

Report of undermining check to Luton and Dunstable University Hospital NHS Foundation Trust

This visit is part of the [GMC's remit](#) to ensure local education providers comply with the standards and outcomes as set out in *The Trainee Doctor*. For more information on these standards please see: [The Trainee Doctor](#)

Check	Undermining check
Date	24 November 2014
Location Visited	Luton and Dunstable University Hospital NHS Foundation Trust
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Purpose of the check

We are undertaking a series of checks to obstetrics and gynaecology departments and a number of surgical specialty departments across the UK to:

- explore undermining and bullying
- gain further insight into local and national challenges in addressing bullying and undermining of doctors in training

- explore the challenges faced when empowering victims of bullying and undermining to come forward.

We are also looking at ways in which sites have managed undermining and bullying concerns in order to learn and disseminate good practice to other local education providers.

These checks were prompted by an increasing number of undermining and bullying concerns reported to us. Our 2013 National Training Survey* asked doctors in training if they had experienced bullying or undermining in the workplace; 13% reported that they had.

We selected 12 departments: six obstetrics and gynaecology and six surgical specialty departments to visit over a period of three months. We chose to focus on obstetrics and gynaecology and surgical specialties as these were areas where doctors in training reported a high proportion of concerns. The sites were chosen after analysis of our evidence which includes bi-annual Dean's reports, data from the 2013 and 2014 National Training Surveys, and evidence from the Joint Committee on Surgical Training (JCST) and Royal College of Obstetricians and Gynaecologists (RCOG) and local intelligence from Local Education and Training Boards (LETB).

This check was one of six obstetrics and gynaecology checks and was undertaken at Luton and Dunstable University Hospital. The check comprised six meetings with: foundation and specialty doctors in training, higher specialty doctors in training, the Trust's senior management team, obstetrics and gynaecology Consultants, student midwives, midwives and representatives from Health Education East of England.

Summary of the organisation

Luton and Dunstable University Hospital NHS Foundation Trust is a medium sized acute general hospital in Bedfordshire. It provides hospital-based healthcare to a local population of 320,000 people in and around Luton. The Trust employs nearly 4,000 staff and has 641 inpatient beds in medical, surgical, emergency and acute services. The Trust's obstetrics and gynaecology unit is a busy department with 5,100 births per year. At the time of our check there were 17 doctors in training in obstetrics and gynaecology posts, plus two foundation doctors and two general practice specialty trainees. Luton and Dunstable University Hospital was identified as a site with evidence of ongoing undermining concerns in obstetrics and gynaecology.

*http://www.gmc-uk.org/NTS_2013_autumn_report_undermining.pdf_54275779.pdf
http://www.gmc-uk.org/NTS_bullying_and_undermining_report_2014_FINAL.pdf_58648010.pdf

Summary of key findings

Good Practice

1.	The educational case discussion meetings and subsequent handover on the labour ward provide constructive educational and reflection opportunities for doctors in training. (TTD Standard 1.6)
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Requirements

1.	The Trust must provide obstetrics and gynaecology doctors in training with a dedicated room for learning away from the ward with fully networked computers and suitable space for rest. (TTD Standard 8.6)
2.	The use of outdated terminology to describe doctors in training and rotas (for example, 'SHO') must cease to be used. All documentation, guidance and rotas should be reviewed to ensure that this terminology is removed. The Trust must ensure that all nurses and midwives understand the levels of competence of different training grades. The Trust should refer to GMC guidance on clinical supervision. (TTD Standard 1.2)
3.	The Trust must ensure that all midwives and nurses in the unit receive appropriate training in cannulation and suturing so that doctors in training are not performing these tasks as a matter of routine. This requires urgent attention and investment to be addressed in suitable time frame. (TTD Standard 6.13)

Recommendations

1.	The Trust should make more formalised arrangements for education to be reported to the board as a standing agenda item for discussion. The Director of Medical Education should have input to these meetings. (TTD Standard 7.2)
2.	The Trust should make further improvements to ensure more effective out of hours bleep coordination in the obstetrics and gynaecology unit. (TTD Standard 6.10 and 6.13)
3.	The Trust's senior management team and obstetrics and gynaecology clinical leadership should investigate and plan for future service reconfiguration to effectively respond to a reduced allocation of obstetrics and gynaecology doctors in training over the long term. (TTD Standard 8.1)
4.	The Trust should review its support for non-consultant career grade doctors to ensure there is adequate investment and engagement with this group of clinicians. (TTD Standard 8.3)

Findings

Learning environment

Requirement 1: The Trust must provide obstetrics and gynaecology doctors in training with a dedicated room for learning away from the ward with fully networked computers and suitable space for rest. (TTD Standard 8.6)

1. Doctors in training reported an overall positive training experience at the Trust. They highlighted a structured and supportive learning environment, with a positive atmosphere on the labour ward and constructive working relationships between doctors and midwives. They explained that the unit is busy with many high risk patients and a heavy workload, but provides useful opportunities for learning. We were told that consultants and midwives in the unit are professional and generally supportive of their training needs and they set high standards for doctors in training. Many of the doctors in training we met had previously trained at the Trust and had requested to come back for another placement.
2. Doctors in training explained that previous concerns about bullying and undermining are being addressed by the Trust. However, some doctors in training outside the Trust still have a negative view of the unit because of previously reported concerns. There was a perception that consultants in the unit expect all doctors in training to be strong characters with very high levels of resilience. This was manifest in previous reports of negative comments from consultants about the personal lives of individual doctors in training, such as the timing of maternity leave or family bereavement and care commitments.
3. Previously some doctors in training had not reported their concerns with the Trust for fear of identifying themselves, preferring instead to raise their issues with the LETB. We heard from doctors in training that the Trust had made them aware that it was taking steps to address their concerns by changing the unit's culture and approach to education and training. This had been facilitated by changes to the unit's clinical leadership.
4. We were told that the Chief Executive of the Trust commissioned an external investigation in July 2014 in response to allegations of undermining of doctors in training by consultant medical staff. In some instances, undermining concerns were coupled with allegations of bullying and harassment. These concerns became known to the Trust through formal reporting and informal feedback to the School of Obstetrics and Gynaecology at HEEoE, from NTS data, and reports raised directly through the Trust's own processes. The aim of the investigation was to establish why, despite a remedial action plan implemented by the Trust in January 2014, doctors in training continued to report undermining, bullying and harassment within the obstetrics and gynaecology unit in the 2014 national training survey.

5. The Trust's senior management team (SMT) explained a number of changes have been made in the obstetrics and gynaecology unit in response to the external review. This has included reallocating education responsibilities, rota changes, and training and coaching for consultants. The Trust's Human Factors programme has also had a positive impact on communication and professional behaviours on the ward. Appropriate workplace behaviours are now included as a component in Trust inductions. There was recognition amongst the SMT that the learning environment has improved as a result of these changes, but some changes may take more time.
6. The SMT recognises the importance of creating and strengthening a culture for doctors in training to address concerns directly and for them to be supported by formal structures and processes. The doctors in training we met are confident to raise concerns about undermining and other education issues. They were very positive about the Trust's signposting and support for reporting concerns and felt that the unit has removed barriers to reporting concerns. They highlighted a cultural shift within the unit which recognises and accepts their feedback about the learning environment.
7. Some doctors in training have difficulty finding suitable computer work stations or space for study and rest away from the obstetrics and gynaecology wards. This is having a negative impact on their training experience and a dedicated study room for doctors in training across all specialties with networked computers and internet access would be beneficial. The clinical directors in the obstetrics and gynaecology unit explained that a small room with computers is available but it is used by many doctors and midwives. They are investigating other options to expand this resource for doctors in training.

Leadership and management

Recommendation 1: The Trust should make more formalised arrangements for education to be reported to the board as a standing agenda item for discussion. The Director of Medical Education should have input to these meetings. (TTD Standard 7.2)

8. We commend the Trust's SMT for taking action to investigate reported undermining concerns within the obstetrics and gynaecology unit and for putting in place interventions to address these concerns. We found a changing culture and approach to education and training within the unit, which has been facilitated by changes to the unit's clinical leadership. Doctors in training and the Trust's Human Factors lead highlighted that the positive and inclusive leadership styles of the new obstetrics and gynaecology clinical directors has promoted behavioural change within the unit.
9. Obstetrics and gynaecology clinical leads explained that the whole consultant group acknowledges and accepts the recommendations of the external review and all staff are engaging with the implementation of the subsequent action plan. Some consultants were previously reluctant to accept that bullying and undermining was ongoing but since the review have acknowledged that these issues persist. There is a collective

focus on working as a team to resolve issues, with more discussion and new rules for accepted behaviours. The clinical leads reported a new found cohesion and openness within the unit.

10. Some potential challenges remain which could impact on the sustainability of this progress. This includes lack of clarity around the responsibilities, tenure and accountability of newly created strategic leadership roles within the unit; reporting of education matters at board level; and limited opportunities for engagement between consultants and doctors in training.

Allocation of leadership responsibilities

11. To help promote a change to a more supportive culture within the department, the previous clinical director stepped down from that post shortly before the external review and moved into a new post of strategic lead. The role is intended to provide external engagement and maintain links with partners such as general practitioners and clinical commissioning groups. This arrangement will be reviewed after a period of six-months. Clinical leaders within the unit and representatives from the LETB highlighted that clarification on the scope of this role is needed to ensure that the new departmental leaders are sufficiently empowered to make the changes needed to achieve a more supportive culture.

Board reporting

12. Education matters are not routinely represented at board level within the Trust and are reported on an informal basis. We established that education and training has not been included as a standing item for board meetings since 2011. Matters including job planning and concerns in obstetrics and gynaecology and acute medicine have been raised at board level, but other areas, such as the Trust's National Training Survey results and education quality visit reports have not been presented to the board. The Trust's Medical Director is responsible for reporting education matters to the board as the Director of Medical Education is not a board level representative. As a result the board may not be fully aware of important education issues within the Trust. The Trust's CEO explained that improving board level communication of education and training matters is a priority.

Staff engagement

13. The College Tutor for obstetrics and gynaecology has instigated more frequent meetings with doctors in training to improve engagement. This has facilitated greater awareness of training issues amongst the unit's clinical supervisors. The College Tutor also holds meetings with individual doctors in training to reviews portfolios and identify opportunities to improve their training experience. However, some doctors in training reported that they would welcome more opportunities to meet with consultants as a group to discuss educational matters.

Clinical supervision

Requirement 2: The use of outdated terminology to describe doctors in training and rotas (for example, 'SHO') must cease to be used. All documentation, guidance and rotas should be reviewed to ensure that this terminology is removed. The Trust must ensure that all nurses and midwives understand the levels of competence of different training grades. The Trust should refer to GMC guidance on clinical supervision. (TTD Standard 1.2)

Recommendation 2: The Trust should make further improvements to ensure more effective out of hours bleep coordination in the obstetrics and gynaecology unit. (TTD Standard 6.10 and 6.13)

14. Doctors in training are well supervised by consultants on the wards and help and support is available when needed. We were told that the majority of consultants are available on the ward throughout the day and they do not hesitate in responding to calls from doctors in training. The Trust's Medical Director explained that the Trust is moving towards a consultant led service with five day cover to improve clinical supervision. This has been supported by the Board's allocation of funding to recruit additional consultants.
15. We noted some use of outdated terminology to describe doctors in training in rotas, for example, 'Senior House Officer' (SHO). This could lead to confusion about the expected level of competence of the doctor in training and concerns regarding supervision, especially when sharing on-call commitments. Some midwives also rely on doctors in training to explain their level of competence. They feel it would be helpful to publish an explanation of the different training grades in a poster on the ward or in the Trust's newsletter.
16. Some doctors in training also reported that they are sometimes bleeped excessively or inappropriately during out of hours service, for example, to attend non-urgent and routine tasks. This is impacting on their ability to complete tasks and some trainees feel under pressure and over worked as a result.

Rotas and workload

Requirement 3: The Trust must ensure that all midwives and nurses in the unit receive appropriate training in cannulation and suturing so that doctors in training are not performing these tasks as a matter of routine. This requires urgent attention and investment to be addressed in suitable time frame. (TTD Standard 6.13)

Recommendation 3: The Trust's senior management team and obstetrics and gynaecology clinical leadership should investigate and plan for future service reconfiguration to effectively respond to a reduced allocation of obstetrics and gynaecology doctors in training over the long term. (TTD Standard 8.1)

17. The Trust's SMT and doctors in training told us that clinical leaders within the obstetrics and gynaecology unit have actively involved doctors in training in the reorganisation of clinical rotas. Placements now provide more targeted learning opportunities specific to their needs. However, we found some challenges with rotas and the workload of doctors in training, which are creating flashpoints for undermining. A central factor of previously reported undermining was the impact of a very intense and heavy workload, with inadequate staffing levels and ineffective rotas. This had resulted in isolated instances of unprofessional behaviours.

Rota design and management

18. Midwives and doctors in training reported a busy and high pressure environment in the obstetrics and gynaecology unit. The Trust's Medical Director explained that the acute workload in the unit has increased over the past few years and doctors in training and consultants may feel under pressure to deliver in this fast paced and busy environment. We were also told that sub-optimal staffing levels in the unit are impacting on workload. Doctors in training are sometimes required to cover three wards during a shift and the volume and intensity of work results in a focus on service provision at the expense of suitable learning opportunities. The perceived focus on service delivery in the busy labour ward is a particular concern for ST3-5 level doctors in training because they feel it limits their exposure to gynaecology.

19. Clinical Directors in the unit explained that a new rota for doctors in training is being implemented with additional hours built in to take advantage of changes to theatre sessions. Doctors in training are involved in planning the new rota. Three additional trust grade doctors will be appointed in February 2015 to provide further service capacity in the unit and reduce pressures on doctors in training.

20. Representatives from Health Education East of England, the Trust's SMT and Clinical Directors recognise that the allocation of higher tier doctors in training to the unit may reduce over the long term and more consultant posts may need to be recruited to fill gaps. The Trust plans to change the compliment of middle grade doctors and rota allocations in the unit. However, current sub-optimal staffing in the unit means that the Trust should investigate and plan for these changes with greater urgency so that service provision and training quality are maintained over the long term.

Training for midwives

21. Doctors in training reported that they sometimes miss learning opportunities when they are on call because midwives frequently request assistance with cannulation and suturing. Many midwives in the unit are not trained to undertake such procedures. The unit has tried to address these limitations by providing group training sessions for midwives, but it is difficult to provide sufficient study time and relieve midwives from service. The Trust's Head of Midwifery recognises that midwives and gynaecology nurses in the unit need further training and development in advanced practice such as

cannulation and suturing so that doctors in training are not performing these tasks as a matter of routine.

Staff engagement and feedback

Recommendation 4: The Trust should review its support for non-consultant career grade doctors to ensure there is adequate investment and engagement with this group of clinicians. (TTD Standard 8.3)

22. The Trust is implementing new mechanisms to engage and seek feedback from doctors in training and trust grade doctors. The Trust's Director of Medical Education reported the development of a new faculty group and focus groups to identify improvements in the obstetrics and gynaecology training environment. The interim College Tutor has also initiated group meetings with doctors in training and individual feedback meetings. Doctors in training are encouraged to provide written feedback in a letter box on the ward which is reviewed on a weekly basis. The obstetrics and gynaecology Clinical Directors explained plans to invite a trainee representative to consultant meetings to improve information sharing. We were told by consultants that the Clinical Directors conduct ward walk rounds to seek informal feedback from doctors in training and other staff.

23. The Trust's SMT and obstetrics and gynaecology clinical leaders recognise the importance of developing middle grade doctors in the unit. The Trust is investing in training and development for trust grade specialty doctors in response to previous concerns that they felt disillusioned and not part of the team. A specific rota has been designed for trust-grade doctors in the unit to provide better learning and development opportunities rather than focus on service provision. It is hoped that developing trust-grade doctors will have a positive impact on improving support for doctors in training and improving team working. The Trust's Divisional Director sent a letter to all doctors in training and trust grade doctors that the Trust is committed to their development. The Trust's SMT recognises that further work is needed to improve support and engagement with trust grade specialty doctors, their need for career progression and sense of belonging to the Trust.

Handover

Good Practice 1: The educational case discussion meetings and subsequent handover on the labour ward provide constructive educational and reflection opportunities for doctors in training. (TTD Standard 1.6)

24. Doctors in training and midwives told us that the unit's consultant-led, multi-professional handover processes are effective, with staff introductions and short case discussions at specific times each day. The case discussion meetings prior to morning handover are viewed by doctors in training as constructive learning and reflection

opportunities. They feel confident to contribute to these meetings and value the informal, relaxed atmosphere and improvements made to the focus of the discussions. Doctors in training also reported that the perinatal mortality meetings are useful opportunities for feedback and learning.

Quality management

25. Representatives from Health Education East of England recognise that the Trust has addressed reported undermining concerns using formal investigation and review processes. Following the changes to the unit's leadership, there have been no further reported concerns. The Head of School for Obstetrics and Gynaecology at the LETB explained that the actions taken by the SMT and new Clinical Directors have led to improvements, but cautioned that Clinical Directors may need greater support from the Trust's SMT to sustain this progress.
26. The Trust's SMT explained that processes for reporting clinical and educational concerns are highlighted during induction. The Director of Medical Education is a confidential advisor to doctors in training. The unit's current cohort of doctors in training is very positive about the Trust's signposting and support for reporting concerns. They highlighted very good incident reporting and concerns are thoroughly investigated with doctors in training involved in the process.

Conclusion

27. It is clear that the Trust is making good progress to address undermining concerns in the obstetrics and gynaecology unit since the external review in July 2014. We are optimistic about the changing culture and approach to education and training within the unit, which has been facilitated by changes to the clinical leadership. We commend the evident openness and acknowledgement of previous undermining concerns and we found a genuine desire amongst the SMT and the new obstetrics and gynaecology Clinical Directors to make continued and sustainable improvements. We expect the Trust to take a zero tolerance approach to any future reports of bullying and undermining by any individual in the unit, and for any instance to be addressed through disciplinary processes. We also expect greater clarity around the responsibilities and accountability of the new leadership roles within the unit.

Monitoring

The Trust is responsible for quality control and will need to report on the actions taken regarding the requirements and recommendations in this report. The action plan must be sent to quality@gmc-uk.org and Health Education East of England by 24 March 2015. The LETB is responsible for quality management of the requirements and recommendations and must report on progress to the GMC via the annual Dean's Report process.