NHS
Health Education England

Barking, Havering and Redbridge University Hospitals NHS Trust (Trust-wide)

Risk-based Review (on-site visit)

Obstetrics and Gynaecology

Quality Review report

22 January 2020

Final report

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Quality Review details

Training programme / learner group reviewed	Obstetrics and Gynaecology and GP Prog – Obstetrics and Gynaecology
Number of learners and educators from each training programme	The review team met with: - Five specialty training year one and two (ST1-2) trainees working in Obstetrics and Gynaecology (O&G); and - 10 ST1-5 O&G specialty programme trainees The review team also met with: - Head of Medical Education and Training; - two Deputy Medical Education Managers; - Divisional Director, Women & Child Health; - Divisional Manager, Women & Child Health; - Matron, Women & Child Health; - Lead Midwife, Women & Child Health; and - seven Educational Supervisors The feedback session following the review was attended by the Chief Medical Officer.

Background to review	This risk-based review was proposed as a result of a number of ongoing concerns that had impacted on the quality of obstetrics and gynaecology (O&G) services being delivered at Queens University Hospital (QH), Barking, Havering and Redbridge University Hospital Trust (BHR). QH returned five red outliers in the General Medical Council (GMC) National Training Survey (NTS) for 2019 These red outliers were: - Clinical Supervision; - Clinical Supervision out of hours; - Reporting Systems; - Workload; and - Supportive Environment There were also pink outliers for Teamwork and Feedback. The GP O&G returned ref outliers for: - Overall Satisfaction; - Clinical Supervision; - Workload; - Supportive Environment; - Educational Governance; - Educational Supervision; and - Feedback

	There were also pink outliers for Clinical Supervision out of hours, Reporting Systems, Teamwork, Adequate Experience, Curriculum Coverage, Local Teaching, and Rota Design
Supporting evidence provided by the Trust	Before the visit the Trust submitted the following documentation: - Educational Supervisor Report across the divisions - Staff Survey - Friends and Family Test reports - Trainee Faculty Group minutes x 3 - Last four department rotas - Serious incidents and near miss details in the last 6 months - Recent exception report history - Medical Education and Training Operational Group minutes At the visit the review team was provided with further documentation: - GP O&G curriculum mapping handbook; - Education and training overview summary for O&G specialty programme trainees

Summary of findings	The review team thanked the Trust for hosting and facilitating this review. From its discussions with the Trust management, trainees and trainers, the review team was encouraged to find that the following areas were working well: - The review team heard that despite the challenging workload and working environment that there was a supportive working relationship between the trainees and their trust-grade colleagues. It was also noted that, on the whole, trainees felt well supported by the majority of the consultant body, although the review team was disappointed to hear of some incidences of bullying and undermining; - Trainees were particularly complimentary about the educational supervisors responsible for mapping O&G training opportunities to the GP curriculum, as well as the introduction of the mock gynaecology clinic in reflection of the challenge trainees faced in getting access to curriculum-specific clinics; - The review team welcomed the efforts the College Tutor and the educational supervisors had put into developing the education and training environment, in spite of the pressures posed from the extreme workload; - Despite the workload pressures it was apparent to the review team that the interprofessional and multidisciplinary teamwork was good; and - The review team was pleased to hear that the organizational development support provided by HEE through the 'Together Change Better' had had a positive impact. However, the review team identified a number of concerns and areas in need of improvement: - The review team was concerned that due to the significant increase in deliveries from an expected 6,500 to 8,500 over the last few years had put severe pressure on the whole department. This, combined with a legacy of having a disproportionately lower numbers of experienced higher trainees – specialty training year 5-7 (ST5-7) – had led to significant pressure on the consultants who in turn were working unsustainable hours to keep patients safe.

This excessive workload had a negative impact on ST1-2 GP and O&G specialty programme trainees' access to clinics relevant to their curriculum requirements. Higher specialty programme trainees reported that they were routinely drafted to manage acute and emergency clinical areas at the expense of elective theatre lists and other training opportunities;

- The review team was concerned at the number of reported clinical reviews required on the two postnatal wards at weekends that trainees were expected to complete. It was noted that the requirement to complete up to 50 discharge summaries before midday caused trainees a great deal of stress and was in addition to being responsible for other clinical areas. Trainees at all levels agreed that management of a high volume of patients across more than one setting proved challenging; and
- The review team was concerned to hear that patient pathways were currently not efficient nor sustainable with the staffing resource available. It was reported that the Early Pregnancy Assessment Unit (EPAU) and the Acute Gynaecology Unit (AGU) were offering walk-in assessments and ultrasound scans for a large footprint of North East London. This resulted in a disproportionately high number of scans being requested, often inappropriately lacking senior supervision/triage, and posed a clinical risk to patients and junior trainees, as well as placing a large reporting burden on the higher trainees.

The feedback session at the end of the review was attended by the Chief.

Quality Review Team			
HEE Review Lead	Dr Indranil Chakravorty, Deputy Postgraduate Dean, North Central and East London	**Head of School**	Mr Greg Ward, Head of School, London School of Obstetrics and Gynaecology
Deputy Head of School	Dr Sonji Clark, Deputy Head of School, London School of Obstetrics and Gynaecology	**External clinician**	Dilip Visvanathan, Training Programme Director, North Central and East London
General Practice Representative	Dr Masuma Vanat, Programme Director, Barking & Havering Vocational Training Scheme	**Lay Representative**	Jane Gregory, Lay Representative
HEE Representative	John Marshall, Deputy Quality, Patient Safety and Commissioning Manager	**Observer**	Sarah Pluckrose, Shadow Law Representative
Observer	Naila Hassanali, Quality, Patient Safety and Commissioning Officer		

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

The Trust gave the review team an update on the changes within the department since the previous visit to Obstetrics and Gynaecology (O&G) at Queen's Hospital (QH) in June 2017.

The review team heard that the Trust had taken steps to address particular trainees' curriculum needs. For GP Programme – O&G (GP O&G) trainees it was reported that a 'mock' gynaecology clinic had been set up in

response to trainee concerns that they were not getting to a sufficient number of gynaecology clinics. The review team especially welcomed the exercise undertaken to map O&G service areas to the GPO&G curriculum requirements and to produce a trainee handbook setting these out, copies of which were shared with the review team.

The Trust also provided the review team with an overview of the education and training areas available to the O&G specialty programme trainees. This included a teaching and work-based experiential learning programme mapped to the Royal College of Obstetricians and Gynaecologists curriculum. The review team heard that trainees could expect to attend a range of subspecialty clinics, acute and emergency care settings, and to gain exposure to theatre through elective lists.

In addition, for all trainees the review team heard that the Trust had taken a number of steps to address trainee concerns across the whole education and training environment. These included the refurbishment of junior doctor facilities, return to practice support for trainees returning to work, a buddying system to support the transition from ST2 to ST3, and the introduction of Schwartz rounds as a forum for trainees and the wider multidisciplinary team (MDT) to discuss challenging cases with an emphasis on learning and pastoral support.

However, despite these positive steps it became increasingly clear to the review team that the workload within the department was creating a great deal of stress on trainees and their trust-grade colleagues, the consultant body, and the wider multidisciplinary team (MDT). It was felt that this issue was exacerbated by the high ratio of junior trainees – speciality training year one and two (ST1-2) – in relation to the more senior trainees. The review team heard that this had given rise to consultants working what it felt to be unsustainable long shift patterns to ensure that the service was safe and did not pose risk to patient safety. Whilst the review team commended the consultants for their dedication, staying on-site until 00:30 and beyond on the labour ward, and that of the trainees and the wider MDT, it was clear to review team that a robust and sustainable workforce model should be identified and implemented at the earliest opportunity.

In response to concerns around the culture within the department, the review team was pleased to hear that the organizational development support provided by HEE through the 'Together Change Better' had had a positive impact. When it met with trainees, it was noted by the review team that they too had been involved in this work and that a charter setting out the roles and responsibilities of trainees, and a separate document on what trainees can expect in the clinical environment, in terms of professional conduct and respect in the workplace.

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	**Patient safety** The review team did not hear of any specific incidences where patient safety had been compromised. However, it was evident that with the workload and stresses on the workforce as described that there were potential risks to patient safety, despite the best efforts of all those within the multidisciplinary team (MDT).	
O&G 1.2	**Appropriate level of clinical supervision** The review team heard that trainees generally felt well supported by their senior colleagues, the consultant body, and the wider MDT. However, the review team was concerned to hear that due to the excessive workload that the appropriate level of clinical supervision was not always readily available.	
O&G 1.3	**Induction** The review team was pleased to hear that the Trust-wide and departmental inductions were well established and found to be valuable by trainees. GP trainees in particular were complimentary about the printed resources issued to them at the beginning of their posts. However, the review team was disappointed to hear that the shadowing opportunities afforded to some trainees – something that they welcomed and felt should apply to all trainees – turned out to be inappropriate as it evidently transpired that two trainees new to the department would shadow each other. When this was raised with the educational leads trainees were told that due to the timing of the rotation dates higher specialty programme trainees were taking annual leave towards the end of their rotations and that the situation could not be avoided.	
O&G 1.4	**Handover** The review team heard that the lack of synchronicity in the rotas for the gynaecology ward meant that there were several handovers throughout the day. It was reported that	

	these were not efficient owing due to lack of continuity across the MDT to provide effective patient information and feedback at each handover.	Yes, please see O& 1.4
O&G 1.5	**Work undertaken should provide learning opportunities, feedback on performance, and appropriate breadth of clinical experience** Both groups of trainees the review team met with felt that due to the heavy workload that they were missing out on curriculum-specific learning opportunities and clinical exposure. GP O&G trainees and their O&G specialty programme ST1-2 colleagues reported that they did not feel that they were getting sufficient opportunities to attend clinics that would provide invaluable experience and meet their curriculum requirements. The review team heard that there was an imbalance between the high number of antenatal clinics that they were scheduled for whilst opportunities to attend gynaecology clinics were limited. It was also noted that where these trainees did get to attend gynaecology clinics that they were often pulled from these at short notice to cover other clinical areas. It was also noted that GP trainees were able to attend the uro-gynaecology clinic which they found valuable but felt that attending one of these clinics as a supernumerary member of staff to observe would be more valuable than attending the clinic sporadically with limited scope to participate due to the highly specialised nature of the clinic. The review team heard that GP trainees were not scheduled to attend the menopause clinic and at times had ensured that they got exposure to this and other clinics by coming in on their days off. To address trainees limited access to gynaecology clinics the review team heard that a 'mock' gynaecology clinic had been devised by one of the educational supervisors (ES'), This was welcomed by trainees, who noted that this gave them opportunity to discuss a varied range of cases, but that it was not always possible to attend this due to the 08:00 start which clashed with the 08:30 handover on the labour ward for some trainees. GP trainees were also grateful that the education leads had undertaken an exercise to map the GP O&G curriculum to trainees job plans where possible. Higher specialty programme trainees reported that they were routinely drafted to manage acute and emergency clinical areas at the expense of elective theatre lists and other training opportunities. The review team heard that access to elective theatre lists – particularly the caesarean lists and gynaecology operating lists in line with their curriculum requirements – was limited by the use of surgical assistants and the need for some consultants to achieve their surgical competencies. It was reported that what few opportunities trainees did get to attend theatre that they would invariably be pulled from theatre lists to cover other areas of the service. The overwhelming impression that trainees gave to the review team was that they felt they were in post to predominantly meet the needs of service provision at the expense of their education and training. When trainees had raised this issue with the Trust, they felt that the heavy workload and its impact on interpersonal professional relationships meant that making positive changes was extremely challenging. However, it was recognised by the trainees that there had been a concerted effort by some within the consultant body to address their concerns.	Yes, please see O&G 1.5a Yes, please see O&G 1.5b
O&G 1.6	**Protected time for learning and organised educational sessions** The review team was pleased to hear that the GP trainees were released from clinical duties to attend their weekly Vocational Training Scheme teaching.	
O&G 1.7	**Adequate time and resources to complete assessments required by the curriculum** The review team was pleased to hear the senior trainees described as being proactive by their junior colleagues in relation to ensuring that there was opportunity for trainees to complete workplace-based assessments.	

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	**Impact of service design on learners** The review team was concerned to hear of the significant increase in deliveries from an expected 6,500 to 8,500 over the last few years had put severe pressure on the whole department. This combined with a legacy of having a disproportionately lower numbers of experienced higher trainees – specialty training year 5-7 (ST5-7) – had led to significant pressure on the consultants who in turn were working unsustainable hours to keep patients safe. It was noted by the educational supervisors (ES') that the review team met with that the high number of ST1-2 trainees across both training programmes posed challenges to ensuring that all trainees were afforded the requisite education and training options, as well as challenges to ensuring the skill mix on the rota was appropriate in terms of provision and clinical supervision. This was particularly evident at weekends The review team understood that the Trust had escalated this issue to the CCG and NHS England but that the solution considered to date – to redistribute deliveries to neighbouring units – was felt by the review team to not be a sustainable solution in the long-term. The reason behind the increase in deliveries was thought by the Trust to be due to a number of factors. It was reported that the Trust was receiving expectant mothers that would otherwise have gone to either Homerton University Hospital NHS Foundation Trust and Barts Health Trust. In addition, the review team was informed that local GP practices were no longer referring expectant mothers in line with formally agreed catchment areas. It was felt by the review team that this posed an imminent risk of burnout to consultants and had put strain on interpersonal professional relations within the department. The review team heard that the pressure of keeping patients safe under these extreme circumstances was leading to inappropriate apportioning of blame publicly in the clinical environment. The review team was concerned to hear of the number of reported clinical reviews required on the two postnatal wards at weekends that junior trainees were expected to complete. It was noted that the requirement to complete up to 50 discharge summaries before midday caused trainees a great deal of stress and was in addition to being responsible for other clinical areas. Trainees at all levels agreed that management of a high volume of patients across more than one setting proved challenging. The review team was concerned to hear that patient pathways were currently not efficient nor sustainable with the staffing resource available. It was reported that the Early Pregnancy Assessment Unit (EPAU) and the Acute Gynaecology Unit (AGU) were offering walk-in assessments and ultrasound scans for a large footprint of North East London. This resulted in a disproportionately high number of scans being requested, often inappropriately lacking senior supervision/triage, and posed a clinical risk to patients and trainees, as well as placing a large reporting burden on the higher trainees. The review team heard that scanning services were available seven days a week, from 07:00 at weekends, and there were reported instances where trainees coming on shift at 09:00 to backlog of 20+ scans to review. By the estimation of the trainees the review team met with only around 10 per cent of these were felt	Yes, please see O&G 2.1a Yes, please see O&G 2.1b

	appropriate for such review. It was the view of trainees that there was a hesitancy on part of the scanning technicians or nursing staff to review these scans. To address the issues around gynaecology triage, the review heard that a training programme to develop and upskill members of the midwifery team to be able to do some of this work to alleviate the burden on trainees. Trainees reported that the demands of the workload led them to feel that they were thinly spread across the clinical environment, with little time for reflection or the time to follow individual patient cases through the system and not knowing patient outcomes. From its discussion with the educational supervisors (ES) the review team heard that the workload was manageable, albeit challenging, prior to the increase in deliveries in the department. It was reported that morale within the department had noticeably declined since and that there had been a marked increase in staff sickness. Trainee concerns around workload and the potential for burnout was recognised by the ES, who in turn felt that the excessive workload impacted upon their ability to be as effective as educators as they would like to be.	Yes, please see O&G 2.1c
O&G 2.2	**Organisation to ensure access to a named educational supervisor** The review team was disappointed to hear that some trainees found it challenging to meet with their ES. GP O&G trainees also noted that whilst they did have their competencies and progress documented on their e-portfolio, that this felt impersonal due to the lack of formal contact and that constructive feedback was not always available. Trainees did however note that despite the heavy workload that some of the ES' were keen to provide on the job learning opportunities where possible.	

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	**Behaviour that undermines professional confidence, performance or self-esteem** The review team heard from trainees that they felt that there was an underlying culture of blame within the department, which at times manifested as what could be construed as bullying and undermining behaviour. It was recognised that, in part, this could be attributed to the stresses caused across the MDT by the heavy workload. It was noted by the review team that some trainees had been aware of poor departmental culture prior to starting their posts when coming in from another Trust. Whilst there were some reported instances where trainees had felt that they had been bullied or undermined, most notably at the labour ward handover, it was widely recognised that there were openly hostile exchanges between consultants in public in the clinical environment. The review team heard that it was felt that the culture had deteriorated further during this cohort of trainees' rotations. The review team was saddened to hear that some trainees did not enjoy going to work and 'dreaded' the 'near-miss' meeting due to the developing blame culture and the fractious atmosphere within the department, coupled with the heavy workload. The ES' the review team met with acknowledged that the excessive workload could give rise to heated discussions between senior clinicians and that this could have a	

negative impact on the wider MDT. However, it was not felt that there was an underlying culture of interprofessional hostility or bullying and undermining.

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.

Sufficient time in educators' job plans to meet educational responsibilities

The review team heard that those with educational supervision duties did have 0.5 PA per trainee and that each ES had four or five trainees to support. However, it was noted that the excessive workload impacted negatively on fulfilling their roles as ES'.

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.

N/A

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.

Learner retention

The review team was disappointed to hear that the majority of trainees, particularly the more junior trainees, would not recommend their training posts to their peers. Trainees cited concerns with the deteriorating departmental culture and the extremely heavy workload that came at the expense of their education and training. Trainees also reported that there was a noticeable negative impact on their work/life balance compared to other training posts that they had held, noting that they often took home worries and anxieties from the day with them. Trainees did however note that they felt valued in terms of their work towards providing service.

Good Practice and Requirements

Good Practice
N/A

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.
	N/A		

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&G 1.4	The Trust is required to review the timing of the its handovers on the labour ward to ensure that handovers have consistent multiprofessional input.	Please provide an update on this review and its outcomes in the next reporting cycle	R1.14
O&G 1.5a	The Trust is required to review the GP and ST1-2 rotas to ensure that fixed sessions for curriculum-specific clinics and theatre sessions are included and protected.	Please provide HEE with an update on the outcome of this rota review and the Trust's plans to ensure ST1-2 trainees across both programmes get the required clinical exposure in line with their curriculum requirements in the next reporting cycle	R1.19
O&G 1.5b	The Trust is required to ensure that O&G specialty programme trainees are allocated to theatre lists (elective caesarean lists and gynaecology operating lists) in line with their curriculum requirements.	Please provide HEE with trainee feedback via the local faculty group demonstrating trainee theatre attendances in the next reporting cycle.	R1.19
O&G 2.1a	The Trust is required to review the staffing and skill mix for its weekend rotas, particularly for the postnatal wards, to ensure that appropriate provision is available.	Please provide HEE with the outcome of this review and how the Trust plans to ensure that the skill mix is appropriate in the short-term whilst a long-term solution is sought.	R1.12
O&G 2.1b	The Trust is required to review the EPAU and acute gynaecology triage pathways and will be required to show that patient reviews in these two pathways are conducted by an appropriate senior clinician.	Please provide HEE with a copy of the revised EPAU and acute gynaecology triage pathways which demonstrates an appropriate level of clinical supervision and oversight is available at all times in the next reporting cycle.	R1.7

O&G 2.1c	The Trust is required to update HEE on its plans to develop and upskill members of the midwifery team as part of the process to alleviate pressures on trainees in the acute gynaecology pathway.	Please provide an update on this and any changes implemented in the next reporting cycle.	R1.17

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		

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.
	N/A	

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

Requirement	Responsibility
HEE will work with the Trust and appropriate local and national system partners to review the departmental workload and its impact on education and training.	HEE

Signed

By the HEE Review Lead on behalf of the Quality Review Team:	Dr Indranil Chakravorty, Deputy Postgraduate Dean
Date:	14 February 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.