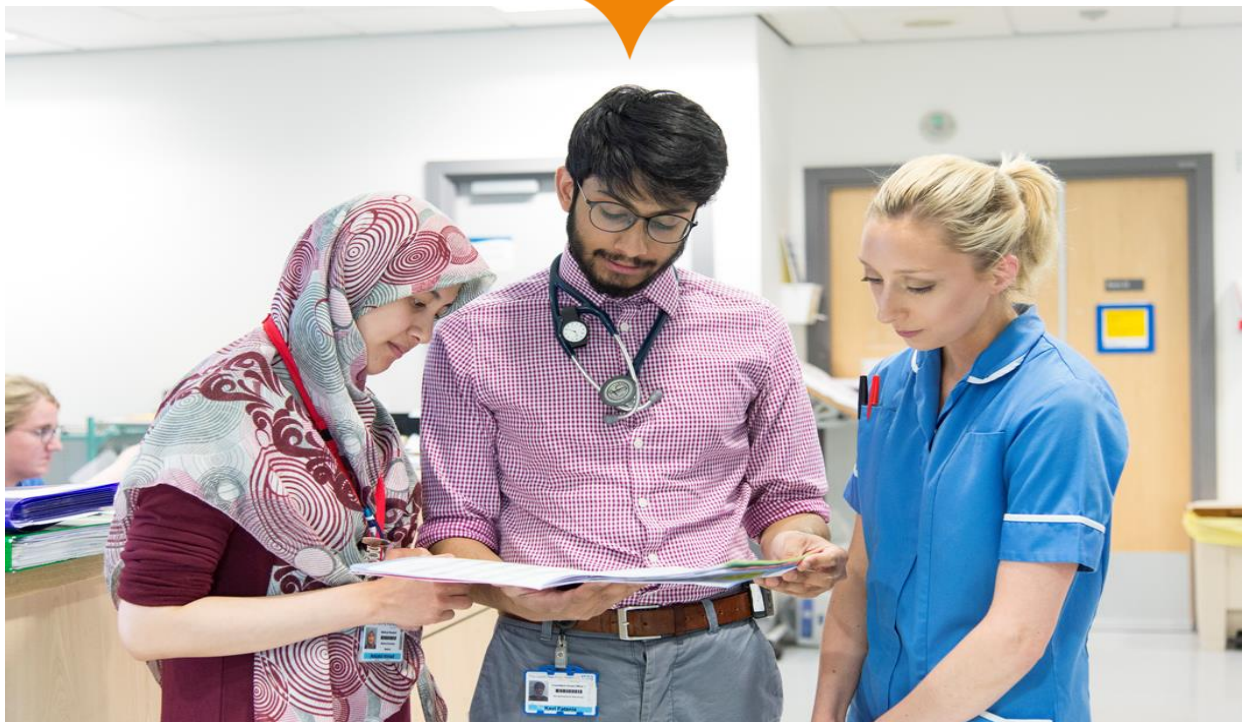


HEE Quality Interventions Review Report

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

Obstetrics and Gynaecology
Risk-based Review (Learner and Educator
Review)



London – North West

22 October 2020

Review Overview

Background to the Review:	This review was a follow-up visit following a risk-based review (educator review) in January 2020. The review was initiated following concerns raised to the specialty school by trainees regarding bullying and undermining behaviour within the department.
Training Programme/Learner Groups Reviewed:	Obstetrics and Gynaecology
Who we met with:	Director of Medical Education Guardian of Safe Working Hours Clinical Director College Tutor Director HR and Organisational Development Medical Director Twelve Speciality Level One to Seven Trainees (ST1 – 7) Seven Educational and Clinical Supervisors
Evidence utilised:	September 2020 Action Plan response

Review Panel

Role	Job Title / Role
Quality Review Lead	Dr Orla Lacey Deputy Postgraduate Dean, North West London Health Education England (London)
Specialty Expert	Dr Greg Ward Head of Specialty School of Obstetrics and Gynaecology Health Education England (London)
Lay Representative	Saira Tamboo Lay Representative
HEE Quality Representative	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)
Supportive roles	Naila Hassanali Quality Patient Safety and Commissioning Officer Health Education England (London) Aishah Mojadady Quality Patient Safety and Commissioning Administrator Health Education England (London)

Executive summary

The current challenges and pressures faced by the service were discussed and the review team identified several areas that were working well, including:

- The obstetrics and gynaecology department was reported to have good learning opportunities due to the complexity and range of patients seen.
- The review team recognised that progress had been made in addressing the long-standing concerns within the training environment and were encouraged to hear about the new senior leadership support in place.

The review team also noted the following areas requiring improvements:

- The review team acknowledged that further work was required to ensure a cohesive collegiate department to maximise both service, and training potential.
- The review team heard good examples of consultant engagement; however, this was felt not to be universal with a significant minority of consultants felt not to be fully engaged in training or pastoral support.
- The review team recognised that further educational governance measures were required to ensure compliance with exception reporting, inductions, and educational supervision.

The review team requested for a follow-up risk-based review (learner and educator review) to be organised for spring 2021 to review progress made.

Review Findings

Not all the Quality Framework standards have been included within the tables below. The standards included are where the quality interventions are expected to have a direct operational impact on the quality of the learning environment. The other standards are still expected to be reviewed for each organisation and will be undertaken through different tools than the Quality Interventions identified within Table 2.1

Identify the review findings for each of the relevant standards below and remove the standards where there is no comment to be made.

Domain 1 - Learning environment and culture		
<p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p> <p>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.</p> <p>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).</p> <p>1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.</p> <p>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.</p> <p>1.6. The learning environment promotes interprofessional learning opportunities.</p>		
HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.1	<p>Handover</p> <p>Trust representatives reported that handover timings were factored into the trainees' working day to ensure compliance with the Working Time Directive.</p> <p>Trainees, educational and clinical supervisors reported that on the labour ward a trainee and consultant-led morning handover occurred. It was advised that a consultant was not present for the evening handover.</p>	
1.2	<p>Bullying and undermining</p> <p>Trust representatives advised that historical and more recent accounts of bullying and undermining behaviour had been raised by trainees. It was discussed that not all trainees had wanted to escalate these concerns to follow formal Human Resources (HR) processes.</p> <p>The review team heard that the Trust was rolling out mandatory Trust-wide culture and values training. The training consisted of six hours facilitated online training with homework in between sessions. The training covered the topics of: Trust values, cultures and behaviours, equality and diversity, and how to give constructive feedback.</p> <p>Trainees acknowledged the high-pressured work environment, however some advised that they had been concerned by the behaviours of some of the consultant body. Trainees, educational and clinical supervisors recognised that bullying and undermining behaviour was exhibited by a minority of consultant staff.</p>	Yes, please see action O&G1.2

	<p>Trainees were informed that there were formal Trust processes in place where they could give specific examples of bullying and undermining behaviour and any potential witnesses that would support a local Trust investigation.</p>	
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>Trust representatives advised that trainees had reported inadequate consultant presence in clinical areas both in and out of hours. It was reported that a named hot week consultant was rostered and provided direct supervision to trainees on the labour ward from 08:00 – 20:00 seven days a week and a named consultant was rostered to cover clinical supervision for gynaecology. It was advised that there were difficulties getting a named consultant to attend the antenatal ward round. The consultant rota was reported to be doubled up as contingency in case of leave or sickness. Trust representatives advised that with the appointment of a new programme director for the women and children diversion work to review consultant job plans was underway to ensure responsibilities were clear.</p> <p>Educational and clinical supervisors spoken to advised that for two nights a week the labour ward had a resident consultant and a non-resident consultant for the remaining nights. It was advised that if required the consultant on call would come into the hospital. Trainees reported that two or three consultants covered a 12-hour shift. It was felt that some consultants were frustrated when being allocated a patient or approached for help.</p> <p>Educational and clinical supervisors advised that for gynaecology, consultants were reported to be present 08:00 – 17:00 on weekdays and the non-resident consultant contactable after 17:00. It was discussed that the weekend ward round for gynaecology was running well. Supervisors reported that higher trainees would conduct scans under consultant supervision and that all ectopic procedures would be conducted by a consultant. Educational and clinical supervisors advised that there had been issues regarding the gynaecology handover and ward round, however guidance had been adapted. It was discussed that a consultant led ward round was conducted each morning, however there had been a few exceptions.</p> <p>Trainees reported that out of hours a ward round with a consultant present did not occur for gynaecology and that there was limited consultant contact on the weekends.</p> <p>Trainees spoken to reported that trainees were responsible for recording consultant presence on the wards in an attendance book. It was advised that there was not a consistent start time for consultants, as a result the ward round was sometimes repeated. It was advised that a few of the consultants were consistently present on the wards, however most were not. Trainees discussed that the responsibility to monitor consultant presence should not be that of the trainees.</p>	<p>Yes, please see action O&G1.4a</p>
1.4	<p>Appropriate levels of Educational Supervision</p> <p>Trust representatives advised that all trainees had a named Educational Supervisor.</p>	

	<p>Four out of the 11 trainees spoken to reported that they had not met with their educational supervisor. Some of the trainees had recently joined the department, however all had been in post for at least two weeks.</p> <p>Trainees advised that educational support was trainee driven and was dependant on trainees knowing objectives and being proactive. Peer support from higher trainee colleagues was reported to have been critical.</p>	<p>Yes, please see action O&G1.4b</p>
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Domain 2 – Educational governance and leadership

- 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.

HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.1	<p>Effective, transparent and clearly understood educational governance systems and processes</p> <p>Trust representatives reported that the Local Faculty Group (LFG) meetings had been disrupted due to the COVID-19 response, it was advised that the meetings had recently been reinstated and were planned to occur monthly.</p> <p>Trust representatives advised that no exception reports had been submitted by obstetrics and gynaecology trainees within the last 12 months. Trust representatives discussed that trainees had reported not feeling able to submit exception reports.</p> <p>Trainees reported that not all the cohort had received login details to enable them to exception report. Trainees advised that they did not stay late often and so were not required to submit reports regularly. It was discussed that should they be required to; they would feel comfortable submitting a report. Trainees advised that there was not a consistent understanding of when exception reports should be submitted for missed educational opportunities.</p>	<p>Yes, please see action OG2.1a</p>
2.1	<p>Impact of service design on users</p> <p>Trust representatives provided an overview of the departmental merger and discussed the challenges that arose as a result. It was discussed that in 2015 there was a major reconfiguration of services resulting in the closure of maternity departments at Ealing Hospital and the relocation of gynaecology operating from Northwick Park Hospital to Ealing Hospital. Challenges due to the merger were reported to be different educational and training needs, a larger team and cross-site working across the three sites.</p> <p>Trust representatives, trainees and supervisors described the department to be a high-pressured environment, with a heavy and complex workload. It was advised that 67% of the work was regarded as high-risk.</p>	

	<p>Trainees perceived that the consultant body was not cohesive and that they were affected by the departmental pressures. Educational and clinical supervisors further acknowledged that there were interpersonal issues within the consultant body and areas that needed to be addressed. A significant minority of consultants were reported to demonstrate apathy and not to be engaged in educational opportunities or pastoral care. It was discussed that some members of the wider multidisciplinary team were also affected, the review team heard examples of some members of the wider team refusing to talk to specific members of the obstetrics and gynaecology medical team, and the on-call bleep used to relay messages. Trainees acknowledged that many members of the consultant body were approachable, good leaders and professional. It was discussed that the Trust needed to work with these members of staff to support cultural change within the department.</p> <p>Trainees advised that the department had great learning potential if the right supportive leadership was put in place. Most of the Trainees spoken to advised that they would recommend the placement to their peers based on the patients that they saw. It was discussed that trainees may be at risk of burnout and that there was a need for consultants to be supported to ensure sufficient trainee support was in place.</p> <p>Trust representatives advised that rota gaps had added to the departmental pressures. It was discussed that four Medical Training Initiative (MTI) scheme doctors had been recruited; their start date had been delayed due to COVID-19; however, they were due to start by the end of the October 2020.</p> <p>Trainees also reported challenges around communicating effectively with some patients due to the diverse population the hospital served.</p>	Yes, please see action O&G2.1b
2.2	<p>Appropriate systems for raising concerns about education and training</p> <p>Trust representatives described a number of systems in place for trainees to raise concerns and the importance of timely escalation was discussed. Trainees were encouraged to raise concerns with whoever they felt comfortable with and trainee representatives had been appointed to aid accessibility. It was further advised that there was an anonymous feedback box in the Postgraduate Medical Education Centre (PGME).</p> <p>The review team heard that patient safety incidents followed the Trust's formal Datix process and that outcomes were discussed at LFG meetings.</p>	

Domain 3 – Supporting and empowering learners		
<p>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.</p> <p>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.</p> <p>3.3. Learners feel they are valued members of the healthcare team within which they are placed.</p> <p>3.4. Learners receive an appropriate and timely induction into the learning environment.</p> <p>3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.</p>		
HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.4	<p>Induction (organisational and placement)</p> <p>Most trainees reported that they had attended an induction, however some had not. It was discussed that the induction had moved online following COVID-19 social distancing requirements. Most trainees felt that the induction received was good but was limited by being held remotely.</p> <p>Trainees spoke highly of an induction booklet and departmental handbook which had been created by a higher trainee within the department.</p>	Yes, please see action O&G3.4
3.1	<p>Access to resources to support learners' health and wellbeing and to educational and pastoral support</p> <p>Trainees reported that most consultants were approachable, however, inadequate consistent pastoral support was discussed. Concerns were raised as to the level of support available if a trainee was in difficulty.</p>	Yes, please see action O&G3.1

Domain 4 – Supporting and empowering educators		
<p>4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.</p> <p>4.2. Educators are familiar with the curricula of the learners they are educating.</p> <p>4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.</p> <p>4.4. Formally recognised educators are appropriately supported to undertake their roles.</p>		
HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
4.1	<p>Educators who are supporting and assessing learners, meet the requirements of the relevant Professional Body</p> <p>Trust representatives reported that all educational and clinical supervisors were expected to be up to date with their GMC mandatory training and appraisals, the PGME team were reported to be in the processes of auditing this.</p>	

4.3	Educational appraisal and continued professional development Trust representatives advised that evidenced examples of demonstrating Trust values and behaviours should be asked at appraisal.	
4.4	Appropriate allocated time in educators job plans to meet educational responsibilities Trust representatives reported that there was 0.25 Planned Activities (PA) per a trainee allocated in the educators' job plan.	

Domain 5 – Delivering curricula and assessments

- 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.

HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
5.1	Placements must enable learners to meet their required learning outcomes Trust representatives advised that regular training had been disrupted due to the COVID-19 response. It was reported that regular training involved a monthly Friday afternoon teaching programme, time off to attend regional teaching and ultrasound training. Educational and clinical supervisors discussed that there was a list of teaching sessions and that all educators had contributed. It was further discussed that gynaecology teaching occurred every other week.	

Domain 6 – Developing a sustainable workforce

- 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 of 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.

HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
	Not discussed at the review.	

Requirements (mandatory)

Any Immediate Mandatory Requirements (IMRs) identified should be identified separately in the appropriate table below. The requirement for any immediate actions will be undertaken prior to the draft Quality Review Report being created and forwarded to the placement provider. The report should identify how the IMR has been implemented in the short term and any longer termed plans. Any failure to meet these immediate requirements and the subsequent escalation of actions to be taken should also be recorded if there is a need to.

- All mandatory requirements should be detailed in this section. The requirement reference should work chronologically throughout the report and link with the right-hand column in the 'Review Findings' section
- Requirements identified should be succinct, SMART and not include the full narrative from the detailed report
- Any Requirements should clearly relate to improved achievement of HEE Domain & Standards by the placement provider

Immediate Mandatory Requirements Given the severity of an Immediate Mandatory Requirement, initial action must be undertaken as required within 5 days and will be monitored by HEE Quality Team. Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales		
Requirement Reference number	Review Findings	Required Action, timeline, evidence (to be completed within 5 days following review)
No Immediate Mandatory Requirements were identified during the review.		

Mandatory Requirements The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.		
Requirement Reference number	Review Findings	Required Action, timeline, evidence
O&G1.2	Trainees acknowledged the high-pressured work environment, however, some advised that they had been concerned by the behaviour of some of the consultant body. Trainees, educational and clinical supervisors recognised that bullying and undermining behaviour was exhibited by some members of staff.	Please can the Trust share previous and planned interventions to address the bullying and undermining behaviour within the department.
O&G1.4a	Trainees spoken to reported that trainees were responsible for recording consultant presence on the wards in an attendance book. It was advised that there was not a	The Trust to ensure that expectations for consultant presence on the wards is clearly communicated and monitored. Consistent consultant presence may be evidenced through minutes from an LFG or alternative forum where

	consistent start time for consultants, as a result the ward round was sometimes repeated. It was advised that a few of the consultants were consistently present on the wards, however most were not. Trainees discussed that the responsibility to monitor consultant presence should not be that of the trainees	consultant presence on the wards has been discussed with trainees.
O&G1.4b	Four out of the 11 trainees spoken to reported that they had not met with their educational supervisor. Some of the trainees had recently joined the department, however all had been in post for at least two weeks.	The Trust to ensure that all trainees meet with their educational supervisors in a timely manner and consistently throughout the rotation. This may be evidenced through minutes from an LFG or alternative forum where educational supervision has been discussed with trainees.
O&G2.1a	Trainees reported that not all the cohort had received log in details to enable them to exception report. Trainees advised that they did not stay late often and so were not required to submit reports regularly. It was discussed that should they be required to; they would feel comfortable submitting a report. Trainees advised that there was not a consistent understanding of when exception reports should be submitted for missed educational opportunities.	The Trust to ensure that all trainees have log in details and instructions on how to submit an exception report. The purpose, importance and scope of exception reporting should be discussed with trainees. Please provide evidence that this has occurred.
O&G2.1b	Trainees perceived that the consultant body was not cohesive and that they were affected by the departmental pressures. Educational and clinical supervisors further acknowledged that there were interpersonal issues within the consultant body and areas that needed to be addressed. A significant minority of consultants were reported to demonstrate apathy and not to be engaged in educational opportunities or pastoral care. It was discussed that the whole department was felt to be affected, with some members of wider multidisciplinary team refusing to talk to specific members of the obstetrics and gynaecology medical team, with the on-call bleep used to relay messages. Trainees acknowledged that some members of the consultant body were approachable, good	Please can the Trust share previous and planned interventions to address the cultural concerns within the department.

	leaders and professional. It was discussed that the Trust needed to work with these members of staff to support cultural change within the department.	
O&G3.4a	Most trainees reported that they had attended an induction, however some had not. It was discussed that the induction had moved online following COVID-19 social distancing requirements. Most trainees felt that the induction received was good, however was limited by technology.	The Trust to ensure that there are processes in place to ensure that all trainees receive a full Trust and departmental induction prior to starting clinical duties. Please provide evidence that this is in place.
O&G3.1	Trainees reported that most consultants were approachable, however, inadequate consistent pastoral support was discussed. Concerns were raised as to the level of support available if a trainee was in difficulty.	The Trust to ensure that there are robust systems in place to provide consistent pastoral support, this should be done in collaboration with trainees. Please provide evidence of systems being in place and minutes from an LFG or alternative forum demonstrating that changes to pastoral support has been discussed with trainees.

Recommendations

Recommendations are not mandatory, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Recommendation	
Related Domain(s) & Standard(s)	Recommendation
HEE Quality Domain 2.1	To review the challenges around communicating effectively with some patients due to the diverse population the hospital served.

Report sign off

Outcome report completed by (name):	Emily Patterson Learning Environment Quality Coordinator
Review Lead signature:	Dr Orla Lacey Deputy Postgraduate Dean, North West London Health Education England (London)
Date signed:	06 November 2020

HEE authorised signature:	Dr Gary Wares Postgraduate Dean, North London Health Education England (London)
Date signed:	01 December 2020

Date final report submitted to organisation:	01 December 2020
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What happens next:

Any requirements generated during this review will be recorded and monitored following the usual HEE Quality Assurance processes.

As part of our intention to develop a consistent approach to the management of quality across England, Quality Reports will increasingly be published and where that is the case, these can be found on [\(web link\)](#) Information from quality reports will be shared with other System Partners such as Regulators and Quality Surveillance Groups