

HEE Quality Interventions Review Report

**Barts Health NHS Trust (Newham University
Hospital)
Anaesthetics
Urgent Concern (Learner) Review**



London – North East London

Date of review: 20 December 2021

Date report issued to the Trust: 19 January 2022

Review Overview

Background to the review:	An Urgent Concern review of Anaesthetics was requested by Health Education England (HEE) following concerns raised by trainees at Newham University Hospital regarding the quality of the training that they were receiving and difficulties in the training environment. These included accessing appropriate training opportunities, lack of teaching during theatre lists, and the behaviours of the multidisciplinary team within the anaesthetics department and the wider theatre environment.
Subject of the review (e.g. programme, specialty, level of training, healthcare learner group)	Anaesthetics
Who we met with:	The review team met with six trainees within anaesthetics from Core Level One to Speciality Training level Three
Evidence utilised:	<ul style="list-style-type: none">• Anaesthetics Induction Checklist• Anaesthetics Junior Doctor Rota• Anaesthetics Local Faculty Group minutes• Newham Medical Education Committee Meeting minutes• Anaesthetic/ICM trainee issues and Action Plan• Barts Health NHS Trust Anaesthetics Educational and Clinical Supervisor list• Anaesthetic Department and Director of Medical Education/Deputy Director of Medical Education meeting minutes

Review Panel

Role	Name / Job Title / Role
Quality Review Lead	Louise Schofield Deputy Postgraduate Dean Health Education England (North East London)
Specialty Expert	Aasifa Tredray Head of school for Intensive Care Medicine and Anaesthesia
External Specialty Expert	Carlos Kidel Core/ACCS Training Programme Director for North Central London
Lay Representative	Saira Tamboo
HEE Quality Representative(s)	Ed Praeger Deputy Quality, Reviews and Intelligence Manager Health Education England (North East London)
Supporting roles	Aishah Mojadady Quality, Patient Safety and Commissioning Officer Health Education England (London)

Executive summary

This Urgent Concern (Learner) Review of Anaesthetics at Newham University Hospital was organised following the feedback from trainees in post indicating a lack of training opportunities available to them. Feedback received also highlighted ongoing issues relating to bullying and undermining within the department directed at trainees and other staff members.

The review team found evidence of reduced training opportunities for trainees through reduced availability of theatre lists and a reluctance from some senior doctors within the department to teach junior staff whilst on the job.

The review team also heard evidence of bullying and undermining behaviour, both within the department and within theatre settings.

Trainees reported that although improvements were being made around learning and teaching opportunities within the department, they felt that greater changes should have been implemented earlier on to counteract known limitations the trainees would face throughout their rotation.

The trainees highlighted the new Educational Lead as having a positive effect on the department and the educational aspect of their roles.

The Trust were issued with a number of mandatory requirements against these issues.

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
A1.4a	A trainee indicated that their ES had been taken sick within their first week in post and that the Trust had not allocated a replacement ES to them.	<p>The Trust is to ensure that all trainees have an allocated Educational Supervisor when starting in post.</p> <p>The Trust is to provide evidence that the cohort of trainee starting within the department in February 2022 all have an allocated Educational Supervisor.</p> <p>Deadline for this action is 01 March 2022.</p>

A1.4b	When asked by the review team about the pastoral support that the ES could provide to the trainees, the trainees indicated that although elements of the conversations they had with their ES would cover pastoral support, that they did not feel that pastoral support of the trainees was at the top of the agenda for many ES's within the department or for the department as a whole.	<p>The Trust is to ensure that all departmental staff are signposted to all available resources for pastoral support within the Trust.</p> <p>The Trust is to provide evidence of communications sent to all staff clearly signposting pastoral support resources.</p> <p>Deadline for this action is 01 March 2022.</p>
A1.6a	The trainees highlighted that the Educational Lead within the department was actively organising for different consultants to attend and present at the teaching sessions to provide trainees with a varied experience. The trainees highlighted that there was regular ICM consultant attendance at the teaching sessions, but that anaesthetic consultant attendance was less reliable.	<p>The Trust is to ensure that there is consultant attendance from both anaesthetics and ICM at the joint weekly teaching sessions to ensure that questions/concerns can be addressed.</p> <p>Trust is to provide sustainable evidence that consultants from both Anaesthetics and ICM attend meetings going forward.</p> <p>Deadline for this action is 01 March 2022.</p>
A1.6b	When asked by the review team about less formal teaching they received on the job, the trainees indicated to the review team that they felt there was a lack of informal teaching during or around the surgical lists, and that attempts by trainees to approach consultants and senior trainees with questions had been ignored, with senior staff members indicating that they did not have the time to teach on the job.	<p>The Trust is to develop a faculty development programme which includes on the job teaching, and enhanced supervision to all consultants and middle grade trainees who may potentially supervise trainees.</p> <p>Trust is to provide HEE with evidence of this development programme and plans to ensure sustainability.</p> <p>Deadline for this action is 01 March 2022.</p>
A1.6c	When asked by the review team if the trainees had been placed with consultants who they felt were happy and willing to teach the trainees on the job, the trainees were divided, with some indicating that they had been placed with consultants that seemed willing to teach, and others had not.	<p>The Trust is to ensure that trainees have been placed with consultants willing to provide on the job teaching to ensure that the trainees receive the highest amount of learning and teaching opportunities whilst in post.</p> <p>The Trust is to provide evidence that this has been undertaken and communicated with trainees.</p> <p>Deadline for this action is 01 March 2022.</p>
A3.2a	When asked by the review team if progress was being made for those trainees that had not had their Initial Assessment of Competence (IAC) signed off, the trainees indicated that they had been working with their ESs' recently and that their ESs' had been happy with their progress towards signoff.	<p>The Trust is to ensure that trainees receive an interim review of their progress towards their competencies with their Educational Supervisor towards the end of January 2022 and ensure that trainees and Educational Supervisors have an agreed plan for any outstanding competencies to be signed off.</p> <p>The Trust is to provide HEE of evidence that these meetings have been held and that suitable plans for the sign off of these competencies have been agreed between trainee and supervisor.</p> <p>Deadline for this action is 01 March 2022.</p>
A3.2b	The trainees highlighted that with the Barts Health Orthopaedic Centre	The Trust is to review the current and future training opportunities available to the trainees in post to

	<p>(BHOC) currently closed, that the emergency theatre list was the only theatre time currently available to them. The trainees highlighted to the review team that there were two day surgeries planned to open before Christmas 2021, but that these surgeries had been planned to open in November 2021 so the trainees were not counting on them to aid their learning and IAC sign off.</p>	<p>ensure that they have the time and experience to sign off all required curricula assessments.</p> <p>The Trust is to provide evidence of this work and plans to address issues highlighted.</p> <p>Deadline for this action is 01 March 2022.</p>
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Recommendations

Recommendations are not mandatory but intended to be helpful, and they would not be expected to be included within any requirements for the placement provider in terms of action plans or timeframe. It may however be useful to raise them at any future reviews or conversations with the placement provider in terms of evaluating whether they have resulted in any beneficial outcome.

Recommendation	
Related Domain(s) & Standard(s)	Recommendation
	N/A

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that, in the view of the Quality Review Team, enable the standards within the Quality Framework to be more effectively delivered or help make a difference or improvement to the learning environment being reviewed. Examples of good practice may be worthy of wider dissemination

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)
	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
1.2	<p>Bullying and undermining</p> <p>When asked by the review team to describe the culture within the department and their working environment, the trainees explained that with a recent change in departmental leadership, they felt that there were elements of resistance and tension within the senior team to this change. Trainees cited consultants arguing in departmental meetings and difficulties with consultants working together as examples of these issues, but felt the situation to be improving, with a feeling of togetherness growing within the department as the new consultants started to bed in. The trainees felt that this was evident at the last departmental meeting where staff seemed more settled and positive.</p> <p>When asked by the review team if the trainees had witnessed bullying or undermining behaviour within the department, a number of trainees indicated that they had been bullied or discriminated against whilst in post from staff within the department. The trainees explained to the review team that they had raised these issues within the department but did not feel suitably supported by those that they had raised the issues to. The trainees highlighted that they had seen clear cases of discrimination and felt that the situations arose from a lack of common sense portrayed by staff, highlighting that they felt the working environment to be more awkward than toxic.</p> <p>When asked by the review team if other trainees had noticed or experienced bullying or undermining behaviour towards themselves or others, the trainees indicated that they had seen theatre staff being “difficult” towards staff from other cultures and that it was felt to be an ingrained issue within Newham University Hospital. Trainees also highlighted consultants within the department undermining junior trainees and providing feedback to the trainees in an inappropriately aggressive tone of voice.</p> <p>The trainees highlighted the new consultants in the department as bringing a positive change to the culture.</p>	
1.4	<p>Appropriate levels of Clinical Supervision</p> <p>When asked by the review team as to the levels of clinical supervision the trainees received when on call, the trainees indicated to the review team that they felt that they had good levels of supervision, from both consultants and middle grade trainees, and did not feel that they had been placed in a position where they felt that they lacked direct clinical supervision.</p> <p>The trainees indicated to the review team that the middle grade trainees were not</p>	

	<p>always keen to teach whilst clinically supervising, of which the trainees felt was a missed learning opportunity.</p> <p>The trainees highlighted to the review team the differing levels of competence of staff that clinically supervised them and felt concerned of repercussions that might be generated through mistakes being made and not picked up by the clinical supervisor.</p>	
1.4	<p>Appropriate levels of Educational Supervision</p> <p>When asked by the review team if all the trainees knew who their Educational Supervisor (ES) was, all of the trainees indicated that they did know who their ES was, and that the majority of trainees had met with their ES at least once whilst in post. A trainee indicated that their ES had been taken sick within their first week in post and that the Trust had not allocated a replacement ES to them for the first six weeks in role until the department Educational Lead had started in post.</p> <p>When asked by the review team about the pastoral support that the ES could provide to the trainees, the trainees indicated that although elements of the conversations they had with their ES would cover pastoral support, that they did not feel that pastoral support of the trainees was at the top of the agenda for many ESs within the department or for the department as a whole.</p>	<p>A1.4a</p> <p>A1.4b</p>
1.6	<p>Multi-professional learning and teaching</p> <p>When asked by the review team about the structured teaching opportunities that the trainees received in post, the trainees explained that they had weekly joint anaesthetic and Intensive Care Medicine (ICM) teaching sessions organised for Wednesday afternoons, which were facilitated by senior trainees and consultants. The trainees explained that they were able to present topics to be discussed, with the majority chosen to fit within the curriculum, with presentations and discussions alternating between anaesthetics and ICM on a weekly basis. The trainees highlighted that they thought that these teaching sessions had been paused during the initial part of the pandemic, but that they had been recently restarted within the last month or two. The trainees highlighted that the Educational Lead within the department was actively organising for different consultants to attend and present at the teaching sessions to provide trainees with a varied experience. The trainees highlighted that there was regular ICM consultant attendance at the teaching sessions, but that anaesthetic consultant attendance was less reliable.</p> <p>When asked by the review team if the trainees were able to attend these weekly teaching sessions, the trainees indicated that if they were on call, that they would be covered by senior trainees and if they were in the Barts Health Orthopaedic Centre (BHOC), then they would be covered by the consultants to attend the teaching session.</p> <p>The trainees indicated to the review team that senior trainees from within the department, as well as outside the department, would provide training to them, with the recent airway teaching session that they had received being viewed positively by the trainees.</p> <p>When asked by the review team if the department held any other types of structured teaching and training sessions for the trainees, the trainees highlighted that there was a monthly departmental meeting day (EGAD) which the education lead had recently refocused to include more educational material including teaching that focused on difficult cases. The trainee also highlighted that the Educational Lead was also developing a morbidity and mortality meeting format. The trainees indicated that there were no other weekly departmental educational meetings taking place. The trainees highlighted that a recent Coffee Club meeting had been organised by the Educational Lead and that going forward, the Educational Lead was looking for trainees or other consultants to get involved in</p>	<p>A1.6a</p>

	the organisation of further meetings.	
	When asked by the review team about less formal teaching they received on the job, the trainees indicated to the review team that they felt there was a lack of informal teaching during or around the surgical lists, and that attempts by trainees to approach consultants and senior trainees with questions had been ignored, with senior staff members indicating that they did not have the time to teach on the job. When asked by the review team if the trainees had been placed with consultants who they felt were happy and willing to teach the trainees on the job, the trainees were divided, with some indicating that they had been placed with consultants that seemed willing to teach, and others had not. When asked why this may be the case, the trainees indicated to the review team that they felt a shortage of senior anaesthetic staff in the department and thus higher workloads meant that they were receiving less teaching opportunities than required for their level, feeling that the situation was a logistical issue rather than a cultural issue.	A1.6b A1.6c

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
	N/A	

Domain 3 – Supporting and empowering learners

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

HEE Standard	HEE Quality Domain 3 – Supporting and empowering learners	Requirement Reference Number
3.1	Learners being asked to work above their level of competence, confidence and experience <p>When asked by the review team if the trainees felt competent in performing their roles or whether any trainees had felt pressured to work above their competence level, the trainees indicated that they felt competent in looking after the patients that they saw.</p>	

3.2	<p>Learners able to complete their assessments as required by the curriculum or professional standards</p> <p>When asked by the review team if the trainees were able to have their competencies signed off successfully within the department, a number of trainees indicated that they had yet to have their Initial Assessment of Competence (IAC) signed off and that they were worried about receiving sign off whilst in post due the lack of theatre lists and homogeneous caseloads available to the trainees. The trainees indicated to the review team that they had raised the potential issue of lack of theatre time and access within the department early into their posts starting.</p> <p>When asked by the review team if progress was being made for those trainees that had not had their IAC signed off, the trainees indicated that they had been working with their ESS' recently and that their ESS' had been happy with their progress towards signoff.</p> <p>When asked by the review team about the theatre lists available to the trainees, the trainees indicated that they had spent some time on the emergency theatre list which they felt to be of benefit, although the caseloads did not allow them to gather a wide variety of experience within anaesthetics. The trainees also highlighted that with the BHOC currently closed, that the emergency theatre list was the only theatre time currently available to them. The trainees highlighted to the review team that there were two day surgeries planned to open before Christmas 2021, but that these surgeries had been planned to open in November 2021 so the trainees were not counting on them to aid their learning and IAC sign off. The trainees highlighted to the review team that the closure of the BHOC had been planned in advance and anticipated, but that the trainees lack of exposure to caseloads had not been fully planned to counteract this.</p> <p>When asked by the review team about the time the trainees had been working at the Royal London site, the trainees indicated that they had received a maximum of two working weeks at the Royal London site since September and that with the limited time that they were at the site, they found it difficult to get to know the consultants that they were working with. The trainees also indicated that although the time that had been planned for each trainee to work at the Royal London site had been greatly beneficial, that this time was limited and that with a number of trainees rotating out of anaesthetics at the end of this rotation, they felt that the lack of training opportunities available to them in post negatively impacted their view of the post as a whole.</p> <p>When asked by the review team how the remaining trainees (past the February rotation) felt about the next six months in post in relation to their teaching and learning, the trainees indicated to the review team that they were feeling positive and confident in getting a number of difficult modules signed off. The trainees cited the opening of more theatres (including the reopening of BHOC) going forward and the reduction in the trainee numbers in post as two positive factors in this, although the trainees did counter this with the concern that the reduced trainee numbers may inversely affect their ability to get regular teaching and learning opportunities.</p>	<p>A3.2a</p> <p>A3.2b</p>
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Domain 4 – Supporting and empowering educators		
<p>4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.</p> <p>4.2. Educators are familiar with the curricula of the learners they are educating.</p> <p>4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.</p> <p>4.4. Formally recognised educators are appropriately supported to undertake their roles.</p>		
HEE Standard	HEE Quality Domain 4 – Supporting and empowering educators	Requirement Reference Number
	N/A	

Domain 5 – Delivering curricula and assessments		
<p>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.</p> <p>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.</p> <p>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.</p>		
HEE Standard	HEE Quality Domain 5 – Developing and implementing curricula and assessments	Requirement Reference Number
	N/A	

Domain 6 – Developing a sustainable workforce		
<p>6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.</p> <p>6.2. There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.</p> <p>6.3. The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.</p> <p>6.4. Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.</p>		
HEE Standard	HEE Quality Domain 6 – Developing a sustainable workforce	Requirement Reference Number
6.1	<p>Retention and attrition of learners</p> <p>When asked by the review team if they would recommend the post to a friend or colleague, all of the trainees indicated that they would not recommend the post to a friend or colleague and that they would also not want their friends or family being treated within the department.</p>	

Report sign off

Quality Review Report completed by <i>(name(s) / role(s)):</i>	Ed Praeger Deputy Quality, Patient Safety and Commissioning Manager
Review Lead name and signature:	Louise Schofield Deputy Postgraduate Dean
Date signed:	17 January 2022

HEE authorised signature:	Gary Wares Postgraduate Dean
Date signed:	19 January 2022

Date final report submitted to organisation:	19 January 2022
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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.