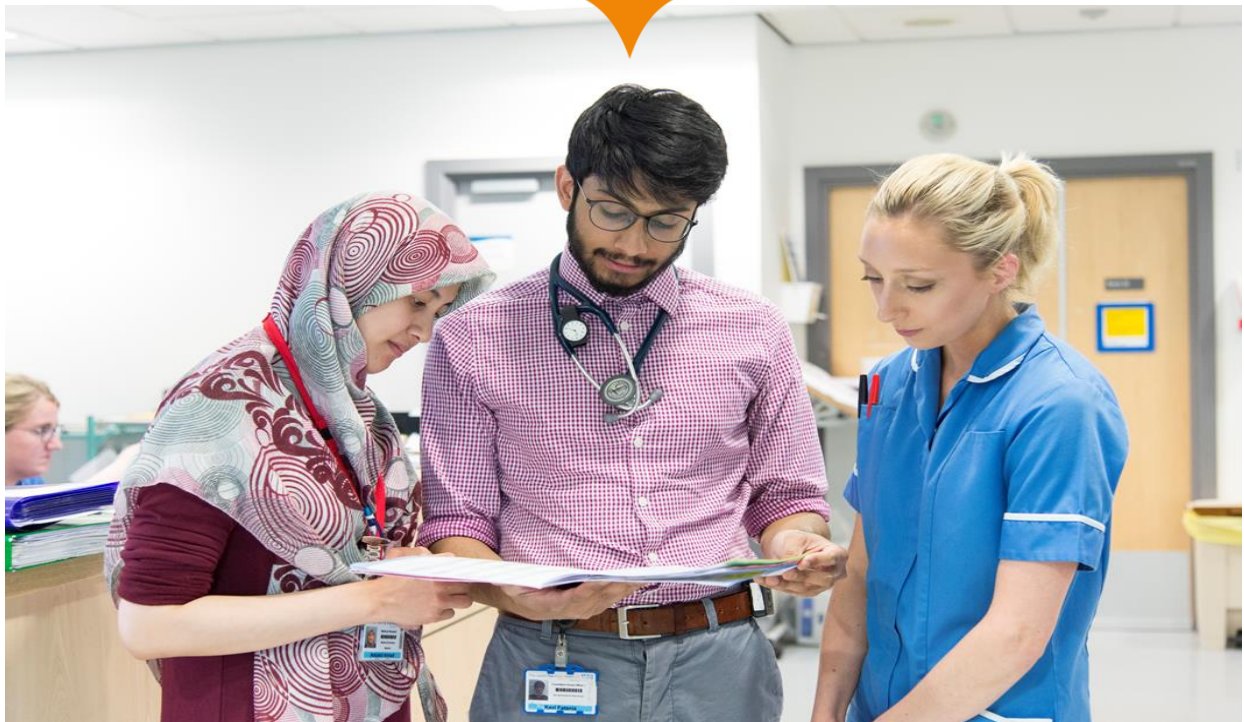


# HEE Quality Interventions Review Report

**London North West University Healthcare NHS  
Trust (Northwick Park Hospital)  
Maternity and Gynaecology  
Multi-professional Learner and Educator Review**



# Health Education England (London)

**Review Date 13 May 2021**

**Final Report 16 June 2021**

## Review Overview

<b>Background to the review:</b>	<p>This review was a follow-up Learner and Educator review following a number of visits to Obstetrics and Gynaecology, the most recent being a Learner and Educator Review that took place in October 2020.</p> <p>The October 2020 review was initiated following concerns raised by trainees to the Specialty School around bullying and undermining behaviour within the department. The review team noted the following areas requiring improvements:</p> <ul style="list-style-type: none"><li>•The review team acknowledged that further work was required to ensure a cohesive collegiate department to maximise both service, and training potential.</li><li>•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.</li><li>•The review team recognised that further educational governance measures were required to ensure compliance with exception reporting, inductions, and educational supervision.</li></ul> <p>Following a report highlighting excess perinatal deaths and a recent Care Quality Commission (CQC) visit the remit of the quality review was extended to include nursing and midwifery colleagues.</p>
<b>Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)</b>	<p>Maternity and Gynaecology</p> <ul style="list-style-type: none"><li>- Postgraduate Medical Trainees (higher)</li><li>- Midwifery Learners</li></ul>

<p><b>Who we met with:</b></p>	<p>           Director of Medical Education            Deputy Director of Medical Education            Associate Medical Director            Director of Midwifery            Director of Nursing            Medical Education Manager            Guardian of Safe Working Hours            Freedom to Speak up Guardian            Clinical Director            Divisional Clinical Director for Women and Children            College Tutor            Interim Divisional General Manager         </p> <p>Ten Speciality Training level one to five (ST1-5) Trainees.</p> <p>One midwifery learner</p> <p>Eleven clinical and educational educators for maternity and gynaecology</p> <p>Chief Executive Officer</p>
<p><b>Evidence utilised:</b></p>	<p>           Exception Reports – 01 May 2020 – 10 May 2021            Induction booklet O&amp;G – March 2021            LFG minutes O&amp;G – 20 October 2020            LFG minutes O&amp;G – 17 November 2020            LFG minutes O&amp;G - 26 January 2021            Teaching O&amp;G - April 2021            Teaching O&amp;G - March 2021         </p>

## Review Panel

Role	Name / Job Title / Role
<b>Quality Review Lead</b>	Dr Liz Carty Deputy Postgraduate Dean Health Education England (London)
<b>HEE Specialty School Representative</b>	Dr Sonji Clarke Deputy Head of Specialty School of Obstetrics and Gynaecology Health Education England (London)
<b>HEE Specialty School Representative</b>	Dr Greg Ward Head of Specialty School of Obstetrics and Gynaecology Health Education England (London)
<b>HEE Clinical Education Transformation Representative</b>	Kathryn Jones Head of Clinical Education Transformation Health Education England (London)
<b>HEE Clinical Education Transformation Representative</b>	Caroline Ward Workforce Transformation Lead (Clinical) Health Education England (London)
<b>Specialty Expert</b>	Claire Homeyard Consultant Midwife
<b>Lay Representative</b>	Jane Gregory Lay Representative Health Education England (London)
<b>HEE Quality Representative</b>	Paul Smollen Deputy Head of Quality Patient Safety and Commissioning Health Education England (London)
<b>HEE Representative</b>	Emily Patterson Learning Environment Quality Coordinator Health Education England (London)
<b>Supportive Role</b>	Naila Hassanali Quality, Patient Safety and Commissioning Officer 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 department was reported to have good learning opportunities due to the large number, complexity and range of patients seen.
- The majority of the departmental consultants were described as friendly and approachable.

The review team also noted the following areas requiring improvements:

- The review team acknowledged good examples of consultant engagement; however, it was advised that approximately 60 – 70% of consultants were not engaged in supporting trainees to achieve workplace-based assessments.
- Trainees, clinical and educational supervisors advised that the local faculty group (LFG) meeting was not conducive for effectively reporting and managing concerns in its current format. The need for a robust process to be in place for monitoring and ensuring actions were met was acknowledged.
- The review team heard that there was a culture of blame within the department. The current risk management processes were felt to be a barrier to learning, with trainees advising that there was not a safe space to discuss concerns or expected patient complications.

The review team spoke to one midwifery learner on the day. Health Education England will need to engage further with the nursing and midwifery learners to ensure sufficient feedback is sought.

Due to ongoing concerns the review team requested for a follow-up Learner and Educator review to take place, the timing of which is to be confirmed.

## 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
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No immediate mandatory requirements were identified at 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
MG1.1	The review team heard that trainees had not received follow-up communication to a significant proportion of submitted Datix reports. It was advised that the head of department and the Medical Director had been informed.	Please ensure that trainees receive timely follow-up communication after submitting a Datix. This can be evidenced through minutes from an LFG, or alternative meeting where Datix and follow-up communication has been explicitly discussed. Please provide an update to this action by the action plan submission deadline 30 July 2021.
MG1.2	The review team heard that bullying and undermining behaviour within the department was a long-standing issue. It was reported that an external piece of HR and Organisational Development work had been commissioned to help support cultural change within the department.	The Trust to provide the findings and action plan following the external HR and Organisational Development work. Please also provide an interim plan showing how learners will be supported whilst the external work is undertaken. Please provide an update to this action by the action plan submission deadline 01 September 2021.
MG2.1a	Trainees, clinical and educational supervisors advised that the LFG was not effective in reporting and managing concerns in its current format. The need for a robust process to monitor and ensure actions were progressed was acknowledged.	The department to review the current process in place for monitoring and progressing actions in collaboration with trainees. Please evidence that the process has been improved through minutes from an LFG, or alternative meeting. Please provide an update to this action by the action plan submission deadline 30 July 2021.
MG2.1b	The review team heard that the current risk-management processes in place were creating a barrier to learning. Trainees reported not having a safe space to discuss concerns or known complications.	The Trust to support the department to review the current risk-management processes and discussions in collaboration with trainees. Please evidence improvements through minutes from an LFG, or alternative meeting. Please provide an update to this action by the action plan submission deadline 30 July 2021.

MG4.4	Clinical and educational supervisors advised that there were not sufficient protected activities to meet all training requirements and maintain service provision. It was advised that as a result scan training was not occurring as frequently as required.	The Trust to review the consultant protected activities and to ensure that trainees are receiving sufficient scan training. Please evidence improvements through minutes from an LFG, or alternative meeting. Please provide an update to this action by the action plan submission deadline 01 September 2021.
MG5.1	The review team heard that approximately 60-70% of trainers were not actively engaged in supporting trainees to meet workplace-based assessments. The review team heard that trainees had experienced assessments expiring before they could be signed off. It was reported that these issues had been raised at LFGs, escalated to the College Tutor and the Director of Medical Education.	The Trust to support the department to identify opportunities for meeting workplace-based assessments and to establish a robust monitoring process to ensure that assessments do not expire. Please evidence this through minutes from an LFG, or alternative meeting. Please provide an update to this action by the action plan submission deadline 01 September 2021.

## 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
	N/a

## 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)



## 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&amp;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><b>Serious incidents and professional duty of candour</b></p> <p>Trainees advised that they were able to raise concerns, but that feedback following a Datix was variable. It was discussed that trainees had not received follow-up communication to a significant proportion of Datix reports, and that this had been escalated to the head of department and to the Medical Director.</p>	Yes, please see action MG1.1
1.2	<p><b>Bullying and undermining</b></p> <p>Trust representatives advised that behaviour and culture had been identified at the recent Care Quality Commission (CQC) visit as requiring improvement. The review team heard that there was a zero-tolerance policy for bullying and undermining. It was acknowledged that bullying and undermining behaviour within the department was a long-standing problem, and Trust representatives advised that a systematic approach was in place. Trust representatives reported that an external piece of HR and Organisational Development work had been commissioned, however, had not yet started.</p> <p>Trainees advised that the majority of the consultant body were friendly, however, as a whole they were not cohesive. It was discussed that trainees would feel comfortable approaching 80% of the consultants.</p> <p>The review team heard that there was a culture within the department where unprofessional communication was not questioned. It was advised that this had infiltrated to the wider multi-disciplinary team (MDT) and that bullying and undermining behaviour had been accepted. Trainees reported that unprofessional behaviour had occurred in front of patients.</p> <p>Clinical and educational supervisors discussed that they were aware that work on culture and behaviour was required within the unit. It was advised that not being able to socialise outside of work due to COVID-19 restrictions had impacted relationships.</p> <p>Clinical and educational supervisors advised that they had noticed undermining behaviours between the trainees and Trust doctors. Supervisors reported that at times trainees had been undermining towards the consultants and had played consultants off one another.</p>	Yes, please see action MG1.2

	<p>Trainees reflected that without effective professional communication there was the potential for suboptimal patient care.</p>	
<b>1.3</b>	<p><b>Quality Improvement</b></p> <p>Trust representatives advised that the recent CQC visit had highlighted known issues including clinical pathways, the labour induction pathway, triage tool use, risk assessment for anti-natal visits and clinical governance processes. Trust representatives discussed that there was an improvement plan in place containing three themes of improvement: behaviour and culture, clinical care, and clinical pathways.</p> <p>Trust representatives advised that the improvement plan following the CQC visit had been developed collaboratively with the wider MDT, including learners.</p>	
<b>1.4</b>	<p><b>Appropriate levels of Clinical Supervision</b></p> <p>Trainees advised that there was consultant support and presence during emergency theatres.</p> <p>Trainees reported that during the COVID-19 response consultant presence was limited, however, if required support could always be obtained.</p> <p>Trust representatives advised that trainees were no longer being asked to keep a record log of senior presence on the wards.</p>	
<b>1.4</b>	<p><b>Appropriate levels of Educational Supervision</b></p> <p>Clinical and educational supervisors advised that at the start of a trainees' post teaching plans and targets were set collaboratively.</p>	
<b>1.5</b>	<p><b>Access to Technology enhanced and simulation-based learning</b></p> <p>Trust representatives advised that conversations were in place with a local hospital to develop joint multi-professional simulation training.</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
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### Domain 3 – Supporting and empowering learners

- 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.

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.4	<b>Induction (organisational and placement)</b>  Trust representatives advised that they had spoken to trainees prior to the quality visit and that trainees had reported both Trust and local inductions to be good.	
3.1	<b>Access to resources to support learners' health and wellbeing and to educational and pastoral support</b>  The majority of trainees would not recommend the post to their colleagues. Trainees acknowledged that the post was better suited to more senior trainees.	

### Domain 4 – Supporting and empowering educators

- 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 appropriately supported to undertake their roles.

HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
4.2	<b>Educators are familiar with the learners' programme/curriculum</b>  Clinical and educational supervisors reported that within the consultant body there were training champions.  The review team heard that two of the departments' senior consultants had been nominated as consultant of the year.	
4.4	<b>Appropriate allocated time in educators job plans to meet educational responsibilities</b>  Clinical and educational supervisors advised that consultants did not have sufficient protected activities to meet all training needs and maintain service provision, and as a result scan training was not occurring as regularly as required. The review team informed the supervisors that achieving basic scan training was an absolute training requirement.	Yes, please see action MG4.4

## 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
<b>5.1</b>	<p><b>Placements must enable learners to meet their required learning outcomes</b></p> <p>Trust representatives reflected that COVID-19 had disrupted some training, and that trainees may have to catch up on surgical competencies. The review team heard that trainees were able to attend emergency surgeries and that the weekend surgical lists were increasing.</p> <p>Trust representatives reported that despite the disruption to teaching the majority of trainees had received an Annual Review of Competence Progression (ARCP) outcome one.</p> <p>Trainees advised that the department had good training potential, due to a broad range of patient presentations. It was advised that some trainers were good educators and involved in creating training opportunities for trainees. However, trainees reported that approximately 60-70% of trainers were not actively engagements in supporting trainees to meet workplace-based assessments. The review team heard that trainees had experienced assessments expiring before they could be signed off. It was reported that these issues had been raised at local faculty group meetings (LFGs) escalated to the College Tutor and the Director of Medical Education.</p> <p>Clinical and educational supervisors discussed that a barrier to meeting competencies was that the department had not been able to restart face to face clinics, and that telephone clinics were limited. It was reported that due to the current rota structure the appropriate consultants were not always working at the same time as the trainees to achieve workplace-based assessments.</p> <p>Supervisors advised that at times trainees did not consider their other colleagues' needs to meet competencies. It was discussed that more work was required to work collaboratively to share teaching opportunities.</p>	Yes, please see action MG5.1
<b>5.1</b>	<p><b>Appropriate balance between providing services and accessing educational and training opportunities</b></p> <p>Trust representatives advised that it was challenging for trainees to attend teaching sessions due to the short notice of some of Health Education England's regional teaching sessions.</p> <p>The review team heard that a departmental journal club had started.</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 (name(s) / role(s)):	Emily Patterson Learning Environment Quality Coordinator
Review Lead name and signature:	Dr Liz Carty Deputy Postgraduate Dean, North London
Date signed:	24 May 2021

HEE authorised signature:	Dr Gary Wares Postgraduate Dean, North London
Date signed:	16 June 2021

Date final report submitted to organisation:	16 June 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