Health Education England

HEE Quality Interventions Review Report

Barking, Havering and Redbridge University Hospitals NHS Trust (Trust-wide)
Obstetrics and gynaecology
Learner and educator review

London – North East London

Date of review: 29 July 2021

Date report issued to Trust: 19 August 2021

Version 1

Review Overview

Background to the review:	Following multiple reviews of obstetrics and gynaecology at Barking, Havering and Redbridge University Hospitals NHS Trust by Health Education England over the past two years, with the most recent being senior leader engagement visits (October 2020 and May 2021), the purpose of this review was to gather direct feedback from learners and educators regarding the changes and developments that the department had put in place and ensure that reports of concerning consultant behaviours had been addressed.
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	Obstetrics and gynaecology
Who we met with:	Divisional Manager for Women's and Child Health Educational Lead for Obstetrics and Gynaecology Clinical Lead for Obstetrics and Gynaecology College Tutor for Obstetrics and Gynaecology Director of Medical Education Deputy Manager of Medical Education Guardian of Safe Working Hours Four general practice vocational training scheme trainees Five specialty trainees 11 educational and clinical supervisors
Evidence utilised:	Local faculty group minutes Medical Education Centre minutes Summary of Guardian of Safe Working Hours Board report Rota including fill rate Breakdown of learner groups within the department Evidence of teaching sessions and attendance lists Evidence of organisation-wide and departmental induction feedback Breakdown of educational and clinical supervisors within the Department Trainee survey summary

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	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	Sonji Clarke Deputy Head of the London Specialty School of Obstetrics and Gynaecology
Specialty Expert	Masuma Vanat Program Director Barking, Dagenham & Havering GP Training Scheme
Lay Representative	Kate Brian
HEE Quality Representative(s)	Ed Praeger Deputy Quality, Patient Safety and Commissioning Manager Health Education England (North East London) Chloe Snowdon Learning Environment Quality Coordinator Health Education England (North East London) Naila Hassanali Quality and Patient Safety Officer Health Education England (North East London)

Executive summary

This review was arranged following multiple reviews of obstetrics and gynaecology at Barking, Havering and Redbridge University Hospitals NHS Trust by Health Education England over the past two years, with the most recent being senior leader engagement visits (in October 2020 and May 2021). The purpose of this review was to gather direct feedback from learners and educators regarding the changes and developments that the department had put in place and ensure that previous reports from a trainee survey of concerning consultant behaviours had been addressed.

The review team reported back to the Trust several areas of concern identified at the review. One immediate mandatory requirement was issued which related to ensuring patient safety in the emergency gynaecology assessment unit (EGAU) by reviewing and ensuring the triage system is safe and effective. Other areas the review team highlighted to the Trust included the need to review scanning capacity in the early pregnancy assessment unit (EPAU), a review of rotas in the EGAU to increase doctor presence, ensuring specialty trainees receive adequate non-emergency gynaecology experience, ensuring educational supervisors receive adequate time in their job plans for supervision and supporting a consultant workforce review to guarantee fair rostering.

The Trust representatives informed the review team that in collaboration with an external company, progress had been made in addressing consultant behaviours and a further trainee survey on this was planned. The large majority of specialty trainees and general practice vocational training scheme trainees the review team spoke to said they had not experienced or witnessed any bullying or undermining behaviours in the department, and those instances that had occurred had been well handled. The review team were pleased to hear that all of the trainees spoken with would recommend their placements in the department to colleagues and that the specialty trainees thought they were receiving good obstetrics experience.

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
OG1.1	The emergency gynaecology triaging system could potentially expose patients to safety issues. There appears to be inadequate triaging of patients attending the emergency gynaecology department resulting in excessive patient numbers waiting for medical review and no clear indication of who requires immediate attention. This leads to prolonged waiting times, stress for the gynaecology registrar, and has potentially already exposed patients to risk.	Do an assessment of the triaging system, provide interim results on this investigation within five working days, and produce an action plan to minimise the possibility of unsafe patient care.
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
OG1.1	The results of a review of the triage system and an action plan have been submitted to Health Education England. A summary of the Trust's response is included below. A review of all incident forms for the past 6 months (February – July 2021) has been undertaken and no incident reports relating to incorrect triaging were found. There were three incidents reported of delayed triaging due to workforce shortages or increased demand. All three incidents have been reviewed and categorised as no harm or low harm. Eight improvement actions were identified which will focus on improving patient flow and experience while enhancing and enriching the staff experience and working conditions.	The Trust provided comprehensive evidence in relation the Immediate Mandatory Requirement. From this evidence, the Deputy Postgraduate Dean closed the action but hopes that the Trust will continue to monitor these concerns internally going forward.

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
OG2.1b	The review team heard that the emergency gynaecology assessment unit (EGAU) was extremely busy for	Conduct a review of the number of patients attending the EGAU to identify whether there is an inappropriately high number of

	multiple reasons. For example, women attended from beyond the catchment area to access scans and some attendances were unnecessary.	attendances. Present proposed plans on how to reduce attendance numbers if deemed inappropriately high. To be completed by 01 December 2021.
OG2.1c	The specialty trainees and supervisors explained that despite the high number of attendances to the early pregnancy assessment unit (EPAU), scanning capacity was limited, and this resulted in long waits. In addition, some of the sonographers would not scan women who were less than six weeks pregnant, adding to delays.	Conduct a review of scanning capacity in the EPAU and put in place measures to increase capacity and reduce waiting times. To be completed by 01 December 2021.
OG2.1d	The review team heard that there were only two consultant-led scanning sessions a week on the EPAU.	Review the number of consultant scanning sessions on the EPAU and consider increasing consultant presence. To be completed by 01 December 2021.
OG2.1e	The specialty trainees told the review team that scanning training had been disrupted due to Covid-19.	Review the availability of scanning training to specialty trainees and put in place a plan to ensure all trainees receive appropriate access to scanning training. To be completed by 01 December 2021.
OG2.1f	The review team heard from both the general practice vocational training scheme (GP VTS) trainees and specialty trainees that when on call for gynaecology, at times the workload felt unmanageable and could present a potential patient safety risk. The review team also heard from the educators that they were trying to increase the registrar presence on call.	Review the workforce and rotas to allow for an increase in doctors on call covering the gynaecology service. To be completed by 01 December 2021.
OG2.1g	The GP VTS trainees reported that they felt under pressure from the nursing staff to work more quickly, discharge patients more quickly and conduct procedures they were not supposed to do.	Provide evidence that the different levels of competence of GP VTS trainees and specialty trainees are clearly communicated to the multi-disciplinary team (MDT), particularly after rotation dates, and that new trainees are given more time to complete their reviews. To be completed by 01 December 2021.
OG2.1h	The review team heard that the zoning system in place in the Trust because of Covid-19 meant that some consultants could not work in an amber or red zone. This meant that consultants were being pulled from their supporting professional activities (SPA) time to cover rota gaps.	Do an assessment of the impact of the zoning system on consultant rota gaps and how this is being addressed. To be completed by 01 December 2021.
OG3.1	The GP VTS trainees reported that they were sometimes asked to take consent from patients on procedures they had not seen before.	Review the department's approach to, and guidance on, asking GP VTS trainees to take consent to ensure trainees are not inappropriately asked to do so. To be completed by 01 December 2021.
OG4.3	Some of the supervisors the review team met with indicated that support from the Trust for their roles as educational supervisors could be improved. They felt that the workload	Provide support to the workforce review underway and use the results to increase the capacity of the consultant workforce to allow adequate time to train. To be completed by 01 December 2021.

	and service requirements expected of them, particularly covering gaps in the consultant rota, meant that they often felt they did not have sufficient time to train.	
OG4.4	The educational supervisors told the review team that they received 0.5 planned activities (PA) time if they were educational supervisors (ESs). However, the review team heard that this was received regardless of the number of trainees supervised. This meant people with two trainees to supervise received the same amount of time in their job plans as people with more trainees.	Conduct a review of consultant job plans to make sure ESs are receiving 0.25 PAs time per trainee to allow adequate time to train and to access ongoing training themselves. To be completed by 01 December 2021.
OG5.1	The specialty trainees reported that trainees of grades ST1 to ST5 had little to no access to gynaecology clinics.	Conduct, and produce an action plan on the findings of, a review on ST1-ST5 access to gynaecology clinics to ensure specialty trainees of all grades receive adequate gynaecology clinic time. To be completed by 01 December 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
OG2.1a	Review the space provided for the EGAU and the number of rooms available. Consider whether alterations to the space are achievable which would improve flow of patients through the department.
OG2.2	The review team recommend that local faculty group minutes generate an action log which is monitored by the College Tutor and they ensure that feedback on each action is given to trainees.

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)
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HEE Quality Standards and Domains for Quality Reviews

Domain 1 - Learning environment and culture
1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive 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 interprofessional learning opportunities.

HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.1	**Handover** The review team heard that a regular audit of labour ward handover showed good multi-disciplinary team (MDT) attendance (including anaesthetics) and any issues such as lateness were actively addressed. The Trust representatives explained that although there was no neonatal presence at handover, there was at the morning huddle. The Educational Lead explained that the department's new standard operating procedure document for handovers needed to be updated slightly following the publication of new guidance from the Royal College of Obstetricians and Gynaecologists (RCOG). The Educational Lead said they had discussed handovers with the trainees and no problems had been reported, including out of hours.	
1.1	**Serious incidents and professional duty of candour** The specialty trainees said their main concern regarding the running of the emergency gynaecology assessment unit (EGAU) was patient safety and said they were worried a change would not occur until a serious incident arose. The specialty trainees explained that there was a traffic light system for triaging patients but it was not used, or, if it was, was used incorrectly. The trainees said patients were more often seen in the order they arrived, rather than by need. The specialty trainees explained that the traffic light system had not been well received by the gynaecology nurses. The trainees said that the problems surrounding its use had been discussed in the trainee forum and were well known. The review team heard about an instance where patient safety could potentially have been at risk because the triaging system was not used. The review team heard that the incident had been flagged to the supervisor but no feedback had been received yet. The specialty trainees added that they thought a culture of escalation was not always evident in the department. Some of the clinical supervisors (CSs) and educational supervisors (ESs) reported that trainees had told them that they thought patient care in the EGAU could potentially be unsafe and that they needed more registrar presence. Other supervisors said the service was busy but did provide safe patient care, with strong protocols and a traffic light triage system.	OG1.1

1.2	**Bullying and undermining** The Director of Medical Education (DME) provided the review team with an update on the work being carried out by the external company 'Swanwick Morris Partnership' around inappropriate consultant behaviours which had previously been discussed at senior leader engagement visits (SLEVs) in October 2020 and May 2021. The review team heard that 23 of 26 consultants in the department had attended their first one-to-one hour-long coaching session, and a few had attended a second already. The DME said the Trust could share the details of who had received a coaching session with Health Education England (HEE) if this was helpful. The review team enquired about the department's plans for a follow up trainee survey subsequent to the coaching sessions and the DME explained that this had always been in the project plan and that 'Swanwick Morris Partnership' would aid with the delivery of the survey. The College Tutor added that the trainees would also been involved in the creation of the survey and would be given the opportunity to help create the questions. The DME informed the review team that the Trust as a whole was watching the work being done in the department with great interest as there were issues with consultant behaviour elsewhere in the organisation and learning and feedback would be shared across the Trust. The General Practice Vocational Training Scheme (GP VTS) trainees said they had not witnessed or experienced any bullying or undermining behaviour, felt the team was great, and commented on the good relationships they had with the consultants and specialty trainees. The GP VTS trainees said they felt they could raise any issues and people were receptive when they did so, although they would probably choose to speak to someone they felt most comfortable with. The GP VTS trainees added that when they asked a consultant or registrar a question, they always tried to elaborate and provide teaching. The specialty trainees mostly reported not experiencing or witnessing bullying or undermining behaviour and the minority who had said that the department took it seriously and handled it swiftly and well, and there were no lasting issues. The specialty trainees told the review team they would be comfortable raising bullying and undermining and would know who to raise it with. The specialty trainees said that overall, they had good relationships with the consultants and felt supported. The specialty trainees said everyone in the department worked hard and people were never reluctant to take on work. The specialty trainees said they were comfortable working with their colleagues and explained that before starting their placements, they heard a lot of negative experiences but said that this had not been their experience and help and support was readily available.	
1.4	**Appropriate levels of Clinical Supervision** The DME informed the review team that the department had conducted an audit of consultant cover on the labour ward and that this could be shared with HEE if useful. The Educational Lead explained that Monday to Friday, the resident consultant was on site from 08:30 to 00:00 and then on call from home. The Educational Lead said that at the weekend, if the consultant was covering obstetrics only, they were on site until 17:30 and if they were covering obstetrics and gynaecology, they were on site until 21:00. The	

	Educational Lead explained that evening handover was at 20:30 and the obstetrics and gynaecology resident consultant generally then stayed to do a ward round, whereas the obstetrics resident consultant did a ward round prior to leaving at 17:30, and then conducted a phone call with the night time team after the evening handover. The Educational Lead informed the review team that following the Ockenden report recommendations, the department was working to ensure that weekend resident consultant presence would be until 22:00 to ensure consultant attendance at the evening handover and a consultant-led ward round following this. The specialty trainees told the review team that the consultants listened and would always come in or provide advice over the phone out of hours, without hostility. The trainees said supervision when doing procedures in gynaecology theatres was very good. However, some of the specialty trainees told the review team that during the Covid-19 peaks, they felt as if they had been surplus in theatres due to others' training needs.	

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	**Impact of service design on users** The specialty trainees said that the department was a perfect place to get hands on experience, thought the obstetrics learning had been great and the labour ward was well run (despite well-known issues such as more inductions than the ward was designed for). The specialty trainees said that gynaecology training had been affected by Covid-19. The trainees said that gynaecology operating was good as they saw a lot of patients but there were problems in the EGAU. <u>Emergency gynaecology assessment unit and early pregnancy assessment unit</u> The specialty trainees explained that during the Covid-19 period, the EGAU had moved to a smaller ward which did not have enough rooms which led to delays in seeing patients and impact patient flow. The specialty trainees said that the EGAU saw a high number of patients a day and they were all the responsibility of the registrar on call. The specialty trainees explained that this meant patients waited to see a doctor when they did not need to, and had tests completed that they did not need. The specialty trainees said that patients arrived at the EGAU and were seen for issues ranging from having pain for over a year to forgetting when their outpatient appointment was. The trainees said they thought there was a reluctance among the gynaecology nurses to turn	OG2.1a OG2.1b

	patients away if their issues were not emergencies, and that patients had the expectation that they would be seen by a doctor if they came to the EGAU. The specialty trainees also highlighted that the Trust received payment for each patient seen in the unit. The specialty trainees said they felt the suggestion of a quality improvement project to enhance the running of the EGAU would not be well received in the department. The specialty trainees said that in the early pregnancy assessment unit (EPAU), there was only one nurse sonographer scanning at a time (although there were three nurse sonographers in total) and there were two consultant scanning sessions a week. The trainees told the review team the service ran much more smoothly when there was consultant presence. The specialty trainees told the review team that the nurse practitioners would not scan women who were less than six weeks pregnant. The specialty trainees said this meant about 90 scans were conducted a week which was not a large number given the size of the population being served. The specialty trainees felt it would be useful to have two people scanning at one time so that more scans could be done. The specialty trainees said that at times, patients had to wait a week for a scan which they felt could affect patient safety. The specialty trainees also felt a good triage system would improve the running of the unit. The GP VTS trainees said that in the EGAU, the Trust worked towards the four-hour waiting time target (as in the emergency department (ED)) but that when they saw patients, they had not been pre-assessed in the same way as they would have been in the ED (for example, bloods would not have been taken). The GP VTS trainees said there were triage nurses who could do these sorts of tasks but staffing issues meant sometimes they were done and sometimes not. The GP VTS trainees said having these tasks done before they saw patients would help to reduce their workload. Additionally, the trainees said that even when there were adequate staffing levels, there were a limited number of cubicles to see patients in. The GP VTS trainees said they felt comfortable raising these issues and had told consultants who were aware of the problems but had not raised anything more formally. The trainees said that the department was aware of the challenges and had introduced extra consultant scanning sessions to help with the backlog in the unit (which were communicated ahead of time via email) and were trialling other ways to alleviate the pressure. The ESs and CSs told the review team that the EGAU saw 2500 patients a month. The supervisors explained that they would like to have additional registrar presence in the EGAU but rota gaps meant that this was not possible. The supervisors told the review team that GP VTS trainees reported that they found working on the unit useful. The review team asked the supervisors about patients attending and using the service who were not emergencies and the supervisors confirmed that this did happen, but they were not sure how it could be changed as the service itself was designed to relieve pressure on the ED which was still very busy, with long wait times, meaning the service could not be transferred back into the ED. The ESs and CSs added that women from across London came to use the service which meant it was very busy. Additionally, the supervisors said they thought that Covid-19 and a lack of GP access had increased the number of visits to the unit further. The ESs and CSs confirmed that two consultants ran two scanning sessions a week and they took the opportunity to train during these. The	OG2.1c

	ESs and CSs said the department had an additional scanning machine which they were trying to step up. The review team asked if the ESs and CSs thought more than two consultant scanning sessions a week would be beneficial and the supervisors said that it would be good to have additional scanning help but that when the team pulled together, the gynaecology unit ran well. The Trust representatives informed the review team that there were three pieces of work ongoing around scanning. The review team heard that the first was in relation to the frequency of consultant-led early pregnancy scan slots in emergency gynaecology and that the department was trying to increase this. The Trust representatives said the second was around the number of scan reviews which were needed and an audit had been conducted which suggested this was at a manageable level at present, but that a consultant workforce group in the department was looking at how staffing could be reconfigured so that consultants would be available to cover this area more consistently (instead of covering as part of gynaecology "hot week" consultant). The ESs and CSs explained that the workforce review was taking place due to the consistent consultant rota gaps (including on the labour ward) and consultants having to be pulled from their supporting professional activities (SPA) time to cover. The supervisors said that the Divisional Director had agreed that the review could be undertaken and was going to review the resulting findings and suggested action plan. The review team asked how everyone in the department knew which consultant was covering scan reviews and the Trust representatives explained that this was clear on the rota and was reinforced at consultant meetings. The Trust representatives said the "hot week" consultant covered in the mornings and someone else in the afternoons. The specialty trainees confirmed they knew the gynaecology "hot week" consultant was responsible for the EPAU, as well as the rest of gynaecology on call. The ESs and CSs said that when a consultant was on "hot week", they could not take annual leave (or had to arrange cover). The review team heard the third piece of work was around scanning training and that since the last SLEV, the department had introduced a consistent approach where trainees were asked to book a week of study leave and inform the College Tutor, who then organised a supervised week of scanning for them. The Trust representatives added that to enhance scanning training, the department was looking at how to use the recovery education funding to provide simulated scanning training. The specialty trainees said that they were given the option to take a scanning week in either their ST2 or ST3 year (although there had been disruption due to Covid-19), but this was not enough to become competent at scanning. <u>Rotas</u> The review team heard that rota gaps were still a major issue in the department with five gaps out of 24 in the registrar rota (one due to prolonged sickness and one due to the trainee shielding) and two gaps in the ST1 and ST2 rota. The Trust representatives said that the ST1 and ST2 gaps should be filled from the following week, but the registrar gaps had not yet been successfully filled (despite appointments being offered). The GP VTS trainees told the review team that their rota coordinator was one of the best rota coordinators they had worked with and worked hard to accommodate trainees when they showed a particular interest in	OG2.1d OG2.1e

	certain areas. The GP VTS trainees said that access to outpatient clinics had been a bit difficult due to Covid-19 as despite clinics being timetabled in, patients had not been showing up. The GP VTS trainees said that they had not had access to simulated clinics. The GP VTS trainees said that although there had not been many days in their placements where there had been staffing issues which had impacted on their workload, there had been more instances recently, especially due to annual leave and as the trainees felt the EGAU had been busier. The GP VTS trainees said they sometimes felt they were asked to work beyond their remit when they were covering one ward and then were asked to cover another due to illness. The trainees said that they could escalate this and additional staffing was found, or they were able to ring for advice and registrars were always happy to help. The GP VTS trainees added that staffing issues could be a problem on the EGAU as sometimes due to rota gaps, there was only one registrar and if they were required in theatre, there was often a large backlog of patients. The GP VTS trainees said that because they worked more slowly than the specialty trainees, the nursing staff put pressure on them to see and discharge patients quicker, and this could be difficult to manage. The trainees said that they were also sometimes asked to do procedures they were not supposed to do but generally when the midwives understood their competences and training level, then they were considerate of this. The specialty trainees said there were a large number of registrar rota gaps, explaining that one person had gone on maternity leave, another moved to another Trust and a locum had recently stopped working in the department. The specialty trainees said it was a bit unsettling when a new locum joined them on each shift. The specialty trainees told the review team that the Trust's HR department had tried to lower the locum pay scale to below the average rate for London (although this had since been reversed) which had left every night in August 2021 with a rota gap. The review team asked whether consultants ever acted down to fill rota gaps and the trainees said that gaps were always filled by registrars. The DME told the review team that the conversation around lower agency rates at the Trust was inaccurate and although rates were reduced after the Covid-19 second peak, this was in line with other North London Trusts. The DME added that rates were now increasing again due to increased Covid-19 admissions, and the Trust was working to dispel inaccurate information. The CSs and ESs told the review team the Covid-19 period had been difficult, incredibly busy, and rota gaps were challenging. The supervisors explained that rota gaps meant that trainees were pulled out of areas to cover others, and this had affected training. However, the supervisors said that there were lots of learning and training opportunities in the department and trainees had a lot of exposure. The CSs and ESs told the review team that staffing shortages were a problem on the labour ward where there was only half the number of midwives there should be, trainees were called in to cover gaps and consultants had to stay late to cover. Some of the supervisors said they were concerned this may present a risk to patient safety. The ESs and CSs said the zoning system in place in the Trust because of Covid-19 meant that some consultants could not work in an amber or red zone, only in green zones. The supervisors explained that this left gaps in	OG2.1f OG2.1g OG2.1h

	the consultant rota which meant that other supervisors were being pulled from their SPA time in order to cover and fulfil the needs of the service. The review team heard that the labour ward was amber or red and that meant some consultants were not allocated "hot week" consultant. The review team asked the supervisors what the long-term solution was for this and heard that none had been identified. The Clinical Lead told the review team that there had been two new consultant appointments since January 2020 and a third job description was being agreed with the RCOG. The Clinical Lead said an additional two job descriptions were being written although one was to replace a colleague who had left. <u>Ockenden report</u> The review team asked how the Trust was responding to the Ockenden report and the Educational Lead informed that the department had returned their response to the report on time. The Educational Lead said there were many recommendations from the Ockenden report which the department were already doing but some which they needed to implement (for example, extending twice daily consultant ward rounds to seven days a week). The review team heard that the department had received some Ockenden funding which had included funding for 0.5 consultant time, additional midwifery time and MDT training. The Educational Lead explained that a lot of the work the department had done was around reviewing processes and guidance on high-risk patients and making sure these documents were clear and transparent.	
2.2	**Appropriate systems for raising concerns about education and training** The DME told the review team that the department had felt encouraged by the recently received General Medical Council (GMC) National Training Survey (NTS) results which showed a turnaround in trainee feedback of the department. The review team asked the Trust representatives what they thought had made the difference and the Clinical Lead said that it was not a single change, but more an overall effort at all levels in the department to work together. The Educational Lead said that improved functioning of the local faculty group (LFG) had most likely contributed. The Educational Lead said that the LFG meetings were trainee led, with a ST3 taking a lead on identifying and raising concerns among the trainee body. The Educational Lead added that the regular attendance of the Divisional Director and Divisional Manager at LFG meetings signalled to the trainees how seriously the department took trainee feedback and had allowed changes to be taken forwards. The Educational Lead also said that the department had done well in maintaining surgical experience during Covid-19 which had been well received by the trainees. The specialty trainees said that LFG meetings were used to discuss issues in the department but the trainees said the same concerns were raised at each meeting and it did not seem that action was taken to address them.	OG2.2
2.2	**Appropriate systems to manage learners' progression** The specialty trainees who had moved up early from ST2 to ST3 while at the Trust said they had been apprehensive about stepping up during	

	Covid-19 but had been well supported and had found it a positive experience.	

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
3.1	**Learners being asked to work above their level of competence, confidence and experience** The GP VTS trainees said that sometimes in the EGAU, they had been asked to take consent from patients for procedures which they had not seen before and so they had to tell the consultants they did not feel comfortable taking consent. The GP VTS trainees said the consultants reacted well to this and asked a registrar to take the consent instead, but it would have been good to see the procedures early on so that they felt comfortable in taking the consent and were able to help the team when there was a backlog of work. The review team asked the GP VTS trainees whether they had a full understanding of a caesarean section before they first took consent for one and the trainees said that they had a proforma to fill in and discuss with the consultant the first time they assisted with one and it was only after this were they able to take consent. The GP VTS trainees said there was also a handbook for taking consent which explained what to say and also made it clear they did not have to take consent if they did not feel comfortable. The GP VTS trainees added that they shadowed a lot of procedures, found everyone supportive, and felt comfortable noting down patient questions when taking consent and then asking a consultant for the answers.	OG3.1
3.1	**Access to resources to support learners' health and wellbeing and to educational and pastoral support** The specialty trainees the review team spoke with said they could not recall any additional pastoral support they had received during the Covid-19 period but said they could not think of anything extra they would have needed. The trainees highlighted that they could not speak for trainees who had needed to shield or had extended time off work due to Covid-19. The specialty trainees said if they had needed extra support, they would have spoken to their educational supervisors or the College Tutor who they said they had a good relationship with.	

3.2	**Time for learners to complete their assessments as required by the curriculum or professional standards** The GP VTS trainees said that the registrars were always happy to observe and sign off procedures and to provide feedback.	
3.4	**Induction (organisational and placement)** The GP VTS trainees said their induction had been good as they had been paired up with someone else and had not been left alone on a shift until they felt ready, which created a friendly and safe atmosphere. The GP VTS trainees also said the handbooks they had been sent were helpful. The GP VTS trainees said the induction was also very good for those trainees who started their placement later and thus were the only ones starting at that time.	

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	**Educators are familiar with the learners' programme/curriculum** The GP VTS trainees said some of the consultants in the department had good awareness of the GP VTS curriculum and tried to highlight cases specifically relevant to GP learning. The GP VTS trainees said the consultants were understanding of the fact that the trainees would benefit from being in some places more than others and were receptive to trainees requesting certain experience. The GP VTS trainees said that supervisors had not always been familiar with the requirements of their curriculum but had been happy to discuss, had tried to ensure the placement was GP-centred and had worked with the trainees to space out curriculum requirements across the placement.	
4.3	**Educational appraisal and continued professional development** Some of the supervisors the review team met with indicated that support from the Trust for their roles as educational supervisors could be improved. They felt that the workload and service requirements expected of them, particularly covering gaps in the consultant rota, meant that they often felt they did not have sufficient time to train. Some of the supervisors said they worked very hard and tried their best to fill rota gaps but did not feel appreciated for that and felt there were inequalities in the consultant rota. Some of the supervisors said that the management at the Trust and medical leaders did not understand how the curriculum had changed and showed no investment in trying to understand. The supervisors highlighted to the review team the need to support supervisors so that supervisors could in turn support trainees.	OG4.3

4.4	**Appropriate allocated time in educators job plans to meet educational responsibilities** The ESs explained that they received 0.5 planned activities (PA) time if they were ESs. However, the review team heard that this was received regardless of the number of trainees they supervised. This meant people with two trainees to supervise received the same amount of time in their job plans as people with more trainees. The ESs said that previously, they did not have any time in their job plans for supervision and that when they raised this, they were told they could have 0.5 PA time, but that this had come from a reduction in admin time. Some of the ESs felt that it was impossible to look after all of the trainees they had been asked to supervise as they did not have adequate time.	OG4.4

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
5.1	**Placements must enable learners to meet their required learning outcomes** The specialty trainees confirmed that they had had conversations with their ESs about any gaps in their training due to Covid-19. The specialty trainees told the review team that they had little to no exposure to gynaecology clinics. The trainees said that only ST6 and ST7 trainees, clinical fellows and consultants seemed to do clinics, and many of these were still being done via phone due to Covid-19. The trainees confirmed they had raised with their supervisors how they would get their non-emergency gynaecology competencies without access to clinics. The specialty trainees said they had good access to face-to-face antenatal obstetrics clinics. The ESs and CSs said that most gynaecology clinics were consultant-only although this had not been the case pre Covid-19 when trainees had attended some clinics. The supervisors explained that face-to-face gynaecology clinics had stopped due to Covid-19 and the restart had been slow, although the urogynaecology clinics were running again. The supervisors explained that there were several reasons for this, including rota issues and a lack of nursing capacity at the Queen's Hospital site. The supervisors added that they were not involved in the decisions around staffing of clinics. The ESs and CSs said they were aware of feedback from trainees that they wanted to attend gynaecology clinics and they were working to see where there would be capacity to do this. Some of the supervisors felt that priority in access to clinics should be given to trainees who needed it for their training (for example, those with ARCP meetings approaching) and had tried to start arranging this. The review team asked the supervisors how non-emergency gynaecology training could be delivered without access to clinics and the supervisors said they	OG5.1

	did not know. The review team heard that there were no gynaecology clinics at weekends and that some supervisors had been told by medical staffing that trainees would rather go to theatre than to clinics. The ESs told the review team they had been creating targeted lists for training needs with trainees ahead of their annual review of competency progression (ARCP) meetings.	

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
6.1	**Retention and attrition of learners** The GP VTS trainees told the review team they had enjoyed their rotation in the department despite being nervous about coming into the department prior to starting and had felt well supported by the specialty trainees and consultants. The GP VTS trainees said they would recommend their placements in the department to colleagues and said they felt much more comfortable with gynaecology presentations following their placements. Some of the GP VTS trainees said they had not been looking forward to the placement as they did not think it would be useful for their training but were glad they had done it. The trainees said they would be happy for their friends or family to be treated in the department, although they said they would advise people that they would need to wait longer to be seen than in other places. The specialty trainees said they would recommend their placements to colleagues. The trainees said they would be happy for a friend or family member to be treated in obstetrics. Some of the specialty trainees said they would not be happy for friends or family to be treated in gynaecology, and some said they would only be happy for them to be treated there on good days. The specialty trainees said that staff members in the department did not use the department for early pregnancy themselves, and instead opted to pay for private scans to avoid the unnecessary examinations and wait times. The specialty trainees rated their morale at seven or eight out of ten.	

Report sign off

Quaity Review Report completed by *(name(s) / role(s))*:	Chloe Snowdon Learning Environment Quality Coordinator
Review Lead name and signature:	Louise Schofield
Date signed:	19/08/2021

HEE authorised signature:	Gary Wares
Date signed:	19/08/2021

Date final report submitted to organisation:	19/08/2021

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 development 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.