.</p> <p>The ST2 trainees in O&amp;G informed the quality review team that whilst they received a positive training experience due to the number of cases and exposure to high risk patients, there was little time to complete extracurricular activities such as audits. As these were compulsory to their training, they often had to do them in their own time. Furthermore, these ST2 trainees reported that adequate time to explore personal interests, such as gynaecological scanning was lacking. It was noted that there may be too many ST2 trainees in the department, as they often found it difficult to achieve the competencies required for their annual review of competence progression (ARCP).</p>	<p>Yes. See ref O&amp;G1.10 below.</p> <p>Yes. See ref O&amp;G1.5b below.</p>

## 2. Educational governance and leadership

### HEE Quality Standards

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

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

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

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

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

O&G2.1	<b>Impact of service design on learners</b>	
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	<p>The quality review team heard from trainees at all levels that overall, they would not be happy for themselves or a relative to be treated at the Trust, due to the workload especially in the gynaecology triage area.</p> <p>However, the majority of trainees noted that they would be happy for relative to be treated on the labour ward.</p>	
O&G2.2	<p><b>Organisation to ensure access to a named educational supervisor</b></p> <p>The quality review team heard from trainees at all levels that they had an educational supervisor.</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&G3.1	<p><b>Access to resources to support learners' health and wellbeing, and to educational and pastoral support</b></p> <p>The GP trainees reported that due to the high workload in the unit, there were times when they felt that they were left to deal with challenging clinical situations of which they had little prior experience, such as early miscarriage, without adequate pastoral support.</p> <p>The quality review team heard from the GP trainees that the waiting room was next to the birth centre, which was often upsetting for patients who had miscarried. Due to the high workload, these trainees noted that there was little time for them to spend with such patients and that there was no trained counsellor within the unit.</p>	<p>Yes. See O&amp;G3.1 below.</p>
O&G3.2	<p><b>Behaviour that undermines professional confidence, performance or self-esteem</b></p> <p>The quality review team heard that some of the GP trainees and ST1-ST3 trainees in O&amp;G had experienced undermining behavior from a some of the HST trainees and consultants.</p>	<p>Yes. See O&amp;G3.2 below.</p>

### 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&G5.1	<p><b>Training posts to deliver the curriculum and assessment requirements set out in the approved curriculum</b></p> <p>See sections O&amp;G1.5, O&amp;G1.9 and O&amp;G1.10 above.</p>	
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O&G5.2	<b>Sufficient practical experience to achieve and maintain the clinical or medical competences (or both) required by their curriculum</b> See section O&G1.10 above.	
O&G5.3	<b>An educational induction to make sure learners understand their curriculum and how their post or clinical placement fits within the programme</b> See section O&G1.6 above.	
O&G5.4	<b>Appropriate balance between providing services and accessing educational and training opportunities</b> See section O&G1.4 and O&G1.5 above.	

## Good Practice and Requirements

### Good Practice

N/A

### Immediate Mandatory Requirements

Req. Ref No.	Requirement	Required Actions / Evidence	GMC Req. No.
O&G1.1	<p>A. Patients cannot be sent straight to the gynaecology triage without appropriate triage in the emergency department and a proper handover. Trust must carry out an audit of all acute gynaecology patients arriving in the gynaecology triage to ensure they have been appropriately triaged and handed over in the emergency department.</p> <p>B. The Trust must carry out an urgent review of workload and ensure there is adequate support and medical staff to ensure patient safety is not compromised in the Acute Gynae Unit. As a minimum we would expect two doctors to staff the unit.</p> <p>C. The Trust must institute a triage system for all walk-in attenders of the early pregnancy unit.</p> <p>D. The Trust must ensure that the early pregnancy scanning facilities are used for early pregnancy patients alone and ensure the waiting time from referral to scan is appropriate for clinical need. This should be audited and submitted.</p>	The Trust must put plans in place within five working days to address the issue as well as submit the audits as set out in the requirement.	R1.1
O&G1.3	The Trust must allocate a second and more senior doctor to provide support to the most junior trainees who currently undertake the majority of the postnatal workload. A regular handover and ward rounds must be instituted and involve both senior trainees and consultants. The Trust must explore	The Trust must put plans in place within five working days to address the issue	R1.8, R1.14



	the incorporation of postnatal duties into consultant job plans.		
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<b>Mandatory Requirements</b>			
<b>Req. Ref No.</b>	<b>Requirement</b>	<b>Required Actions / Evidence</b>	<b>GMC Req. No.</b>
O&G1.2	The Trust is required to review and strengthen the serious incident process. The Trust to ensure that all trainees know how to submit Datix reports and those that do, receive feedback including details of how the issue has been dealt with.	<p>The Trust to send an email to trainees confirming how they should submit Datix reports and submit copies of these communications.</p> <p>The Trust to provide summary of feedback to trainees versus a log of Datix forms submitted by trainees.</p> <p>Compliance with this action should be monitored through LFG meetings. Incident reporting should be a standing agenda item at LFG meetings. The Trust to submit copies of LFG meeting minutes where serious incident reporting is discussed and a register of attendance for these meetings, over a three-month period.</p>	R1.3
O&G1.5a	The Trust is required to revise the rotas to ensure that GP O&G trainees attend regular clinics, relevant to their O&G training.	<p>The Trust to submit copies of the revised rotas for GP O&amp;G trainees, which clearly indicates access to clinic lists.</p> <p>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings and a register of attendance, where access to clinics is discussed over a three-month period.</p>	R1.12
O&G1.5b	<p>The Trust is required to ensure that core and higher trainees in O&amp;G receive sufficient practical experience within gynaecology including, access to theatre lists and gynaecological scanning.</p> <p>These trainees should also receive sufficient time to complete audits, which are compulsory to their training.</p>	<p>The Trust to undertake an audit of the opportunities for core and higher trainees to attend theatre and perform gynaecological scanning. The Trust should share these audit results with HEE.</p> <p>Following the above audit, the Trust should implement measures to augment the experience within gynaecology offered by the current post, and submit a report detailing how the issues relating to the lack of gynaecology experience are to be rectified, including clear timescales for this.</p> <p>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings and a register of attendance over a three-month period, where gynaecology experience (including that of access to theatre lists and gynaecological scanning) is discussed.</p>	R1.9
O&G1.6	The Trust to ensure that a session is included within the induction programme specifically for GP O&G trainees in order	<p>Trust to submit copies of the following items from the most recent induction programme:</p> <ul style="list-style-type: none"> <li>• updated departmental induction handbook,</li> </ul>	R1.13

	that they feel supported in this environment.	<ul style="list-style-type: none"> <li>• timetable,</li> <li>• agenda,</li> <li>• register of trainee attendance,</li> <li>• summary of feedback from trainees on the induction.</li> </ul> <p>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes from LFG meetings and a register of attendance over a three-month period, where induction for GP trainees is discussed.</p>	
O&G1.9a	<p>The Trust is required to ensure that GP trainees have access to protected teaching sessions that are relevant to their level of training.</p> <p>The Trust should liaise with the GP trainees in order to garner their opinion on the introduction of a programme of teaching sessions, potentially to be held once a week at lunchtime.</p>	<p>The Trust to submit the following items:</p> <ul style="list-style-type: none"> <li>• copies of the communications sent to GP trainees around introducing weekly teaching sessions relevant to their level of training,</li> <li>• confirmation of when these sessions will be held (day and time),</li> <li>• programme of teaching sessions which includes details of topics to be covered.</li> </ul> <p>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes and a register of attendance (GP trainees to be present) from LFG meetings over a three-month period, where teaching sessions for GP trainees is discussed.</p>	R1.16
O&G1.9b	The Trust is required to review the rota to enable core and higher trainees in O&G to attend the half-day regional teaching as well as the departmental O&G teaching sessions.	<p>The Trust to submit copies of the revised rotas for the core and higher trainees in O&amp;G.</p> <p>Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes and a register of attendance from LFG meetings over a three-month period, where teaching for core and higher trainees is discussed.</p>	R1.12
O&G1.10	The Trust to ensure that GP trainees have regular access to their clinical supervisor.	Compliance with this action should be monitored through LFG meetings. The Trust to submit minutes and a register of attendance from LFG meetings over a three-month period, where clinical supervision for GP trainees is discussed.	R1.7
O&G3.1	The Trust to ensure that trainees, especially junior trainees, have access to pastoral support.	The Trust to confirm the arrangements regarding pastoral support with trainees, which includes who they can seek this from and submit copies of these communications.	R3.2
O&G3.2	The Trust must ensure that the inappropriate behaviour identified within the specialty ceases, as it is not conducive to a supportive learning environment and is not in keeping with the	The Trust must submit a statement from the medical director that states how it intends to tackle the undermining behaviours displayed by some within the O&G department.	R3.3

	GMC's standards of good medical care and professional behaviours.	The Trust is required to encourage professional behaviours within the workplace and submit copies of such communication. The Trust, with HEE, is required to ensure that trainees are not bullied or undermined.	
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Recommendations			
Rec. Ref No.	Recommendation	Recommended Actions / Evidence	GMC Req. No.
	N/A		

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

Signed	
By the HEE Review Lead on behalf of the Quality Review Team:	Mr Greg Ward
Date:	03 July 2017

### 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.