

HEE Quality Interventions Review Report



Provider Reviewed: Hull University Teaching Hospitals NHS Trust

Review Type: Monitoring the Learning Environment Meeting

Regional Office: Yorkshire and the Humber

Date of Review: 19 October 2022

Date of Final Report: 21 November 2022

Review Overview

Monitoring the Learning Environment meetings (MLEs) are undertaken to ensure that quality risks are managed effectively, and notable/good practice is identified and shared across the region, building on, and strengthening relationships with the organisation.

Who we met with

Umakanth Kempanna, Associate Chief Medical Officer
Jack Kastelik, Director of Medical Education
Charlotte Precious, Medical Education Manager
Mohan Hingorani, Clinical Lead for Oncology
Lucy Vere, Head of Learning & Organisational Development

Evidence utilised

- GMC National Training Survey (NTS) 2022 Results
- GMC NTS Patient Safety Comments 2022
- Practice Assessment & Record Evaluation (PARE) Reports June 2022 to September 2022
- Guardian of Safe Working Hours (GoSWH) report April 2022 to June 2022
- HEE Provider Grid

Review Panel

Role	Name, Job Title
Quality Review Lead	Andy Lockey, Link Associate Dean
Specialty Expert	Claire Arditto, Regional Head of Allied Health Professions
External Specialty Expert	Paul Renwick, Head of School of Surgery
HEE Quality Representative(s)	Sarah Walker, Quality Support Manager
Supporting roles	Michele Hannon, Quality Administrator

Executive Summary

HEE would like to thank the Education Team for meeting with the Quality Team. The main findings from today's MLE meeting are:

- HEE commended the Trust on the investment that had been agreed and work undertaken in relation to the approval of the phlebotomy business case (see section 5.7 below).
- Engagement of the Senior Management Team with postgraduate doctors in training (PDiT) through the Junior Doctors Together group (see 2.4 below and good practice).
- The use of HEE curriculum development funding (see 2.5 below).
- Recent concerns raised by a group of oncology PDiT (see 5.7 below).
- The newly developed provider grid was discussed (see 2.6 below).
- HEE congratulated the DME who has recently been appointed as honorary professor at Hull York Medical School (HYMS).
- The next MLE meeting will be arranged for 29 March 2023.

Review findings

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.1	<p>The learning environment is one in which education and training is valued and championed.</p> <ul style="list-style-type: none"> • The midwifery Practice Learning Facilitator (PLF) has been appointed and is working on increased capacity. • The apprenticeship cohorts have been enrolled. There will be Level 3 nursing recruitment in February 2023 and for Level 2 nursing apprenticeships. The Trust are attempting to engage students who have not achieved the required grades in maths and English for entry onto Level 3, into non-registered roles or the conditional nursing pathway. • The Trust is using the levy pathways to widen participation and support senior qualifications. 	

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	<ul style="list-style-type: none"> • Currently there are 50 students on the Leadership Programme, which is oversubscribed. HEE highlighted the Enhanced Practice apprenticeships for Level 6, developing mid-range professions at Levels 6/7. Action: LV to contact CA for further information. • The Trust is funding a master's route for nurse consultants and the applications are focusing on the Advanced Care Practitioners (ACP) route. • The Trust advised that there is a project on training ACPs as clinical supervisors. The numbers are only small and the majority are in surgical specialities but this may be the future with regards to supervision of PDiT. HYMS has a "Get Away" programme which involves 10-15 students per year mainly based locally who may have non-medical degrees, to encourage them to enter medical training in the hope of aiding retention. • The Trust confirmed that retention has increased in foundation training and even those with strong academic training who get high academic offers from other areas are opting to stay. The majority of previous abstracts were from Leeds and Sheffield but the abstracts coming from Hull are as good if not better which is a positive change. • The Trust confirmed they regularly meet with HYMS and are working in collaboration. They are looking at doing careers fairs in evenings so parents can attend and using examples of what you earn/what you can buy and will do metrics to see if this works. • The foundation TPD has resigned and there appear to be delays with appointing a replacement due to the HEE approval process. This is impacting on teaching days which are due to be delivered next month but will need to be cancelled. Action: UK to provide AL with details who will follow up with Fiona Bishop, Deputy Postgraduate Dean. <i>Post Meeting Note: Discussion held with Deputy Dean and Acting Head of Foundation School and now resolved.</i> 	

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture	Requirement Reference Number
1.3	<p>The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity and respect.</p> <p>Cardiology</p> <ul style="list-style-type: none"> • The Organisational and Development Team are leading and facilitating the work around culture, with the focus on a period of reflection based on findings from surveys that have been undertaken. Structured meetings have been arranged to progress this work, with the first one taking place later this month. Some positive feedback has been received but the main focus is on behaviour. • The Trust advised that if individuals do not engage with this work HR will be involved. • An action plan will be developed and this will be led by a named senior cardiologist. • The Trust is recruiting a chief registrar in cardiology who will represent the PDiT and link with the clinical leads. It is felt that this will allow a degree of responsibility and autonomy of the PDiT to identify relevant issues. • The Trust would like the deputy TPD for cardiology to oversee the action plan and link regularly with the clinical lead and the rest of the management team. • There were no comments relating to undermining in the GMC NTS Patient Safety comments. 	20/0022
1.5	<p>Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.</p> <p>Neurosurgery - 6 monthly rota gaps</p> <ul style="list-style-type: none"> • HEE confirmed that there are no rota gaps at the Trust and there is a 3 month rota for PDiT. The action tracker detailing the 2 HEE posts in core training on the combined Hull and Sheffield neurosurgery rota was confirmed as being sent out on time. The delay with the information reaching the Medical Education Team may be due to HR processes. <p>Oncology</p> <ul style="list-style-type: none"> • The Trust confirmed that morning handover takes places at 8:30am in a fixed venue and is attended by a consultant, the 	19/021

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	<p>on-call registrar and the PDiT on nights. It is no different for medical or clinical PDiT as there is a combined rota in the morning. The registrars are on the ward throughout the day and evenings too.</p> <ul style="list-style-type: none"> • HEE acknowledged that additional staff on the wards will help to improve handover. • The Trust advised that the PDiT have been involved in a quality improvement activity to design the post-take handover document. 	
1.7	<p>All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.</p> <p>GMC NTS 2022</p> <ul style="list-style-type: none"> • GMC NTS results were discussed, the focus being on the open requirements and speciality concerns. <p>GMC NTS Patient Safety Comments</p> <ul style="list-style-type: none"> • The GMC have confirmed the categorisation of responses. Whilst some require no further monitoring there are a few which require monitoring locally. Action: CP to provide SW with an update on progress for those that require local monitoring. <p>PARE</p> <ul style="list-style-type: none"> • An update was requested following the February MLE in relation to the 2 comments regarding inappropriate behaviour in relation to Occupational Therapy at Castle Hill Hospital (CHH). Action: LV to discuss further with the Practice Development Matrons and provide an update at the March 2023 MLE meeting • HEE confirmed they are happy with how the Trust is responding to PARE feedback and actively engaging in areas of concern. • HEE noted that there was a high response rate, with no surprises in the bottom 5 of the 30 domains. There was only one domain with a small reduction and no particular themes were highlighted. 	

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	<ul style="list-style-type: none"> • Culture was discussed at the previous MLE and HEE confirmed that this appears to be moving in the right direction. Overall it feels more positive however HEE is happy to provide support if required. Action: LV to feedback to Practice Learning Facilitators (PLF) and the Development Team. • The Trust advised that despite pressure to do T levels they will not be offered this year and felt that this needs to be reviewed by HEE in relation to placement capacity. HEE acknowledge that the Trust have shown commitment and growth in apprenticeships and appreciate that only so many initiatives can be delivered well without affecting the quality. Action: CA to speak to Faye Lane in the Skills for Care Team and feedback at the next MLE. <p>GoSWH</p> <ul style="list-style-type: none"> • The GoSWH report was received and noted. 	
1.11	<p>The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities, and access to library and knowledge services and specialists.</p> <ul style="list-style-type: none"> • Work is underway with the replacement doctors' mess at Hull Royal Infirmary (HRI) which should be completed by March 2023. • The Trust confirmed they are back at full capacity in all training rooms, however they face continued pressure. Work is ongoing in relation to identify what the facilities can be used for and will be flagged on the Trust risk register. <p>Oncology</p> <ul style="list-style-type: none"> • The Trust confirmed that access to the Aria system is tightly restricted and access is not provided for PDiT due to governance reasons. • PDiT can check chemotherapy prescribing information through clinical letters and using Lorenzo to check the activity log which details the treatment. • The Trust advised of the importance to educate PDiT on toxicity and what is expected, establishing a good system of training and education with weekly sessions coordinated by speciality doctors and consultants. An ST5 clinical 	19/020

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	<p>leadership fellow is looking at incorporating information on acute medical complications into an induction booklet.</p> <ul style="list-style-type: none"> • HEE advised that there were no patient safety comments in the GMC NTS in relation to this. 	
1.13	<p>The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.</p> <p>Cardiology</p> <ul style="list-style-type: none"> • The additional staffing detailed at 3.5 below will help with regards to time for protected educational and self-development time (SDT). • The supportive environment domain in the GMC NTS is showing as a red outlier. 	20/0024

HEE Standard	HEE Quality Domain 2 Educational Governance and Commitment to Quality	Requirement Reference Number
2.4	<p>Education and training issues are fed into, considered, and represented at the most senior level of decision making.</p> <ul style="list-style-type: none"> • The Junior Doctors Together group has been reinstated, with the first meeting held in September. The group allows communications between the PDiT, Medical Education Team and senior management. Attendance at this meeting includes the Chief Executive Officer and the Chief Medical Officer. Very positive feedback from the PDiT has been received. 	
2.5	<p>The placement provider can demonstrate how educational resources (including financial) are allocated and used.</p> <ul style="list-style-type: none"> • The committee that considers training recovery funding bids has been reconvened. The process has been streamlined and incorporates a direct link to the Finance Director where required. • HEE curriculum delivery funding has been used to purchase privacy booths for suite 22 and the library. Five additional privacy booths are also being purchased and the Medical Education Centre (MEC) have worked with the Junior Doctor 	

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	<p>Forum (JDF) to identify where to site these. There will be 2 for the library at HRI, the other 3 will be located at CHH in oncology, cardiology and the surgical corridor. MEC have purchased the IT kits to support the booths.</p> <ul style="list-style-type: none"> The funding from hosting apprentices has been used around widening participation for all students. Work experience has resumed and includes new departments e.g. Emergency Department. The Trust is also working in collaboration with Hull City Council on physiotherapy placements. 	
2.6	<p>Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.</p> <p>Provider Grid</p> <ul style="list-style-type: none"> The Trust's provider grid was discussed which details both HEE and system wide intelligence. The grids are being developed using a collaborative approach and any feedback would be welcomed. They will be discussed at future MLE meetings and also included at the Senior Leader Engagement Visit (SLE). HEE information includes open requirements, specialty concerns and also details areas of good practice which have been identified. <p>Annual Self-Assessment</p> <ul style="list-style-type: none"> The Trust were thanked for submitting their annual self-assessment report. 	
2.8	<p>There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.</p> <ul style="list-style-type: none"> Positive feedback has been received following the launch of the MEC newsletter which includes details of serious incidents to raise awareness and implement learning points. A Facebook group forum has been set up for multi-professional students and includes communications around additional training opportunities and works in partnership with the Higher Education Institutes (HEIs). Consideration of 	

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	<p>the equivalent Junior Doctors Together group is also being considered.</p> <ul style="list-style-type: none"> The Trust produce an update report for HEE prior to the MLE which details the main issues and updates on current concerns. 	

HEE Standard	HEE Quality Domain 3 Developing and Supporting Learners	Requirement Reference Number
3.5	<p>Learners receive clinical supervision appropriate to their level of experience, competence and confidence, and according to their scope of practice.</p> <p>Cardiology</p> <ul style="list-style-type: none"> The Trust advised that the appointment of new consultants to cover both Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire & Goole NHS Foundation Trust (NLAG) sites will provide clinical supervision from November 2022 at both HRI and CHH. A business case will also be submitted for 2 additional PDiT after it was identified that there is a shortfall. One ACP has been appointed with an additional 3 joining cardiology. This will help support the service and provide increased supervision. The clinical supervision domain in the GMC NTS score is 80.63 and is not highlighted as a red outlier. <p>O&G Speciality Concern – 22/0027</p> <ul style="list-style-type: none"> The Trust confirmed that the position remains the same, with trainers stepping down to cover rotas and there is concern regarding the PDiT training experience. However there appears to be an improvement in morale within the department. Additional staff have been recruited including 2 locum consultants and several International Fellows at ST5 level, who will commence in post from November. 	20/0023

HEE Standard	HEE Quality Domain 5 Delivering Curricula and Assessments	Requirement Reference Number
5.1	<p>Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.</p> <p>Trauma & Orthopaedic Surgery</p> <p>Supervision</p> <ul style="list-style-type: none"> • HEE reported concerns with the provision of support for PDiT at CHH in relation to consultant level ward-based care. Details of how this is being addressed are required. <p>Lack of Exposure to Arthroplasty and Elective Cases</p> <ul style="list-style-type: none"> • There are also concerns with the system set up for elective and arthroplasty experience, with level 1 and 2 cases going to other centres eg. Goole, Bridlington and Grimsby. However PDiT are not following these cases and therefore not receiving this experience. • The PDiT are in an elective hub with level 3 and 4 cases, which are ideally for senior PDiT who could assist in doing modular components, however these are being undertaken by the consultants. • HEE advised that there is the portability agreement and plans to move trainees around which have been discussed with the Chief Medical Officer. Confirmation of the plan for PDiT obtaining the relevant experience of arthroplasty is required. The PDiT need to be able to obtain the relevant exposure whilst at HUTH. • HEE advised that a portability system could be considered eg. 1 day a week out of the Trust to go to an elective list, there are 2-3 places that will take into elective sessions. • HEE reported that another Trust in the region have given the opportunity for PDiT to go out one day a week to do an elective list to and obtain training in areas that have the space to accommodate. • There were red outliers in the GMC NTS and the Trust confirmed that the department are aware of the issues but do not appear to have a solution. <p>Action: PR to approach the department and establish their plans in relation to supervision and exposure to arthroplasty and elective cases.</p>	

HEE Standard	HEE Quality Domain 5 Delivering Curricula and Assessments	Requirement Reference Number
	<p>have been identified as being required, with a proposal being submitted to Medical Staffing.</p> <p>Oncology Recent Concerns</p> <ul style="list-style-type: none"> • HEE recognise the great work that was undertaken pre-covid, following previous challenges in oncology, however some concerns had been reported from a small group of current PDiT. • The Trust acknowledge the concerns and work has been undertaken to address these. When the current PDiT commenced at the Trust there were challenges in relation to staffing. The rota includes 6 trust grade doctors however 5 of these posts were vacant. Whilst appointments had been made they were not in post due to visa requirements and it was challenging finding locums in the interim. This impacted on the PDiT who felt unsupported on the wards and impacting on educational opportunities with not being able to attend. • Throughout the Trust engaged with the PDiT to keep them fully briefed. Two consultants were appointed to support the PDiT and staffing is now robust with a full cohort of doctors on the wards. Improvements have been made and PDiT are now well supported and able to attend clinics. • There were concerns around assessments being undertaken, as oncology is an outpatient speciality consultants spend a lot of time in clinics and a daily ward round was not necessarily undertaken. Senior presence was improved with an on-call consultant daily ward round being introduced, the on-call consultant undertakes ward rounds twice a day and there is also a registrar on the ward. Recent feedback is more positive and most concerns that were raised have been improved. • The Trust are investigating the possibility of increasing training numbers, with 2-3 additional registrar posts, as part of the long-term plan. A report is currently being produced to identify how many PDiT, registrars, consultants etc there are currently and will review options following the findings. • HEE confirmed that they are satisfied that the recent concerns are being addressed. The Oncology Department are proactive in supporting the service. 	

Requirements

Requirement Reference Number	Review Findings	Action
15/0139 ISF2	The phlebotomy business case has been approved and work is underway to implement and improve the phlebotomy service.	<ul style="list-style-type: none"> • JK/CP to provide a copy of the business case and details of how this will be actioned. • Monitor progress and the impact of implementation in NETs and GMC NTS 2023.
19/0018 ISF1	Additional staff have been recruited and are present on the ward.	<ul style="list-style-type: none"> • MH to provide assurance that PDiT have time off in their rota to allow for attendance at clinics. • Once assurance has been received HEE will review with the potential of closing this requirement.
19/0020 ISF1	PDiT are able to access chemotherapy prescribing information using clinical letters and Lorenzo.	<ul style="list-style-type: none"> • MH/CP to provide assurance that PDiT can access all relevant chemotherapy prescribing information, protocols and policies. • Once assurance has been received HEE will review with the potential of closing this requirement.
19/0021 ISF1	A robust morning handover is in place. A post-take handover document has been produced.	<ul style="list-style-type: none"> • MH to provide a copy of the post-take handover document. • Monitor through NETS/ GMC NTS 2023 survey results.
20/0022 ISF1	Meetings to be held and subsequent action plan to be developed.	<ul style="list-style-type: none"> • LV to share the action plan when available. • Continue to monitor through progress towards the action plan. • Monitor through NETS/ GMC NTS

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Requirement Reference Number	Review Findings	Action
20/0023 ISF1	Clinical supervision to commence at HRI from November 2022.	<ul style="list-style-type: none"> Evidence of consultant presence at HRI. On receipt of rota HEE will review with the potential of closing this requirement.
20/0024 ISF1	Additional staffing will help towards enabling PDiT to receive SDT.	<ul style="list-style-type: none"> Monitor through the GMC NTS and Exception Reporting.

Good Practice

Learning Environment/Professional Group/Department/Team	Good Practice	Related HEE Quality Framework Domain(s) and Standard(s)
PDiT	Reinstatement of Junior Doctors Together Group.	1.1
PDIT	Launch of the MEC Newsletter	All
Multi-professional	Establishment of a Facebook group forum	All
Foundation Y2 PDiT	Trainee led regional weekly teaching sessions.	1.13
All	Production of Trust update report for HEE MLE meetings.	All

Glossary

ACP	Advanced Care Practitioner
AD	Associate Dean
CHH	Castle Hill Hospital
DME	Director of Medical Education
GMC NTS	General Medical Council National Training Survey
GoSWH	Guardian of Safe Working Hours
HEI	Higher Education Institutes

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HoS	Head of School
HEE	Health Education England
HLOD	Head of Learning and Organisational Development
HRI	Hull Royal Infirmary
HUTH	Hull University Teaching Hospitals NHS Trust
HYMS	Hull & York Medical School
JDF	Junior Doctor Forum
MEC	Medical Education Centre
MEM	Medical Education Manager
MLE	Monitoring of the Learning Environment meeting
NETS	National Education & Training Survey
NLAG	Northern Lincolnshire & Goole NHS Foundation Trust
O&G	Obstetrics and Gynaecology
PA	Physician Associates
PARE	Practice Assessment Records and Evaluation system
PDiT	Postgraduate Doctor in Training
PLF	Practice Learning Facilitator
QSM	Quality Support Manager
SDT	Self-Development Time
SLE	Senior Leader Engagement Meeting
TPD	Training Programme Director

Report Approval

Quality Review Report completed by	Sarah Walker, Quality Support Manager
Review Lead	Andy Lockey <i>Signed and Verified Electronically</i>
Date signed	Date: 31/10/2022
HEE Authorised Signature	Jon Hossain <i>Signed and Verified Electronically</i>
Date signed	Date: 07/11/2022
Final Report submitted to organisation	Date: 21/11/2022