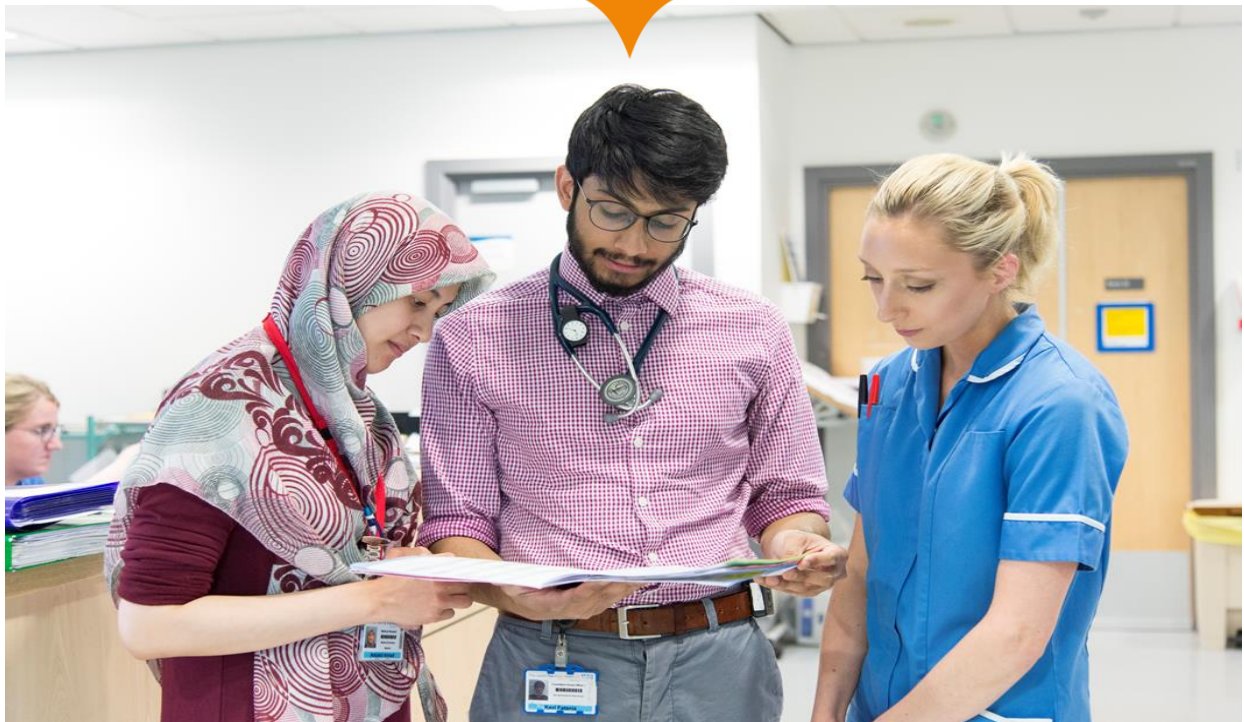


HEE Quality Interventions Review Report

**St George's University Hospitals NHS
Foundation Trust
Obstetrics and Gynaecology
Urgent Concern (Multi-professional Review)**



South London

2 & 3 September 2021

Report date 8 November 2021

Review Overview

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| Background to the review: | <p>Health Education England (HEE) was notified of concerns through the Royal College of Obstetrics and Gynaecology (RCOG) based on feedback from trainees describing serious cultural issues within the department. An urgent multi-professional learner and educator review was requested to assess the learning environment within the department.</p> |
| Subject of the review (e.g. programme, specialty, level of training, healthcare learner group) | <p>Obstetrics & Gynaecology (O&G)</p> |
| Who we met with: | <p>The review panel met with 21 learners in the department including medical trainees, locally employed doctors and undergraduate midwifery students.</p> <p>The review panel also met with the following Trust representatives:</p> <ul style="list-style-type: none"> • Labour ward midwives • Foetal Monitoring midwives • Midwifery Practice Supervisors/ Assessors • Practice Development midwives • Midwifery Clinical Placement Facilitators • Birth Centre Lead Midwife • Bereavement midwife • Obstetrics & Gynaecology consultants • Obstetrics & Gynaecology College Tutor • Director of Medical Education • Chief Operating Officer • Director of Midwifery • Deputy Chief Medical Officer • Divisional Chair, Women's and Children's • Medical Education Manager • Associate Director of Medical Education • Deputy Chief Nurse • Director of Education, Culture and Organisational Development • Chief Finance Officer • Chief Medical Officer |

Evidence utilised:

The review panel received the following supporting evidence from the Trust in advance of the review:

- Emails sent by the College Tutor to junior doctors regarding raising concerns options.
- O&G departmental teaching and meetings planner
- Schedule of PROMPT Sessions 2021.
- Trainee departmental teaching timetable October 2020 to April 2021.

The review panel also utilised evidence from the General Medical Council (GMC) National Training Survey (NTS) 2017-2021 and Health Education England's (HEE) National Education and Training Survey (NETS) 2019- 2020.

Review Panel

| Role | Name / Job Title / Role |
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| Quality Review Lead | Geeta Menon, Postgraduate Dean, South London, Health Education England |
| Deputy Postgraduate Dean | Anand Mehta, Deputy Postgraduate Dean, South London, Health Education England |
| Specialty Expert | Greg Ward, Head of the London Specialty School of Obstetrics and Gynaecology, Health Education England |
| School of Nursing Representative | Anna McGuinness, Head of Clinical Education Transformation, London, Health Education England |
| Allied Health Professionals Representative | Laura Leadsford, Regional Head of Allied Health Professionals, London, Health Education England |
| HEE Quality Representative | Paul Smollen, Deputy Head, Quality, Patient Safety & Commissioning, London, Health Education England |
| HEE Quality Representative | Rebecca Bennett, Learning Environment Quality Coordinator, Health Education England |
| HEE Quality Representative | Louise Brooker, Deputy Quality, Patient Safety & Commissioning Manager, Health Education England |
| Lay Representative | Sadhana Patel, Lay Representative |
| Supporting roles | Ummama Sheikh, Quality, Patient Safety and Commissioning Officer, London, Health Education England |

Executive summary

The review panel would like to thank the Trust for accommodating the review. The review panel was impressed by the engagement with the review from the senior management team and the consultant body. The review panel was informed that the consultants had discussed some of the issues at internal meetings and had begun planning actions prior to the review. The review panel was pleased to hear that the consultant body was committed to making improvements and working with HEE and colleagues within the Trust to do so. Trust Executive representatives acknowledged the importance of the feedback received from the junior doctors and advised that they would respond accordingly. Trust Executive representatives advised that the management team within the department would be supported to ensure that changes were implemented, and that patient safety was maintained.

The review panel acknowledged that there were several areas of good practice to note, including equal learning opportunities for locally employed doctors and trainees, which had been an issue in the past. The review panel was also pleased to hear that the midwifery learners were well supported by the practice education team.

All learners reported that they believed the department had great potential to offer excellent learning opportunities, but inappropriate communication styles, bullying and undermining were common themes in what was reported to the review panel. The review panel was particularly concerned to hear that some learners believed people were more likely to experience bullying or undermining behaviours if they were female or from a Black, Asian and minority ethnic (BAME) background. The review panel noted that there was evidence that learners were obtaining the relevant learning opportunities but felt that they had to navigate a difficult environment to do so.

The review panel felt that there were considerable improvements needed to ensure a suitable learning environment. Four Immediate Mandatory Requirements were issued by HEE, requiring a response from the Trust within five working days. Other areas for improvement included clinical supervision, handover, feedback mechanisms for learners and creating a psychologically safe environment for learning within CTG meetings. Actions have been set for the concerns outlined in this report, which will be reviewed by HEE as part of the three-monthly action planning timeline.

Due to ongoing concerns the review panel requested for a follow-up review to take place in the future to review progress made.

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 |
|------------------------------|--|---|
| OG1.4a | The review panel heard that clinics were not cancelled when consultants were unavailable and that trainees were working in clinics without adequate supervision. It was also noted that some consultants would often arrive late for clinics and trainees were not adequately supervised prior to their arrival. | The Trust is required to ensure that there is a named consultant supervising in each clinic. If consultants are not available for clinics due to leave, alternative consultant cover should be arranged, or clinics should be cancelled. |
| Requirement Reference number | Progress on immediate actions | Required Action, timeline, evidence |
| OG1.4a | In response to this Immediate Mandatory Requirement (IMR), the Trust submitted the following response for review: 1. The department has agreed the protocol that all Gynae and Obstetric clinics will have a named Consultant present, and this will be indicated clearly in the clinic schedule. When a consultant is on leave and no cover has been arranged the list will be cancelled. 2. The Trust will monitor and provide evidence of clinic schedules and discuss at regular local faculty group meetings with junior doctors | Please confirm that when the regular consultant is on leave the covering consultant will be in clinic with the trainee. In addition to the evidence mentioned, please provide evidence that every clinic where a trainee is present there is consultant cover. Please submit this evidence by 24 September 2021. |
| Requirement Reference number | Review Findings | Required Action, timeline, evidence |
| OG1.4b | The review panel heard that the designated on-call consultants for labour ward were not always present as they were often called away for other commitments. | The Trust should ensure that consultants designated to labour ward on-call shifts do not have additional clinical commitments during these shifts and that the consultants are present and available on the ward. |
| Requirement Reference number | Progress on immediate actions | Required Action, timeline, evidence |
| OG1.4b | 1. Clinical Leadership Triumvirate (Div Chair/ Div Dir and Midwifery Lead) to send communication to all consultants not to organise any overlapping clinical activity when on call on LW. Consultants are required to be available in the LW or immediate vicinity during their on-call period, as per Trust guidance or arrange appropriate direct cover for unavoidable absences. 2. Evidence will be provided via job plans, consultant rota and WR registers. This will be discussed at regular LFGs. Exception reports / Datix to be completed if and when due to unavoidable clinical | Please provide evidence demonstrating that this requirement has been met. We would also like to see a back-up plan for alternative consultant cover of the labour ward in the event a covering consultant is called away to an 'unavoidable' emergency. Please submit this evidence by 24 September 2021. |

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| | emergency consultants on-call on LW are called to support such clinical emergency | |
| Requirement Reference number | Review Findings | Required Action, timeline, evidence |
| OG1.4c | The review panel heard that the designated on-call consultants for the gynaecology ward were not always accessible to trainees as they were allocated to clinics and theatre lists. | The Trust should ensure that consultants designated to the gynaecology ward on-call shifts do not have additional clinical commitments during these shifts and are available for trainee supervision and escalation of concerns. |
| Requirement Reference number | Progress on immediate actions | Required Action, timeline, evidence |
| OG1.4c | <p>1. Clinical Leadership Triumvirate (Div Chair/ Div Dir and Midwifery Lead) to send communication to all consultants not to organise any overlapping clinical activity when on call for Gynaecology. Consultants are required to be available in the Acute Gynaecology Unit or immediate vicinity during their on-call period, as per Trust guidance or arrange appropriate direct cover for unavoidable absences.</p> <p>2. Ops team to ensure that all other clinical activities for consultants on-call for Gynaecology is cancelled or rescheduled. The Care group will be prioritised for job plan support from the Trust – HR Manager Claire Low</p> | <p>We require immediate confirmation that on-call gynaecology consultants do not have any competing duties whilst covering acute gynaecology.</p> <p>Please submit this evidence by 24 September 2021.</p> |
| Requirement Reference number | Review Findings | Required Action, timeline, evidence |
| Yes, please see OG1.1 | The review panel heard that there was a lack of consistency in the timing of handovers. It was also reported that there was frequently no consultant present for gynaecology ward handovers. | The Trust should ensure that all handovers are held at a designated and consistent time and must be consultant led. |
| Requirement Reference number | Progress on immediate actions | Required Action, timeline, evidence |
| Yes, please see OG1.1 | <p>1. The LW handover has been adjusted to start at 08:00am every day to allow multidisciplinary handover in obstetrics. Consultant led Gynaecology handover time has now been agreed to start at 09:00am on Keate ward.</p> <p>2. Evidence will be collated via Ops management team to audit attendance sign in sheets at Handover. This will be discussed and documented in the regular LFGs</p> <p>A summary of these requirements will be emailed to all junior doctors in the department, along with a clear escalation policy detailing who to contact at the time if there is any deviation from these agreed actions (starting with service management team, escalating to college tutor, care</p> | <p>Please provide evidence confirming that communications detailing the expectation of handovers has been sent to all relevant consultants, junior doctors and other members of the multi-disciplinary team. This should include escalation when there is deviation from this practice.</p> <p>Follow-up evidence is required to demonstrate that this practice of handovers is being adhered to.</p> <p>Please submit this evidence by 24 September 2021.</p> |

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| | group leads for obstetrics or gynaecology, clinical director, ADME, or DME if required). The junior doctors will also be requested to record the incident via DATIX reporting system to ensure such events are appropriately recorded and investigated | |
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| 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. | | |
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| Requirement Reference number | Review Findings | Required Action, timeline, evidence |
| OG1.2a | It was reported that learners had witnessed multiple instances of bullying and undermining behaviour from some consultants. The review panel was informed that learners believed colleagues were more likely to experience bullying and undermining behaviour if they were female or from a Black, Asian and minority ethnic (BAME) background. | <p>Please provide evidence that bullying and undermining behaviour is being addressed within the O&G team, for example through training, workshops or discussion forums.</p> <p>Please also provide feedback from junior doctors on this topic, via Local Faculty Group (LFGs) meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 December 2021, in line with HEE's action plan timeline.</p> |
| OG1.2b | It was reported that the Cardiotocography (CTG) meetings did not offer a psychologically safe environment for learners. It was noted that learners perceived a blame culture within the meetings and did not find it a good learning environment in its current form. | <p>Please provide evidence that the culture of these meetings is being addressed to ensure a more psychologically safe and supportive learning environment.</p> <p>Please also provide feedback from junior doctors on this topic, via LFGs meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 December 2021, in line with HEE's action plan timeline.</p> |
| OG2.2a | It was reported that junior doctors were reluctant to raise concerns within the department due to fears about the potential impact on their careers. | <p>The Trust should ensure that junior doctors have access to a wide range of mechanisms to raise concerns and provide feedback. Improvements should be made to empower junior doctors to feel more comfortable with raising concerns.</p> <p>Please provide evidence that feedback mechanisms are in place and that this issue is being addressed, for example through training, workshops or discussion forums.</p> <p>Please also provide feedback from junior doctors on this topic, via LFG meeting minutes or other evidence.</p> <p>Please submit this evidence by 1</p> |

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| | | December 2021, in line with HEE's action plan timeline. |
| OG2.2b | The review panel heard that the LFG meetings were not as effective as they had been prior to changes in delivery due to the COVID-19 pandemic. | <p>The Trust should ensure that there are regular LFG meetings which are distinct from other meetings. The LFG meetings should include a trainee representative.</p> <p>Please provide evidence that these meetings are taking place with consistent engagement from the consultant body and junior doctor representatives.</p> <p>Please submit this evidence by 1 December 2021, in line with HEE's action plan timeline.</p> |
| OG3.4 | The review panel was informed that new junior doctors were not fully inducted and adequately supported when they first started working in the department. It was noted that this caused issues for the junior doctors as they were not equipped to meet the expectations of the department. | <p>Please provide evidence that all new starters to the department receive a thorough induction prior to starting clinical activity.</p> <p>Please also provide feedback from junior doctors on this topic, via LFG meeting minutes or other evidence.</p> <p>Please submit this evidence by 1 December 2021, in line with HEE's action plan timeline.</p> |

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 | |
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| Related Domain(s) & Standard(s) | Recommendation |
| N/A | 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) |
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| Medical Education | The review panel was pleased to hear that learning opportunities were shared between locally employed doctors and trainees. | 5 |
| Medical Education | Learners reported that they had access to a wide range of good learning opportunities within the department. | 5 |
| Medical Education | The review panel was pleased to hear positive feedback from the consultant body about the efforts of the College Tutor (CT) and noted that the engagement of the CT was encouraging. | 3 |
| Midwifery, Simulation | The review panel was pleased to hear that midwifery learners had access to a wide range of multi-professional learning opportunities, including simulation training. | 1 |

HEE Quality Standards and Domains for Quality Reviews

| Domain 1 - Learning environment and culture | | |
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| <p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p> <p>1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.</p> <p>1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence-based practice (EBP) and research and innovation (R&I).</p> <p>1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.</p> <p>1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.</p> <p>1.6. The learning environment promotes interprofessional learning opportunities.</p> | | |
| HEE Standard | HEE Quality Domain 1 - Learning Environment & Culture | Requirement Reference Number |
| 1.1 | <p>Handover</p> <p>The trainees informed the review panel that support for junior doctors and consultant attendance at ward rounds and handovers was inconsistent. Trainees and Locally Employed Doctors (LEDs) reported that the gynaecology handover was particularly informal and was usually a handover between junior doctors. Trainees and LEDs also informed the review panel that it was rare for the on-call gynaecology consultant to attend ward rounds or handovers. The review panel was informed by the LEDs that some consultants were not scheduled to start work until after the handover. Trainees informed the review panel of their concerns about the continuity of care for patients due to the lack of consistency of the gynaecology handover. The consultants advised the review panel that they were aware of these issues and the matter had been discussed at consultant meetings numerous times however a resolution had not been found. It was reported that there had been changes made to consultant job plans but this was not implemented due to the COVID-19 pandemic. The consultants noted that there were a number of areas that they wanted to improve, and that they were working cohesively to address these.</p> <p>Trainees informed the review panel that changes were being implemented by the department to address issues with the handover on labour ward. The trainees confirmed that the majority of the time the labour ward handovers were consultant led. The LEDs also informed the panel that often when obstetric consultants were late to handover there was an expectation for the night staff to wait and conduct another handover when the consultants arrived. The trainees and LEDs reported that at the time of the review the obstetric labour ward handover was held separately to the anaesthetics and midwifery handovers. It was also reported that the handovers often did not start on time and did not include an opportunity for team members to introduce themselves, which trainees noted they would have found useful. The review panel was informed that the different handovers were going to be aligned as part of the changes being implemented.</p> <p>The trainees also noted that there was no designated space for labour ward handovers, which meant that there were often other discussions or work being done by colleagues in the same room while handover was in progress. The review panel was informed by the consultant representatives that the Trust was aware of this issue and was looking into solutions.</p> | <p>Yes, please see OG1.1</p> <p>Yes, please see OG1.1</p> |

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| | The trainees also informed the review panel that the ward round for labour ward lacked multi-professional input as the midwifery and anaesthetics representatives were often unavailable. | |
| 1.1 | <p>Serious incidents and professional duty of candour</p> <p>Trust management representatives informed the review panel that they were confident in the safety and outcomes of the service but acknowledged that the feedback from the junior doctors would help to improve this further.</p> | |
| 1.2 | <p>Bullying and undermining</p> <p>The review panel was informed by the junior doctors that there was a division within the consultant body and that there were cliques within the department which had an effect on all of the professional groups. It was also noted that the junior doctors believed there was an issue with unprofessional communication across the department. Trust Executive representatives advised the review panel that the Trust had been aware of some of the tensions within the consultant body, however, they were not aware of all the issues mentioned in the letter to the RCOG. The Trust Executive representatives informed the review panel that they were grateful for the feedback from the junior doctors and welcomed the opportunity to make improvements.</p> <p>Trainees and LEDs reported that they had both experienced and witnessed bullying and undermining behaviours from some consultants. Several trainees informed the review panel that they had witnessed colleagues being undermined publicly and with no clear learning outcomes. Some trainees noted that they were apprehensive about working with some consultants as they felt that any problems with their work would not be fed back in an appropriate manner. Trainees also reported that some consultants had raised their voices to colleagues in clinical and public areas and that they had witnessed some consultants communicating inappropriately with each other. The LEDs reported that they had witnessed some consultants undermining other professionals and found that some consultants would repeatedly question colleagues' practice which caused people to feel uncomfortable. Some of the junior doctors believed that this culture of inappropriate communication and behaviour had been known to the department for a long time, but the LEDs were not clear why it had not been addressed. It was noted that some instances of poor behaviour had been addressed by the Trust, but this was not always the case.</p> <p>Some trainees and LEDs reported that they had witnessed undermining behaviour from midwives and believed that this was more of an issue for the more junior doctors. Some LEDs reported that they believed the relationship between the midwifery team and the consultants was more strained than what they had experienced at other organisations. It was reported that junior doctors had witnessed undermining behaviour from midwives towards the consultants and that there had been arguments between them in front of patients. However, the practice education leads for midwifery reported that the relationship with the medical team was good and that the consultants were approachable, which empowered midwives to have open discussions with the obstetricians where there were disagreements around treatment plans.</p> <p>Several LEDs reported that they felt their job was at risk if they made a mistake due to the perceived blame culture within the department. The review panel was also informed that some junior doctors felt as though some people were singled out and they had observed that colleagues were more likely to experience bullying and undermining behaviours if they were female or from a Black, Asian and minority ethnic (BAME) background.</p> | Yes, please see OG1.2a |

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| | <p>However, some trainees noted that inappropriate behaviour was not exhibited by all consultants and midwives, it was reported that they had observed some excellent examples of leadership from some of the consultants and that they enjoyed working with most of the midwives. Some LEDs also reported that the Acute Gynaecology Unit (AGU) had a cohesive team which worked well together. The LEDs reported that there were many consultants who they would consider good role models but there were also a number they believed did not demonstrate good role modelling behaviour.</p> <p>Some of the practice education leads for midwifery advised that they had not witnessed any inappropriate communication. However, others advised that some consultants had communicated to junior doctors in a way that had made the junior doctors uncomfortable due to both their wording and tone. The review panel was informed that colleagues who were not familiar with the personalities of certain consultants may have found their approach uncomfortable but that the more experienced members of the team had become used to the way each of the consultants conducted themselves and had learned not to take this personally. The practice education leads for midwifery advised that there had not been any reports of inappropriate communication from seniors towards the midwifery students.</p> <p>It was reported that the junior doctors found the Cardiotocography (CTG) meetings to be a difficult learning environment and found that feedback was not provided appropriately. It was also noted that improvements to practices or processes were suggested in these meetings, but the junior doctors had not seen these improvements implemented. The LEDs reported that these meetings had been very well run in 2019 but that junior doctors no longer wanted to attend the meetings as they felt blamed and belittled when they did attend. Trainees felt that the lack of a psychologically safe environment at the CTG meetings posed a potential patient safety risk as the environment was not conducive to learning from mistakes.</p> <p>The review panel was informed that the CTG meetings involved discussion of cases which were anonymised so that the professionals involved could not be identified. The practice education leads for midwifery acknowledged that there had been several changes to the CTG meetings and that it was quite intense at times. It was reported that sometimes there were disagreements between consultants about management approaches. The practice education leads for midwifery advised that the meetings were a valuable tool and that cases were discussed in a non-judgemental manner with consideration of the impact of hindsight, however it was acknowledged that the dynamic of the meeting had changed in the months prior to the review. The practice education leads for midwifery reported that when there were disagreements within the multi-professional team in these meetings there was a helpful discussion and a collaborative approach to identifying solutions. It was also noted that some midwives had not been able to attend these meetings consistently due to staff shortages.</p> <p>The consultant representatives reported that they were aware that the atmosphere at the CTG meetings was sometimes challenging and that robust discussions took place. It was noted that the Trust did things differently to others in terms of CTG interpretation and subsequent management, and that trainees might have noticed the difference to what they may have experienced previously. It was not clarified what these differences were. The consultants reported that it was not the intention of the meetings to encourage a blame culture. The consultant representatives acknowledged that heated</p> | <p>Yes, please see OG1.2b</p> |
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| | conversations between consultants had made trainees uncomfortable but that there had been discussions amongst the consultant body and efforts had been made to improve the atmosphere. | |
| 1.3 | <p>Quality Improvement</p> <p>Trainees reported that they felt that the department was very slow to make changes. It was noted that there was often agreement to make changes, particularly during risk meetings, however the trainees were not aware of these changes being carried out. The trainees reported that there was little senior support for quality improvement projects.</p> | |
| 1.4 | <p>Appropriate levels of Clinical Supervision</p> <p>Some trainees reported that levels of consultant supervision had been less than what they had experienced in other hospitals they had worked in. Trainees also noted that there were fewer opportunities for bedside teaching due to of the reduced consultant presence. The review panel was informed that trainees had experienced interactions with consultants who appeared uninterested in training. The trainees reported that the Trust offered several specialised clinics which had the potential to provide great learning experiences, however the variability of consultant presence at clinics had reduced the learning opportunities available. Trainees informed the review panel that clinics were not cancelled when consultants were on leave.</p> <p>The trainees noted that some consultants would arrive late to clinics and that the clinics would often overrun. It was reported that this had a knock-on effect on the clinical activity for the rest of the day and trainees reported that they had missed learning opportunities as a result. The review panel was informed that the consultant for the antenatal clinic on Thursday morning did not arrive until 10:30-11:00 due to conflicting clinical commitments which often overran. The consultant representatives acknowledged that there had been issues with this clinic, and it was noted that there was an ultrasound scanning clinic prior to this clinic. The consultant representatives advised that one of the factors contributing to the clinic overrunning was that the patients would often insist on seeing the same consultant every time due to the complex or high-risk nature of their cases.</p> <p>Some trainees informed the review panel that they had been supported well when working on the labour ward. The practice education leads for midwifery advised that consultants were not always available on labour ward as they were sometimes called to different commitments. It was acknowledged that this had reduced the amount of ward-based teaching the consultants did in comparison to what had been offered previously. The practice education leads for midwifery clarified that they did not believe there was an issue with patient safety as the escalation pathways were clear and midwives were able to call the consultants if they were needed, however it was noted that this may have contributed to the junior doctors feeling less supported.</p> <p>Some trainees told the review panel that it was often difficult to get support when there were complications with acute gynaecology patients. The LEDs informed the review panel that the gynaecology on-call consultants were available for advice but did not attend handover or ward rounds often. Some LEDs reported that whilst handover did need improving, they felt well supported by the on-call consultants and did not feel this had impacted on patient safety. However, other LEDs reported that there had been instances where the on-call consultant had been unavailable when they were needed as they were off-site or operating for an elective surgery list. The LEDs informed the review panel that they had escalated these concerns but did not think that</p> | <p>Yes, please see OG1.4a</p> <p>Yes, please see OG1.4b</p> <p>Yes, please see OG1.4c</p> |

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| | <p>the department leaders had acted on them. The trainees also reported that lack of consultant presence in gynaecology oncology clinics had caused issues.</p> <p>Some trainees reported that there was little consultant presence on the post operative gynaecology ward. Trainees reported that they were concerned about the continuity of care for these patients as they were often seen by a number of different junior doctors.</p> | |
| 1.6 | <p>Multi-professional learning</p> <p>The practice education leads for midwifery informed the review panel that they often received good feedback from the midwifery students, even where the learners had been in difficult situations. It was noted that the supervisors and facilitators believed the department offered a supportive learning environment for the midwifery learners and offered access to excellent learning opportunities. The review team was also informed that the communication in the education team was good for midwifery learners.</p> <p>Some of the practice education leads for midwifery also reported that the multi-disciplinary team worked very well compared to other trusts they had experienced. The review panel was advised that the practice education leads for midwifery believed that there was very little hierarchy in the department and that there had been a lot of work to ensure this was the case. It was noted that they believed the culture was progressive and educational. This was supported by the undergraduate midwifery learners who also reported that the culture did not feel hierarchical and that they had felt comfortable with raising concerns to consultants.</p> <p>The practice education leads for midwifery informed the review panel that prior to the COVID-19 pandemic multi-professional simulation training was well established. It was confirmed that there had been some simulation sessions on the midwifery-led unit which involved a wide range of professionals. It was reported that the debriefing aspect of these sessions had been good and enabled everyone to share their opinions and comments.</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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| 2.1 | <p>Impact of service design on users</p> <p>Both junior doctors and student midwives reported that there had been significant staff shortages across the different professional groups. The trainees reported that this had impacted negatively on their experience and ability to access support, particularly for specialised clinics. Trainees informed the review panel that staff shortages had a knock-on effect on all junior</p> | |

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| | <p>doctors. The review panel was informed that there were significant gaps on the junior doctor rota which were further exacerbated by lack of maternity leave cover. It was reported that the staffing shortages had caused demotivation amongst the staff.</p> <p>The trainees informed the review panel that they believed the antenatal clinic on Thursdays ran very differently than they expected, based on their experience at other trusts. The trainees noted that the clinics were overbooked due to a large number of follow-up appointments which contributed to clinics overrunning. Trainees felt that there was not enough support for specialised clinics which also caused them to run late. Trainees reported that this often resulted in them being late to theatre in the afternoon.</p> <p>It was reported that there was not a consistent process for midwives to raise concerns to the consultants. Trainees informed the review panel that sometimes midwives would raise concerns to the consultant directly and other times they would raise concerns via the coordinators. It was noted that this was dependant on the relationship between the consultants and midwives involved and the experience level of the midwife. The LEDs reported that when concerns were escalated to the midwifery coordinators the process worked well. The practice education leads for midwifery confirmed that they felt comfortable approaching the obstetric team with any questions or concerns they had.</p> | |
| 2.2 | <p>Appropriate systems for raising concerns about education and training</p> <p>The practice education leads for midwifery and the consultant representatives informed the review panel that the feedback which prompted the review had not been anticipated and took them by surprise. The consultants advised the review panel that they were very concerned that the junior doctors did not feel able to approach them with the issues raised in the letter to the RCOG. Some of the consultants noted that they did not feel able to respond in detail to the issues raised as they had not had access to the feedback included in the letter. The review panel clarified that the Chief Medical Officer at the Trust had received the letter from the RCOG. The consultants explained that there was a difference in the perception of the consultants and the perception of the junior doctors which they needed to address and agreed that work was needed to strengthen the pathways for raising concerns.</p> <p>The consultant representatives commended the efforts of the College Tutor (CT) to support the junior doctors, particularly for trainees in difficulty. The junior doctors discussed that they felt comfortable raising issues with the CT, however they did not feel the CT was able to help with issues involving individuals' inappropriate behaviour. It was also advised that junior doctors had raised issues repeatedly but that no action had been taken to resolve the issues raised, as such some of the junior doctors reported losing confidence in the process. The review panel was also informed that some junior doctors were worried about a potential impact on their future career when raising concerns. The LEDs reported that they felt safe to raise concerns to some consultants but not all.</p> <p>The consultant representatives confirmed to the review panel that local faculty group meetings (LFGs) were taking place as part of the consultant meetings which were being held virtually. It was acknowledged that this format was not as effective as it had been previously and that the meeting would benefit from being a formalised, separate meeting. The review panel advised that there should be trainee representatives involved in the LFGs which would provide a method for the junior doctors to feedback to the consultants.</p> | <p>Yes, please see OG2.2a</p> <p>Yes, please see OG2.2b</p> |

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| | The undergraduate midwifery learners reported that they were well supported and that the clinical placement supervisors and practice educators were particularly supportive. | |
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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 |
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| 3.1 | Learners being asked to work above their level of competence, confidence and experience Trainees informed the review panel that the expectations of trainees varied in some clinics, and they found this confusing. Some trainees felt they were only encouraged to work autonomously and make clinical decisions when it suited the department - for example when clinics were running late - when previously they had been told they were not competent enough to manage these cases. | |
| 3.4 | Induction (organisational and placement) Trainees reported that they felt that some junior doctors were singled out because they were new and had not been fully supported and trained during the induction period and therefore were not meeting expectations. | Yes, please see OG3.4 |
| 3.1 | Access to resources to support learners' health and wellbeing and to educational and pastoral support The practice education leads for midwifery advised the review panel that the department had started running midwife-led debriefing sessions for cases which had been high risk or those which had negative outcomes. It was noted that these sessions had been very supportive and enabled a safe space for emotional impact to be acknowledged and for support to be offered. | |

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 |
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| | Domain not discussed during the review. | |

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 | <p>Placements must enable learners to meet their required learning outcomes</p> <p>Trainees reported that overall, their experience had been satisfactory. Trainees and LEDs noted that they believed that the department had a lot of potential for good quality training. However, some trainees reported that whilst their experience had been useful, they described it as being unpleasant. Some trainees reported that they believed less experienced trainees had a more difficult experience compared with senior trainees.</p> <p>Some trainees reported that they had managed to achieve all their competencies and Advanced Training Skills Modules (ATSMs) with great support from the majority of consultants. However, other trainees reported that there had been variability in achieving their ATSMs and noted that it was dependent on the consultant that the trainee had been assigned to.</p> <p>It was reported that there had not been any teaching sessions for several months as activities had increased post-COVID-19 pandemic. Trainees also reported that whilst there had not been any regional teaching recently, they were released to attend when it was available. Trainees reported that when teaching sessions were scheduled it was difficult for them to attend due to clinics overrunning.</p> | |
| 5.1 | <p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>The trainees reported that the COVID-19 pandemic had affected the learning opportunities available.</p> <p>The trainees informed the review panel that they were very satisfied with the two-month block of gynaecology work and found it to be very useful.</p> <p>Trainees reported that the relationship between trainees and LEDs was good and that the LEDs were very good at supervising and teaching the more junior trainees. Trainees also noted that learning opportunities were equally accessible for both groups and that the balance between the groups was good.</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> | | |
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| HEE Standard | HEE Quality Domain 6 – Developing a sustainable workforce | Requirement Reference Number |
| 6.1 | <p>Retention and attrition of learners</p> <p>Trainees reported that they had high expectations when starting in their posts but were disappointed with their experience.</p> <p>Some LEDs informed the review panel that they would recommend the post, in particular working on the AGU, to their colleagues.</p> <p>The undergraduate midwifery learners reported that they would recommend the post to colleagues as their experience had been good.</p> | |
| 6.4 | <p>Support for students making the transition from their education programme to employment</p> <p>The practice education leads for midwifery informed the review panel that the midwifery students placed at the Trust often applied for roles within the Trust once they had finished their studies.</p> | |

Report sign off

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| Quality Review Report completed by (name(s) / role(s)): | Rebecca Bennett Learning Environment Quality Coordinator |
| Review Lead name and signature: | Geeta Menon, Postgraduate Dean, South London, Health Education England |
| Date signed: | 5 November 2021 |

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| HEE authorised signature: | Geeta Menon |
| Date signed: | 5 November 2021 |

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| Date final report submitted to organisation: | 8 November 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