

HEE Quality Interventions Review Report

**Barking, Havering and Redbridge
University Hospitals NHS Trust (Trust wide)
Obstetrics and gynaecology
Senior leader engagement visit**



London – North East London

Date of review: 13 May 2021

Date final report submitted to Trust: 01 June 2021

Review Overview

Background to the review:	This review was an agreed follow-up to a senior leader engagement visit held on 01 October 2020. The purpose was to review the progress of work on ongoing issues identified in the obstetrics and gynaecology department during reviews which took place between 2017 and 2020.
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	Obstetrics and gynaecology
Who we met with:	Divisional Director for Women's and Child Health Divisional Manager for Women's and Child Health Educational Lead for Obstetrics and Gynaecology College Tutor for Obstetrics and Gynaecology Chief Medical Officer Associate Director of Research and Chief Medical Officer Director of Medical Education Head of Medical Education Deputy Manager of Medical Education
Evidence utilised:	Summary of results of trainee survey conducted in the department in autumn 2020.

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Gary Wares Postgraduate Dean Health Education England (North London)
HEE representative	Louise Schofield Deputy Postgraduate Dean Health Education England (North East London)
Specialty Expert	Greg Ward Head of the London Specialty School of Obstetrics and Gynaecology

Specialty Expert	<p>Sonji Clarke Deputy Head of the London Specialty School of Obstetrics and Gynaecology</p>
HEE Quality Representative(s)	<p>Paul Smollen Deputy Head of Quality, Patient Safety and Commissioning Health Education England (London)</p> <p>Ed Praeger Deputy Quality, Patient Safety and Commissioning Manager Health Education England (London)</p> <p>Chloe Snowdon Learning Environment Quality Coordinator Health Education England (London)</p> <p>Naila Hassanali Quality and Patient Safety Officer Health Education England (London)</p>

Executive summary

A senior leader engagement visit was arranged as a follow up to a review held on 01 October 2020. The purpose of the senior leader engagement visit was to assess the progress of work at Barking, Havering and Redbridge University Hospitals NHS Trust on issues in the obstetrics and gynaecology department, identified during reviews from 2017 to 2020.

The Trust representatives described the results of a trainee survey conducted in the obstetrics and gynaecology department in autumn 2020 in which named consultant feedback was given and bullying and undermining behaviours were reported. The Trust representatives said that the adverse feedback had been a shock to the individuals and the Trust. The Trust representatives laid out the action plan for the results of the survey, which had so far involved one-to-one conversations with the consultants in the department regarding their individual feedback. The review team heard that the next step was developmental work with the consultants in the department to understand and resolve the issues identified. The Trust representatives said that following this, a further trainee survey was to be conducted and depending on the results of that survey, appropriate additional actions would be decided.

The Trust representatives informed the review team that the Ockenden report had been helpful for the department in identifying issues and recommendations relevant to the Trust. The Divisional Director explained that workload was an ongoing issue in the department and additional funding had been applied for to ease this pressure. The Trust representatives also acknowledged that elective surgery learning opportunities had been diminished during Covid-19 surges. The Chief Medical Officer and Director of Medical Education said that work was ongoing on communications between the medical educational department and the Trust board but that this had improved recently.

The review team informed the Trust that to discuss the impact of the survey interventions with trainers and trainees, Health Education England would return to conduct a learner and educator review.

Review findings

The findings detailed in the sections below should be referenced to the quality domains and standards set-out towards the end of this template. Specifically, mandatory requirements should be explicitly linked to quality standards. Not all of HEE's domains and standards have been included, only those that have a direct operational impact on the quality of the clinical learning environment, which a quality review will be most likely to identify (although this does not preclude other standards outlined in the Quality Framework being subject to review, comment and requirements where relevant).

Mandatory requirements

Mandatory requirements and Immediate Mandatory Requirements (IMRs) should be identified as set out below. IMRs are likely to require action 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		
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
	None	N/A
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
	N/A	N/A

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
	None	N/A

Recommendations

Recommendations are not mandatory but intended to be helpful, 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
	None

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review Team, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)
	None	

HEE Quality Standards and Domains for Quality Reviews

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
1.2	<p>Bullying and undermining</p> <p>The Director of Medical Education (DME) described the results of the internal survey of obstetrics and gynaecology trainees which the Trust undertook in autumn 2020. The DME explained that some of the named consultant feedback had been a shock to the individuals themselves, the department, and the Trust as a whole. The DME said the survey results highlighted that there had been a degree of inappropriate behaviour in the department in regard to bullying and undermining. The Chief Medical Officer (CMO) confirmed the Trust had not undertaken any regulatory interventions for those consultants with the worst feedback.</p> <p>The review panel heard about the actions and next steps the Trust was taking regarding the survey feedback. The Divisional Director (DD) said that soon after the results were received, each consultant was given their own feedback and offered a chance to reflect on it during a one-to-one meeting with the DD. The CMO said that having the DD conduct the meetings had sent a message to the consultants that the Trust took the feedback very seriously and the poor behaviour described was not acceptable. The DD explained that the feedback process was carefully designed to be supportive and constructive. The DD said there had been a noticeable change in some consultants' behaviour already and the CMO told the review team that the consultant who received the worst feedback had a very positive reaction to the process and was engaging in activities to improve. The Educational Lead added that the process had triggered useful conversations among the consultant body in the department, empowering consultants to give each other informal feedback and starting discussions between the Educational Lead, College Tutor and the consultants who received poor feedback. The review panel enquired about any detrimental impacts of the feedback and the Trust representatives said that this had not been seen and that after a period of reflection, consultants were engaging with trainees more and taking actions to resolve the issues raised.</p> <p>The Educational Lead told the review panel that spot checks on labour ward handovers (where bullying and undermining behaviour had previously been reported) had shown improvements in behaviour since the one-to-one sessions with the DD had taken place. The Educational Lead said that they and the College Tutor operated an open-door policy with trainees and reported that informal trainee feedback had also been more positive since the survey</p>	

	<p>results were released. The DD said that he attended local faculty group (LFG) meetings and had seen an improvement in trainee feedback given during those meetings as well.</p> <p>The Trust representatives said the second step in the Trust's action plan for the survey results was getting underway, having been delayed for a few reasons (including Covid-19). The Trust representatives explained this step involved the external company 'Swanwich Morris Partnership' doing a professional development intervention process. The CMO explained that the person leading the process from 'Swanwich Morris Partnership' had worked with the department before and had a good understanding of the wider issues and ongoing culture workstreams in the department. The Trust representatives explained that the process would include all consultants (26 people) in the department but would be particularly focused on the seven consultants who received the most worrying feedback in the survey. The DD said the process would involve 'Swanwich Morris Partnership' working through the issues raised to understand them with the consultants, and then work with the consultants to solve those issues in a developmental way.</p> <p>The third step the Trust representatives said was to run another trainee survey in a very similar format to the previous one, to see if the previously identified problems had improved. The Trust representatives explained that further interventions would be decided based on the results of the second survey.</p> <p>The Trust representatives further informed the review team that the Deputy Chief Executive of the Trust was responsible for a piece of work on culture and improvement and every department had been asked for detailed action plans on this. The Trust representatives explained that there were several cultural workstreams going on in the department and the work on the results of the survey was just one of these.</p> <p>The review team informed the Trust representatives that Health Education England would organise a learner and educator review to speak to trainees and trainers about the culture of the department.</p>	
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>The review team enquired what had been done to deal with reports that consultants were strongly discouraging trainees from calling them at night and the Trust representatives said that this had been addressed in the one-to-one feedback sessions between the DD and consultants. The DD said consultant night-time availability and attendance was also reviewed through incident reporting.</p> <p>The Educational Lead told the review team that the Ockenden report had been helpful for the department as it had started discussions about local issues. The Educational Lead said that the report had been useful for the department in terms of reviewing safe consultant cover on the labour wards and setting expectations for when consultants had to come in at night.</p>	
1.6	<p>Multi-professional learning</p> <p>The DME said the publication of the Ockenden report had resulted in a lot of thought about multi-professional learning in the department and the department was working to create an email briefing to send to the department's workforce to address the findings of the report and how they related to the Trust.</p>	

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>The DME confirmed that the Trust's board had not been receiving regular updates from the medical education department in the past year but did have an update in the last meeting, for which the DME put together an information pack. The DME informed the review team that they were working to create a more robust system of quarterly reporting to the board, with the first report due in July 2021. The DME said that the CMO had sight of all this work. The CMO confirmed the Trust's board was well aware of the medical educational challenges at the Trust and said the DME was part of the people and culture committee to aid communications between the board and the medical education department.</p>	
2.1	<p>Impact of service design on users</p> <p>The DME said that the department had few rota gaps and when there were gaps, these were quite easily filled with bank or agency staff.</p> <p>The DD informed that workload in the department was constantly reviewed because even though the number of deliveries had reduced in recent months, workload was increasing due to complexity of cases and the drive to improve quality of patient care and training. The DD said the department had applied for additional funding and part of that bid was to increase the maternity workforce. The Educational Lead added that the department was starting a piece of work to look at levelling out the mismatch in workload in some parts of the department, by looking at capacity versus demand.</p>	
2.2	<p>Appropriate systems for raising concerns about education and training</p> <p>The DME told the review team that there had been a lot of work to change the LFG meetings from briefings to meetings with good engagement between trainees and consultants where trainees felt able to report ongoing training issues. The DME commended the department for using LFG meetings as a good tool to record the trainee voice. The DME added that the LFG had recently been used to remind trainees how to access the Freedom to Speak Up Guardian. The CMO said the new Freedom to Speak Up Guardian was proactive, and it was good to remind trainees of that option for when they did not feel comfortable speaking to anyone within the department.</p> <p>The Educational Lead said the Ockenden report had helped in the promotion of asking trainees to incident report.</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
	Not discussed at the review.	

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
	Not discussed at the review.	

Domain 5 – Delivering curricula and assessments		
<p>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.</p> <p>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.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
5.1	<p>Placements must enable learners to meet their required learning outcomes</p> <p>The review team enquired about previously reported issues with gynaecological scanning services and the DD said that the department had included trainees in the improvement work. The DD said that trainees were getting more scanning sessions but had asked for the training to be more formalised at the latest LFG meeting, so this was being investigated. The Trust representatives told the review team that trainees had been involved in formalising the triage system and writing policy documents such as the escalation policy, painless bleeding protocol and standard operating procedure guide. The Trust representatives said ST1 to ST3 trainees were given a timetabled week of study leave which was a devoted scanning week, and information on this was provided to trainees on induction. The College Tutor said trainees of grade ST4 and above were given gynaecological scanning time according to their development needs.</p>	

	<p>The DME told the review team that trainee access to elective operating theatre lists had been particularly difficult during and following Covid-19 surges (due to pressures of large backlogs) and this was an issue which trainees had raised in recent LFG meetings. The DD said the department had weekly planning meetings for theatre which were attended by the rota coordinator as they knew trainee training requirements and could work to match trainee needs with theatre lists. The DD said that due to speed, some complex cases had to be done by consultants but that this was communicated to trainees. The CMO reported that the elective surgery recovery programme was a challenge across the Trust and backlogs across specialties was a problem the Trust was conscious of. The Trust representatives said that although elective surgery in the department had been less busy due to Covid-19, there had been a lot of learning opportunities for trainees in emergency operating.</p> <p>The DME explained that virtual clinics had allowed shielding trainees to gain learning and training. The Trust representatives also said that the department had plans to organise simulation training to fill gaps in training caused by Covid-19.</p>	
5.1	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The review team heard that the workload in gynaecological scanning services was still high and there was always a backlog of scans to work through. The Trust representatives said there were two consultants and three nurses who did the scans.</p>	

Domain 6 – Developing a sustainable workforce		
<p>6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>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.</p> <p>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.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
	Not discussed at the review	

Report sign-off

Quality Review Report completed by <i>(name(s) / role(s)):</i>	Chloe Snowdon Learning Environment Quality Coordinator
Review Lead name and signature:	Gary Wares Postgraduate Dean for North London
Date signed:	01/06/2021

HEE authorised signature:	Gary Wares Postgraduate Dean for North London
Date signed:	01/06/2021

Date final report submitted to organisation:	01/06/2021
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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 HEE's national website. Information from quality reports will usually be shared with other System Partners such as Regulators and Quality Surveillance Groups