

HEE Quality Interventions Review Report

**Homerton University Hospital NHS Foundation Trust
(Homerton University Hospital)**

Obstetrics and gynaecology and midwifery

Multi-professional (Learner and Educator) Review



London – North East London

Date of review: 27 October 2021

Date report issued to Trust: 17 December 2021

Review Overview

Background to the review:	<p>Following previous conversations with the Trust about concerns in the obstetrics and gynaecology department, Health Education England received feedback from 15 trainees in the obstetrics and gynaecology department via a survey which cited serious concerns around bullying and undermining behaviour and workload pressures. Trainees completing the survey mentioned relationships with midwives as a concern. Upon reviewing the National Education and Training Survey results from November 2020, and experiences of midwives in training, it was decided midwifery learners should be included in the review.</p>
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	<p>Obstetrics and Gynaecology and midwifery</p>
Who we met with:	<p> Director of Medical Education Medical Education Manager Head of Medical Education Deputy Head of Midwifery (interim) Guardian of Safe Working Hours Associate Medical Director SWSH (Obstetrics and Gynaecology) College Tutor for O&G Head of Nursing and Midwifery Education Medical Director Chief Nurse Head of Education Training and Development Director of Midwifery </p> <p> GP VTS Trainees in Obstetrics and Gynaecology Foundation Trainees in Obstetrics and Gynaecology Specialty Level 1-7 Trainees in Obstetrics and Gynaecology Midwifery (1-3 Year) Learners Educational and Clinical Supervisors for Obstetrics and Gynaecology Midwifery Educators </p>

Evidence utilised:	Guardian of Safe Working Hours Report Trust Exception Report Trust Serious Incident Report Trust Greatix Report General Practice Vocational Training Scheme (GPVTS) Local Faculty Group Minutes Obstetrics and Gynaecology Local Faculty Group Minutes Homerton Obstetrics and Gynaecology Workshop Report Obstetrics and Gynaecology Internal Action Plan Responses
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Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Rachel Roberts Deputy Dean for Homerton University Hospital NHS Foundation Trust Health Education England (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	Munir Ali-Zubair General Practice Associate Dean (Hackney & UCH) Health Education England (London)
Specialty Expert	Anna McGuinness Head of Clinical Education Transformation Health Education England (London)
External Specialty Expert (as appropriate)	Claire Homeyard Consultant Midwife
Lay Representative	Sarah-Jane Pluckrose
Learner Representative	Simran Bansal
HEE Quality Representative(s)	Chloe Snowdon Learning Environment Quality Coordinator Health Education England (North East London) Ummama Sheikh Quality, Patient Safety & Commissioning Officer Health Education England (London) Ed Praeger Deputy Quality, Patient Safety and Commissioning Manager Health Education England (London)
HEE Representative	Paul Smollen Deputy Head of Quality, Patient Safety and Commissioning Health Education England (London)

Executive summary

Following previous conversations with the Trust about concerns in the obstetrics and gynaecology department, Health Education England received feedback from 15 trainees in the obstetrics and gynaecology department via a survey which cited serious concerns around bullying and undermining behaviour and workload pressures. Trainees completing the survey mentioned relationships with midwives as a concern. Upon reviewing the National Education and Training Survey results from November 2020, and experiences of midwives in training, it was decided midwifery learners should be included in the review.

The review team met with GP VTS, foundation, Specialty Training, and midwifery learners working within the obstetrics and gynaecology department, clinical and educational supervisors in obstetrics and gynaecology, Midwifery educators and representatives from the department, hospital, and Trust management team. The review team also received further feedback from trainees working within the obstetrics and gynaecology department in addition to concerns heard during the review which has been included in this report.

The review team heard of a perceived feeling of pressure for trainees to clear the labour ward board before the end of a night shift, due to anxiety about the handover procedure, which had on occasion, caused high amounts of stress for the trainees. The review team heard there was a perceived concern about the manner in which some (but not all) handover meetings were conducted, which felt at times intimidating to trainees. A number of trainees indicated that this had led, on occasions, to early instrumental and operative deliveries in order to avoid scrutiny of the ongoing management of these patients at the handover meeting.

The review team heard that the handover within the obstetrics and gynaecology department was described as having the potential to be a 'toxic environment', with trainees perceiving that they were receiving bullying, undermining, and belittling behaviour from some consultants and Trust Grade doctors.

The majority of trainees and learners that the review team met with did not feel that the Freedom to Speak Up Guardian was sufficiently well signposted and would not have considered them as an escalation pathway for raising concerns.

The review team heard that midwifery learners sometimes felt that they were unable to raise concerns due to potential recrimination and having a potential negative effect on progression within the role.

Following the review, the Trust was issued with an Initial Feedback Form (IFF) outlining serious concerns, areas for improvement and areas that are working well. The Trust was issued with a number of actions, detailed in this report.

Review findings

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

Mandatory requirements

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

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

Immediate Mandatory Requirements Completion of immediate requirements will be recorded below. Subsequent action to embed and sustain any changes may be required and should also be entered below with relevant timescales		
Requirement Reference number	Review Findings	Required Action, timeline, evidence
	None	
Requirement Reference number	Progress on immediate actions	Required Action, timeline, evidence
	N/A	

Mandatory Requirements The Quality Review Panel will consider which individual or collective findings from the intervention will be added to the Quality Reporting Register, determining the relevant risk score, ISF rating and reflecting the accepted QRR narrative conventions.		
Requirement Reference number	Review Findings	Required Action, timeline, evidence
OGM1.1a	The Specialty Trainees (STs) indicated to the review team that they often felt pressured to clear the labour board before the morning handover due to anxiety of the handover meeting itself. The STs indicated to the review team that this had led, on occasion, to early instrumental and operative deliveries in order to avoid scrutiny of the ongoing management of these patients at handover.	Trust to ensure that the handover meeting is a safe, professional, and educational space for the handing over of patients. Trust is to provide an action plan detailing steps to be taken in achieving this and feedback from trainees highlighting successful changes made. The deadline for this action is 01 March 2022.
OGM1.1b	When asked about their workload in post, the GP VTS and foundation trainees indicated that although the majority of rostered days would allow them to leave on time, they sometimes found themselves working an extra hour past their scheduled finish time whilst on the gynaecology ward and post-natal wards.	Trust to ensure that trainees are not working beyond their rostered hours. Trust to ensure that all trainees working beyond rostered hours complete an exception report. Trust to provide trainee feedback indicating that measures have been taken to reduce trainees working beyond rostered hours as well as signposting of the exception reporting process.

		The deadline for this action is 01 March 2022.
OGM1.6	When asked by the review team if they had had opportunities for multi professional learning, a number of midwifery learners indicated that they did not feel that they received enough training from the doctors within the department and that they could often feel that the doctors were too busy to answer questions that they might have.	<p>Trust to ensure that all learners within the midwifery team receive adequate, balanced, and signposted access to multi professional learning opportunities.</p> <p>Trust to review the multi professional learning opportunities within the department and provide an action plan detailing steps taken to increase these opportunities.</p> <p>The deadline for this action is 01 March 2022.</p>
OGM3.1a	When asked if they were aware of the Freedom to Speak Up Guardian (FTSUG), their role, as well as any other forums or feedback tools available to them to raise concerns, the GP VTS and foundation trainees all indicated that they were not aware of these escalation pathways.	<p>Trust to review its Trust and departmental inductions to ensure that suitable information in how to access and escalate concerns through the Freedom to Speak Up Guardian is provided to all trainees and learners.</p> <p>Trust to provide an action plan detailing planned steps to increase awareness of escalation pathways available to trainees and learners within the Trust.</p> <p>The deadline for this action is 01 March 2022.</p>
OGM3.4a	Several trainees indicated to the review panel that they had not received an induction to the post-natal ward before starting their first shift and felt that this could be improved. Several trainees indicated that they had been given the opportunity to shadow on the wards, but that this was not part of the induction process.	<p>Trust to ensure that all trainees have received an appropriate induction into their areas of working, before starting shift within those areas.</p> <p>Trust to provide evidence of trainees receiving an induction to their area of work before starting shift.</p> <p>The deadline for this action is 01 March 2022.</p>
OGM3.4b	When the review team talked to the midwifery learners about their induction, a number stated that that they felt the induction they had received to be rushed and highlighted the benefit of potentially including further information about a number of the areas of which they would be working throughout their placement. Other midwifery learners indicated to the review team that they had received a two-day induction, split between face-to-face meetings and MS Teams that they felt to be an excellent induction. They also highlighted that they had received an induction observation week in which they were able to observe on both the delivery suite and the post-natal ward.	<p>Trust is to ensure that all midwifery learners receive a balanced and robust induction when starting in post.</p> <p>Trust is to review the induction process and provide an action plan highlighting steps to be taken in ensuring a balanced and robust induction is provided to all learners.</p> <p>The deadline for this action is 01 March 2022.</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	
Related Domain(s) & Standard(s)	Recommendation
OGM3.1b	The Trust is recommended to review the policies on rest for junior doctors when on call, and to ensure that rest facilities allow dignity and comfort.

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)
	N/A	

HEE Quality Standards and Domains for Quality Reviews

Domain 1 - Learning environment and culture		
<p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p> <p>1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.</p> <p>1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence-based practice (EBP) and research and innovation (R&I).</p> <p>1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.</p> <p>1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.</p> <p>1.6. The learning environment promotes interprofessional learning opportunities.</p>		
HEE Standard	HEE Quality Domain 1 - Learning Environment & Culture	Requirement Reference Number
1.1	<p>Handover</p> <p>The review team heard from a number of General Practice (GP) Vocational Training Scheme (VTS) and foundation trainees that the morning handover was a large meeting of approximately 20 people, including from a multidisciplinary team (MDT) (which incorporated Midwives, the Anaesthetic team, the Gynaecological team, and Obstetric team) perspective, and that due to time constraints, the meeting could place pressure on people within it.</p> <p>The Specialty Trainees (STs) indicated to the review team that they often felt pressured to clear the labour board before the morning handover due to anxiety of the handover meeting itself. The STs indicated to the review team that this had led, on occasion, to early instrumental and operative deliveries in order to avoid scrutiny of the ongoing management of these patients at handover.</p> <p>The STs explained to the review team that the handover would be conducted by the Midwife Coordinator from the night shift with consultants, Trust Grade doctors and the MDT present as well.</p> <p>The STs further explained to the review team that, on occasions, they had been caught up in disagreements between consultants, where the consultants at handover had questioned the trainees about clinical decisions made by other consultants.</p> <p>When asked about the morning handover, the obstetrics and gynaecology (O&G) Education Supervisors (ESs) and Clinical Supervisors (CSs) explained that the meeting was run by the Midwife Coordinator from nights with support provided by the labour ward matron. The O&G ESs and CSs explained that they made use of the huddle model within the handover, where safety concerns were discussed, and the day's activities planned.</p> <p>The O&G ESs and CSs were asked by the review team if they felt that the trainees were under any pressure to clear the labour board before the handover. The O&G ESs and CSs expressed shock to trainees potentially feeling pressured to clear the board before the handover meeting and highlighted that they did not feel that they had put any trainees under pressure to perform operations in order to clear the board ahead of the handover.</p> <p>The O&G ESs and CSs indicated to the review team that they were starting an end of placement feedback process where feedback will be given by both the trainees and consultants in an anonymous manner to try and tackle issues relating to culture within the department.</p>	OGM1.1a

1.1	<p>Serious incidents and professional duty of candour</p> <p>When asked about the number of Serious Incidents (SI) that were currently recorded for the department, the Trust indicated that they felt that the 11 SI's currently recorded were on par with other organisations in the region and that all SI's were shared and discussed at board meetings within the Trust.</p>	
1.1	<p>Workload</p> <p>When asked about their workload in post, the GP VTS and foundation trainees indicated that although the majority of rostered days would allow them to leave on time, they sometimes found themselves working an extra hour past their scheduled finish time whilst on the gynaecology ward and post-natal wards. The GP VTS and foundation trainees indicated to the review team that their finish time should be better signposted to ensure that they did not stay past their rostered hours.</p>	OGM1.1b
1.2	<p>Bullying and undermining</p> <p>When the review team met with the GP VTS and foundation trainees, the GP VTS and foundation trainees highlighted that they had witnessed staff acting "frosty" towards each other at the morning handover but that this was more of a general "frostsiness" rather than targeted and did not in their eyes constitute bullying and undermining behaviour. The GP VTS and foundation trainees did feel that it could often come across as those from the night shift needing to 'defend' their actions and decisions to the senior staff present at the handover but felt that the majority of the senior staff would do this in an educational manner rather than classifying it as bullying or undermining behaviour.</p> <p>When asked about the morning handover, the STs indicated to the review team that there had been, at times, a "toxic" element to the meeting and that there had been instances where trainees had left the meeting in tears. When asked by the review team as to the cause of the "toxic" environment within the morning handover, the STs highlighted instances where senior members of staff had "dressed down" trainees in front of other staff members, made "excessive points" about their overnight procedures and left the trainee feeling belittled. The STs highlighted an instance where the bleep was "slammed down" onto a table during the meeting.</p> <p>When further asked about the perceived cause behind the environment of the handover meeting, the STs explained that they thought that constructive criticism from the consultants and Trust grade doctors in the handover meeting would sometimes be better discussed with the trainee through a more formalised and structured feedback mechanism outside of the meeting itself. The STs also highlighted that the tone in which constructive feedback was presented, formally or informally, was important with the STs looking up to senior members of staff within the department as role models and feeling that inappropriately delivered feedback on the trainees' work could have a detrimental effect on the trainees' wellbeing. The STs indicated that the generational gap between trainees and senior members of staff in the department may have a part to play in this.</p> <p>The STs explained to the review team that the perceived inappropriate behaviour of a small number of senior staff were seen as character traits of those people and that the negative behaviour displayed was felt to have been "glossed over". The STs described these personal traits as sometimes being perceived as inappropriately humorous and sarcastic. The STs indicated that this was true for both consultants and Trust Grade doctors within the department.</p> <p>When asked by the review team whether these were isolated events, the STs explained that the majority of the time, the morning handover was a safe and a good opportunity to learn. When asked by the review team if the STs ever felt that patient safety had been compromised due to the "toxic" environment of the morning handover, a number of trainees indicated that they felt it had, at times, compromised</p>	

	<p>patient safety due to the lack of a proper patient handover due to the actions of some senior staff.</p> <p>When asked if they thought that this behaviour was taking place in any other meetings or areas of work, the STs indicated to the review team that they had witnessed staff being “dressed down” in theatres.</p> <p>When asked if they felt if there was a balance between the trainees’ wellbeing and the good training opportunities available to them, the STs indicated that they had made the decision to sacrifice their own wellbeing for the training opportunities available.</p> <p>When asked if they felt the trainees understood the expectations that the consultants in the department had on them, the O&G ESs and CSs indicated to the review team that they felt there might be a mismatch between what the consultant body expected from trainees and what the trainees expected from the consultant body. The O&G ESs and CSs felt that even though there was a general understanding as to the roles of each group in relation to the other, that the generation gap between the groups, as well as the shift in the understanding of all the roles, made for challenges that needed to be overcome.</p> <p>One of the suggested ways, put forward by the O&G ESs and CSs, to reduce the anxiety that trainees were feeling towards the morning handover meeting, was to reduce the number of senior staff at the meeting.</p> <p>When asked by the O&G ESs and CSs whether the review team had specific examples that trainees had highlighted as potential bullying and undermining instances, the review team indicated that the trainees had described the handover meeting as being “toxic” and that they had witnessed belittling behaviour in theatres.</p> <p>When asked if they felt that there was a bullying and undermining culture within the nursing team at the Homerton University Hospital, the Midwifery Educators described a positive working environment for the learners and indicated to the review team that they had not seen bullying and undermining behaviour within the department. The Midwifery Educators highlighted to the review team that if they thought that there was any bullying and undermining behaviour occurring within the department, they would look at the character or working issues initially and at how the senior team could improve/build resilience within the learner group.</p> <p>When asked about the bullying and undermining concerns raised within the department, the Trust management team described a number of actions that were currently underway to help address bullying and undermining concerns that had been raised by trainees from within the O&G department. These included trainees being sent an email from the College Tutor outlining expectations of all trainees, an email from the DME offering private one on one discussion sessions to help address concerns as well as trainees being offered Active Bystander training to aid in bullying and undermining behaviour being identified and resolved.</p> <p>The STs also informed the review team that they had received an email from an external agency that the Trust had employed to look into and address the bullying and undermining claims. The STs also highlighted an email from the Director of Medical Education (DME) that had invited any trainees with concerns to talk privately with the DME or Education Department. The STs indicated that the consultants from the department had been invited on an anti-bullying workshop to aid in the cultural issues that potentially existed in the department.</p> <p>When asked what engagement with the consultant body had occurred in relation to the bullying and undermining concerns, the Trust management team highlighted that the consultants had engaged with trainees through local faculty group (LFG) meetings and at all departmental inductions. The Trust management team further indicated that the consultants had been offered leadership courses and 360 feedback sessions as part of Trust’s plan to tackle the issues. The Trust management team highlighted to the review team that the Human Resources (HR) department within the Trust had</p>	
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	<p>been actively involved in aiding the training sessions with the consultants. When asked how the Trust management team planned to provide feedback to members of staff if a particular individual was named in any concerns, the Trust management team indicated that, although an individual was yet to be named in any concerns, that the feedback process would be managed collaboratively with the aid of the HR department.</p> <p>When the review team asked the Trust management team if it thought that the issues raised were solely isolated issues within the department, the Trust management team indicated that issues highlighted by trainees in relation to text messages or emails out of hours were singular instances and that a review of the Trust's code of conduct would help in combating these practices. The Trust management team highlighted that in relation to concerns raised around the handover meeting, the Trust needed to work on how to ensure that the questions asked by consultants were not received by trainees as enacting blame for their actions. The Trust management team also highlighted how it would be looking into reducing the number of senior staff at the meeting to ensure that the meeting did not feel threatening in any way for trainees to present at.</p>	
1.3	<p>Quality Improvement</p> <p>When asked about the sharing of good practice between departments within the Trust, the Trust management team highlighted that they undertook a monthly Medical Education Committee (attended by heads of training from across all departments), where areas of good practice could be shared and discussed. The Trust management team highlighted a recent sharing of good practice from the Simulation department to others within the Trust as an example of the system working well.</p>	
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>When asked about the level of clinical supervision that they received, the GP VTS and foundation doctors all indicated that they felt very well supported and felt that the senior team (senior STs and consultants) were readily available to them if they needed to ask a question whilst on the shop floor.</p> <p>When asked by the review team if the GP VTS and foundation trainees were being clinically taught by both the consultants and senior STs within the department, the GP VTS and foundation trainees indicated that they would mostly be taught by the senior STs but felt that this was due to spending less time with the consultants when compared to the registrars. The review team heard that the consultants were happy to provide clinical support and teaching when they were available.</p>	
1.4	<p>Appropriate levels of Educational Supervision</p> <p>The GP VTS trainees indicated to the review team that they felt that the educational experience received from consultants within the Obstetrics and Gynaecology department was excellent.</p>	
1.5	<p>Access to Library and Knowledge Services</p> <p>N/A</p>	
1.5	<p>Access to Technology enhanced and simulation-based learning</p> <p>When asked by the review team if the midwifery learners were receiving multi professional simulation experience whilst in post, the Midwifery Educators indicated that they were receiving multi professional simulation experience across a number of different areas of their work.</p>	

1.6	<p>Multi-professional learning</p> <p>When asked by the review team about the level of support that junior trainees received from the multi-disciplinary staff in the department, the GP VTS and foundation trainees indicated that they had felt supported by the nursing and midwifery staff.</p> <p>When asked by the review team if they had had opportunities for multi professional learning, a number of midwifery learners indicated that they did not feel that they received enough training from the doctors within the department and that they could often feel that the doctors were too busy to answer questions that they might have. This viewpoint was not held by the whole group that the review team met with. A number of midwifery learners indicated that they felt they had a high number of multi professional learning opportunities within the department and found the obstetric team and doctors within it happy to answer questions that they might have whilst on shift. These midwifery learners highlighted that they had started off a little intimidated by the more senior staff in the department but had found a positive and supportive experience once overcoming this initial anxiety.</p> <p>When asked by the review team as to the midwifery learners' opportunities to learn from other multi professional teams, the Midwifery Educators highlighted to the review team that the learners would work across a number of different areas including triage, the Emergency Obstetrics Unit (EBU), the post-natal ward (working days, nights, and weekends) and the Specialty Care Baby Unit (SCBU). They also indicated that learners interacted with the community-based teams from within the department.</p> <p>When asked how the Midwifery Educators would tackle any potential hesitancy in midwifery learners working with other members of staff, the Midwifery Educators indicated that they had actively encouraged the midwifery learners to talk to and learn from the obstetric team, whilst providing support to the learner to ensure that they were comfortable in doing so.</p> <p>The Midwifery Educators highlighted that midwifery learners were invited to all team meetings and MDT meetings to better understand how other teams operated, which they felt gave the learners a good role modelling experience, as well as opportunities to work with doctors in specialty clinics and simulations within the MDT team to help build upon their knowledge base.</p> <p>The Midwifery Educators highlighted to the review team that they had recently completed a student placement survey of which the findings indicated that the majority of midwifery learners felt included and part of the midwifery team and enjoyed their opportunities to be included in the MDT team huddles and Situation, Background, Assessment, Recommendation (SBAR) handovers. The Midwifery Educators indicated that there was a good MDT team and good culture within the Trust for questions to be asked by learners, with the Midwifery Educators encouraging learners to work collaboratively with the MDT team.</p> <p>The Midwifery Educators indicated to the review team that they had been working with the Midwifery Governance team to look at how to improve the unit as a whole, incorporating the human factors training day to look at improving communication within the team.</p>	OGM1.6
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Domain 2 – Educational governance and leadership		
<p>2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.</p> <p>2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.</p> <p>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.</p> <p>2.4. Education and training opportunities are based on principles of equality and diversity.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 2 – Educational Governance and Leadership	Requirement Reference Number
2.1	Effective, transparent, and clearly understood educational governance systems and processes N/A	
2.1	Impact of service design on users N/A	
2.2	Appropriate systems for raising concerns about education and training N/A	
2.2	Appropriate systems to manage learners' progression <p>When asked about access to their Practice Assessor (PA) and the ability to have competencies signed off, the midwifery learners indicated to the review team that the Trust had recently changed the system around PA's, moving from multiple PA's per learner across each of the different areas of learning, to a single PA for each learner, covering all areas of learning. The midwifery learners indicated to the review team that they felt that this was a positive change and improvement to the system, allowing learners greater access to their PA.</p> <p>When asked about the changes the Trust had made to the PA system, the Midwifery Educators highlighted that the new system allowed for a single point of reference for learners to raise educational issues, and that these issues in turn could be better identified and tackled. The Midwifery Educators also highlighted the benefit the system had on ability to track and monitor a learner's progress against the curriculum. When asked by the review team if they had had any feedback on the new system yet, the Midwifery Educators highlighted that it had only been implemented this academic year so feedback directly from learners was low, but that feedback from PAs was positive, highlighting that PA's were now receiving feedback on learners from several different supervisors.</p>	
2.4	Reasonable adjustments for learners with protected characteristics N/A	
2.5	Processes in place to inform appropriate stakeholders when learners are involved in patient safety incidents N/A	

Domain 3 – Supporting and empowering learners		
<p>3.1. Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.</p> <p>3.2. Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.</p> <p>3.3. Learners feel they are valued members of the healthcare team within which they are placed.</p> <p>3.4. Learners receive an appropriate and timely induction into the learning environment.</p> <p>3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.</p>		

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.1	Learners being asked to work above their level of competence, confidence, and experience N/A	
3.1	Regular constructive and meaningful feedback When asked about the constructive feedback that learners were able to receive, the Trust management team indicated to the review team that there were always opportunities for feedback from consultants. However, the Trust recognised that feedback during the morning handovers could be difficult, with trainees coming off night shifts wanting to finish their shift and leave the site.	
3.1	Access to resources to support learners' health and wellbeing and to educational and pastoral support The review team met with the Freedom to Speak Up Guardian (FTSUG) to discuss the Health Education England (HEE) National Education and Training Survey (NETS) results that indicated that only 20% of learners at the Trust were aware of the FTSUG and the role that they undertook. The FTSUG indicated to the review team that they had been included in the induction for all new learners to the Trust to highlight the role and the escalation pathway available in raising concerns. When asked if the FTSUG was involved in any other inductions, other than the formal Trust induction that learners received when starting at the Trust, the FTSUG indicated that they had been asked by the Nursing team at the Trust to do a further presentation at their local induction, but that this was not standard across the departments. The FTSUG described plans for the use of a National Guardian Office produced short animation that they were planning on introducing to more induction sessions within the Trust to ensure that learners were sign posted to the escalation pathway. When asked about the current promotion that the role was receiving in terms of sign posting an escalation pathway for concerns to learners, the FTSUG indicated that there were a number of posters promoting the role throughout the Trust, as well as plans to work more closely with the Trust Education Centre and making use of a Champion model to help raise awareness of the role and subsequent escalation pathway in a number of different areas and learner groups. When asked by the review team how the FTSUG would act upon concerns escalated to them by learners, the FTSUG indicated that they would encourage the use of existing pathways and relationships, including speaking to the learner's line manager, as well as including the HR department at the Trust to ensure that concerns were suitably investigated. The FTSUG highlighted that they would work with all learners to ensure that their concerns remained anonymous if required. When asked if any learners from the O&G department had raised any issues via the FTSUG over the last year, the FTSUG indicated that they had not heard of any concerns over the last couple of quarters. When asked if the current set up at the Trust would allow the FTSUG to identify hotspots of concerns, the FTSUG indicated to the review team that with their main contact points being the Executive level and Director of People, they did not feel that they would be able to identify hotspots of concerns and felt that working closer with the Education Centre would help to improve this. When asked by the review team if they felt able to raise concerns that they might have whilst in their placement, the GP VTS and foundation trainees all indicated that they would feel comfortable in raising any concerns that they had to either a registrar or the Education Department within the Trust. When asked if they were aware of the FTSUG, their role, as well as any other forums or feedback tools available to them to	OGM3.1a

	<p>raise concerns, the GP VTS and foundation trainees all indicated that they were not aware of these escalation pathways.</p> <p>When the midwifery learners were asked about their ability to raise concerns within the Trust when required, several learners indicated that they had heard of the FTSUG, and that there might be a number of posters around the Trust detailing this pathway for raising concerns but were not certain of the process.</p> <p>When asked who they would raise their concerns to, the midwifery learners indicated that, depending on the type of concern, they would approach either their supervisor, Ward Manager, or their PA. Several midwifery learners indicated to the review team that they would need to feel comfortable with the person before raising any concerns to them and that they felt a potential barrier in learners raising concerns could be feeling uncomfortable in having to approach a senior member of staff to discuss concerns.</p> <p>When asked to elaborate on the feeling of uncomfortableness in approaching senior members of staff in raising concerns, the midwifery learners indicated that they felt that there was a possibility for confrontation, recrimination or belittling of their concerns from some senior members of staff and that they found it easier to talk about any concerns that they might have in terms of teaching and learning, removing the possibility of any potential confrontation.</p> <p>When asked if they felt that the midwifery learners knew how to raise concerns that they might have, the Midwifery Educators indicated to the review team that they felt the learners could raise concerns to their supervisors, PAs or through their university. The Midwifery Educators highlighted the potential issue around learners not feeling comfortable in raising their concerns to a senior member of staff and indicated that although the team had a very positive work culture within it and felt that most learners would feel comfortable in raising concerns, the midwifery team needed to work on the culture within the department to ensure that all learners felt comfortable and were aware of the different potential escalation pathways to raise concerns.</p> <p>When asked if there had been any particular concerns raised by learners to the team, the Midwifery Educators highlighted that they had recently run an internal survey from which they had received 32 responses. Concerns relating to learner rotas and a lack of inclusiveness were highlighted, of which the midwifery team recognised and were looking at how to include learners in the actions and outcomes going forward. When asked explicitly as to why rota concerns had been raised, the Midwifery Educators explained that this centred around the winter rotas from a community perspective and was something being looked at.</p> <p>When asked about the facilities available to them by the review team, the STs highlighted that there was a single small office containing three computers which they felt was below the expected level of facilities that they should be able to access. The STs also indicated that although this was a known issue, with both consultants and management aware of their concerns, that there had, as yet, been limited improvements made.</p> <p>When asked about the rest facilities available to them, the STs indicated to the review team that they would have to sleep underneath a desk within this office. The STs also indicated that they were sometimes made to feel that they were unable to sleep or take extended periods of rest whilst on shift within the department. When this was highlighted with the O&G ESs and CSs, they indicated that although they felt that there was not a policy detailing trainees taking rest periods whilst on shift, they felt that if a trainee needed to take rest periods whilst on shift, then that would be supported. The O&G ESs and CSs highlighted that the department did not have enough space to put a full bed in for the trainees.</p> <p>When asked about lockers available for trainees, the O&G ESs and CSs indicated to the review team that the lockers on labour ward are mostly allocated to midwives and, as a result, most of the more recent trainees did not have access to lockers on the</p>	<p>OGM3.1b</p>
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	<p>labour ward and that every effort was being made to provide lockers for trainees to access.</p> <p>When asked about the facilities available to trainees and learners, the review team heard from the Trust management team that the facilities that were available to the trainees were small and cramped and had led to a feeling amongst the trainees of being undervalued. The Trust highlighted that following feedback from trainees on the facilities, that a large amount of money was being invested to help improve the general facilities, with changes also being made to the rest facilities available to trainee doctors.</p>	
3.2	Time for learners to complete their assessments as required by the curriculum or professional standards N/A	
3.3	Shadowing for medical students transitioning to foundation training N/A	
3.3	Access to study leave N/A	
3.4	<p>Induction (organisational and placement)</p> <p>When asked by the review team, the GP VTS and foundation trainees indicated that the induction they received when starting with the Trust could have been better, with trainees highlighted the need for more induction around the post-natal and early pregnancy wards. Several trainees indicated to the review panel that they had not received an induction to the post-natal ward before starting their first shift and felt that this could be improved. Several trainees indicated that they had been given the opportunity to shadow on the wards, but that this was not part of the induction process.</p> <p>When asked about the induction that they received when first starting in the Trust, the STs indicated that it could be improved, with a trainee highlighting that the induction process and accessing the computer systems had made them anxious and had led to a difficult transition into the Trust. This trainee highlighted a difficulty in planning of the induction due to planned leave as being the main reason behind their anxiety.</p> <p>When the review team talked to the midwifery learners about their induction, a number stated that that they felt the induction they had received to be rushed and highlighted the benefit of potentially including further information about a number of the areas of which they would be working throughout their placement. Other midwifery learners indicated to the review team that they had received a two-day induction, split between face-to-face meetings and MS Teams that they felt to be an excellent induction. They also highlighted that they had received an induction observation week in which they were able to observe on both the delivery suite and the post-natal ward. The learners indicated to the review team that this type of induction had started during the Covid-19 pandemic.</p>	<p>OGM3.4a</p> <p>OGM3.4b</p>
3.5	Learners have an initial, mid-point and final meeting to set and discuss progress against their learning agreement N/A	

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
4.1	Access to appropriately funded professional development, training, and appraisal for educators N/A	
4.1	Educators who are supporting and assessing learners, meet the requirements of the relevant Professional Body N/A	
4.2	Educators are familiar with the learners' programme/curriculum N/A	
4.3	Educational appraisal and continued professional development N/A	
4.4	Appropriate allocated time in educators job plans to meet educational responsibilities N/A	

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 N/A	
5.1	<p>Appropriate balance between providing services and accessing educational and training opportunities</p> <p>When asked if there were any current rota gaps within the department, the Trust management team explained that they did not currently have any rota gaps within the department, but that they had been carrying a number of middle grade ST gaps for four months at the beginning of the year. The Trust management team explained that rota gaps had also occurred over the summer months but felt that the situation was better now and continuing to improve. The Trust did indicate to the review team that they had a number of less than full time trainees currently on the rota and that they utilised the use of locum doctors to aid in filling the rota gaps.</p> <p>When asked about their role by the review team, the GP VTS trainees indicated that they felt that the role gave them good clinical and learning opportunities and that they did not feel that they were there just to provide service within the department.</p> <p>When asked by the review team if there was a difference in the training opportunities between the GP VTS trainees and the specialty-based trainees, the GP VTS and foundation trainees indicated that the GP VTS trainees were well protected as a group, more so than the specialty-based trainees, in terms of receiving sufficient training opportunities within the role.</p> <p>When asked about the training opportunities that were available to them as part of the post, the STs all indicated that the training that they received was very good and the exposure that they received to training opportunities was one of the main reasons why a number of them had chosen to start, or return, to the Trust</p>	

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	<p>Retention and attrition of learners</p> <p>When asked about the department and how trainees felt before taking on the role, the GP VTS and foundation trainees indicated that there was a perceived reputation of the department within their professional spheres and that they had been warned by other trainees of the hostile environment within the department. When asked if the trainees had felt this reputation to be true, the trainees indicated that they had not experienced the perceived hostile environment first-hand.</p> <p>When enquiring about this perceived reputation with the STs, the review team heard that the reputation for the department was well known throughout the region and that it had made a number of the trainees nervous about joining the Trust. A number of trainees indicated to the review team that they had been given tips and pointers by others outside of the Trust on how to deal with the hostile environment within the department when starting with the Trust. The feeling within the group of trainees that the review team met with was that if the trainee was good at his or her job, then they would be fine within the department.</p> <p>When asked by the review team how many of the trainees would recommend the post to a colleague looking at starting with the Trust and within the O&G department, all STs indicated that they would due to the high level of training opportunities available to them but would caveat this with a list of do's and don'ts for the new trainee starting to ensure a smooth transition into the department.</p> <p>The trainees highlighted to the review team that they felt a mission statement from the Trust management team and consultant body giving an indication of expectations of the trainees would help in managing fears around the reputation of the department.</p> <p>When the review team highlighted this perceived reputation to the O&G ESs and CSs, there was a general agreement within the group that this reputation existed, often spread by word of mouth, but was built around the differences in clinical governance the Trust had when compared with others in the region and the departments strive for clinical excellence. The O&G ESs and CSs highlighted that trainees could often felt under the spotlight but felt that the trainees recognised the first-class training they received within a busy department.</p>	
6.2	<p>Opportunities for learners to access careers advice</p> <p>N/A</p>	
6.4	<p>Support for students making the transition from their education programme to employment</p> <p>N/A</p>	

Report sign off

Quality Review Report completed by (name(s) / role(s)):	Ed Praeger Deputy Quality, Patient Safety and Commissioning Manager
Review Lead name and signature:	Rachel Roberts
Date signed:	09/12/2021

HEE authorised signature:	Gary Wares
Date signed:	16/12/2021

Date final report submitted to organisation:	17/12/2021
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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.