

Quality review outcome report



Local office name:	Yorkshire and the Humber
Organisation:	Health Education England
Placements reviewed:	Clinical & Medical Oncology
Date of Review:	Wednesday 3 July 2019

Date of report: 3 July 2019

Author: Emma Diggle

Job title: Quality Coordinator

Review context

Background

Reason for review:	Poor GMC NTS 2018 survey data and local intelligence.
No. of Trainees met:	37
No. of supervisors / mentors met:	29
Other staff members met:	
Duration of review:	6.5 hours
Intelligence sources seen prior to review: (e.g. CQC reports; NSS; GMC Survey)	GMC NTS 2018, GMC NTS 2019, local intelligence, School self-assessment, Programme Summary and Presentation.

Panel members

Name	Job title
Bryony Simpson	Associate Dean and Clinical Lead for Quality (Lead Chair)
Kirsty Lowery-Richardson	Associate Dean (Chair)
Paul McCormick	Associate Dean
Alexander Bradshaw	External Advisor
David Ita	Lay Representative

Executive summary

Representation from the programme was excellent with twenty-nine educators and thirty-seven Trainees in the Yorkshire and Humber (Y&H) region in attendance. The review primarily focused on Sheffield Teaching Hospitals NHS Foundation Trust (STHT), Leeds Teaching Hospitals NHS Trust (LTHT) and Hull University Teaching Hospitals NHS Trust (Hull). The reason for the review was a result of poor General Medical Council National Training Survey (GMC NTS) results from 2018, poor feedback, and the potential future requirement to increase the number of doctors within the specialty. The high level of engagement from Educators and Trainees was welcome and appreciated. It should be noted that the TPD presentations and feedback from Trainees and Educators was excellent, with staff reporting that the TPDs are very approachable and supportive. Trainees reported that teaching is very good, and that they are all getting a Trust induction, with Trainees at Hull reporting that the induction at Hull is one of the best they have attended. Local induction is variable.

Numerous examples of multi-professional working within the Specialty were highlighted demonstrating how the specialty is progressing in terms of training, new models of working and utilising new roles. For example; STHT Trainees and TPDs reported working successfully alongside Physicians Associates (PA) and specialist nurses to help with workload. Further examples of good practice can be found on page 7.

There was a difference of opinion between Educators and Trainees in the area of supervision. Some Educators reporting that Trainees are too reliant on asking for supervision and are over supervised; resulting in Trainees losing confidence and not feeling able to make decisions themselves. However, the Trainees reported that they are regularly acting above their competences.

Trainees across the board perceived Oncology as an outpatient specialty with Trainees at Foundation level reporting that they spend a lot of their time on wards seeing only very ill and dying patients and miss opportunities to learn about different cancers and treatments. However, they are well supported and motivated by their registrars and can see 'the light at the end of the tunnel'. The panel recommended that more clinic attendance would help to balance this.

Educators and Trainees from Hull were vocal in highlighting the numerous challenges faced by the Trust. Both HEE and the school are aware of the current challenges as well as the historical concerns at Hull. A Learner/Educator visit took place on the 12 June 2019 and a Senior Leader Visit is being organised in the Autumn. Consequently several requirements have already been developed and the Programme Review findings confirmed these concerns. The main areas discussed were morale with one Educator stating that Hull is like a "poor relative" compared to STHT and LTHT, and that Hull has significant staffing issues at all levels (with Hull having a 50% fill rate compared with LTHT who have 100%). Additionally, it was felt that there is a dedicated team of consultants at Hull who can offer a good training programme and that if centres are increasing placements and consultant posts this needs to happen in Hull or they will be left behind. It was recommended by the panel that more engagement with Hull is needed so they feel more part of the training and research initiatives.

Trainees reported a poor work life balance at Hull, as a result of long term rota gaps and a lack of forward planning e.g. Trainees reported that they are not informed about the on-call rota until one week before the start, and one Trainee was doing 12 on calls a month (*Existing requirement: 20190612_HUTH_LearnerEducator_Oncology_Report, Requirement no: 19/0018 – Rota Management*). The panel recommended that clinician involvement in rota planning may be beneficial, this approach has been undertaken at STHT and has been well received.

Trainees also raised concerns that there has been no change to the phlebotomy provision at Hull, and they are being taken out of education to undertake phlebotomy (*Existing Requirement 20190612_HUTH_LearnerEducator_Oncology_Report, Requirement no: 18/0022 - Phlebotomy*). Trainees felt that the use of other healthcare professionals at Hull should be encouraged to free up trainee time.

Trainees described situations where there was no support on wards or clinical supervision. For example, a Hull GP Trainee tried numerous times to get hold of a registrar unsuccessfully. Upon next trying to contact the Consultant, they were reprimanded (*Existing Requirement 20190612_HUTH_LearnerEducator_Oncology_Report, 18/0021 – Clinical Supervision*).

LTHT Trainees reported that Exception Reports (ER) are not being completed due to pressure on Trainees to fill shifts and rota issues. For example, a LTHT Trainee was advised that they do not need to ER as they agreed to fill a shift and the ER they submitted was closed without any actions. It was recommended that Trainees report rota issues (particularly where they have been refused access to learning opportunities) to their Guardian of Safe Working Hours, and the DME, and exception report to ensure these concerns are documented.

Education at smaller hospitals - The panel noted that there are issues with the smaller hospitals such as Calderdale and Huddersfield not having time to train. It was recommended that the school need to address how we support smaller provisions.

Bullying & Undermining - Trainees did not report any incidents of bullying or harassment. However, an example of undermining was reported by Trainees at LTHT on the Haematology ward by an experienced nurse who threatens to report Trainees for refusing to do something and complains regularly about junior doctors. Trainees at Castle Hill, Hull reported a hostile environment and a nurse/doctor divide on a specific

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ward. As a result, Trainees are being swapped around wards to give them a break and not told which Ward they are going to until the Monday morning due to issues on Ward 31 which has a reputation for being 'toxic' (*Existing requirement 20190612_HUTH_LearnerEducator_Oncology_Report, Condition no: 19/0017 - Culture*). This is an ongoing concern which has now been escalated to the TPDS and HoS.

Patient Safety - Higher and Core Trainees based at LTHT felt that the Chemotherapy bleep is potentially a patient safety issue reporting that they are leaving very sick patients to attend a chemo bleep with no information about what they are being called for and sometimes finding that they are being asked to attend to minor concerns. For example; on one occasion a LTHT Trainee was bleeped, which would generally mean the patient may be going into anaphylactic shock. However, it transpired the trainee had been bleeped to look at a toe. Another Trainee reported that they had to carry 4 bleeps and cover 170 patients overnight (*Requirement No: 20190703_HEEYH_RQ1*).

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Educational requirements

Requirements are set where HEE have found that standards are not being met; a requirement is an action that is compulsory.

HEE Theme	LEARNING ENVIRONMENT AND CULTURE	
Requirement (Staffing)	Organisations must make sure that there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard.	
HEYH Concern Number	20190703_HEEYH_RQ1	
LEP Site	LTHT	
Specialty (Specialties)	Medical Oncology	
Learner Level	Higher and Core	
Concern 1	Learners report that there are insufficient staff on duty to provide a safe level of patient care and this has led to significant incidents.	
Evidence for Concern	Higher and Core Trainees based at LTHT felt that the Chemotherapy bleep is potentially a patient safety issue reporting that they are leaving very sick patients to attend a chemo bleep with no information about what they are being called for and sometimes finding that they are being asked to attend to minor concerns. For example; on one occasion a LTHT Trainee was bleeped, which would generally mean the patient may be going into anaphylactic shock. However, it transpired the trainee had been bleeped to look at a toe. Another Trainee reported that they had to carry 4 bleeps and cover 170 patients overnight.	
Action	Review staffing levels in Medical Oncology and develop an action plan to address the deficiencies.	3 months
Evidence for Action	Copy of review and action plan.	3 months
RAG Rating	RED	
LEP	<ul style="list-style-type: none"> • Copies of documents must be uploaded to the QM Database • Item must be reviewed, and changes confirmed with the HEE Quality Lead 	

Sign off

Report sign off

Outcome report completed by (name):	Emma Diggle
Chair's signature:	Bryony Simpson and Kirsty Lowery-Richardson
Date signed:	08 August 2019
HEE authorised signature:	Bryony Simpson (Associate Dean and Clinical Lead for Quality)
Date signed:	08 August 2019
Date submitted to organisation:	08 August 2019

Organisation staff to whom report is to be sent

Job title	Name
Head of School	Peter Hammond
Business Manager	Becky Travis
Programme Support Manager	Rachel Noble

Patient / Trainee safety concerns

Any concerns listed will be monitored by the organisation. It is the organisation's responsibility to investigate / resolve.

Were any patient/Trainee safety concerns raised at this review?	YES
To whom was this fed back at the organisation, and who has undertaken to action?	
LTHT	
Brief summary of concern	
Higher and Core Trainees based at LTHT felt that the Chemotherapy bleep is potentially a patient safety issue reporting that they are leaving very sick patients to attend a chemo bleep with no information about what they are being called for and sometimes finding that they are being asked to attend to minor concerns. For example; on one occasion a LTHT Trainee was bleeped, which would generally mean the patient may be going into anaphylactic shock. However, it transpired the trainee had been bleeped to look at a toe. Another Trainee reported that they had to carry 4 bleeps and cover 170 patients overnight.	

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that are worthy of wider dissemination, deliver the very highest standards of education and training or are innovative solutions to previously identified issues worthy of wider consideration.

Learning environment / Prof. group / Dept. / Team	Good practice	Related Standard(s)
STHT – Multi-professional Working	STHT Trainees and TPDs reported working successfully alongside Physicians Associates (PA) and specialist nurses to help with workload.	Standards 1, 3 and 5
STHT – Rota Planning	Clinician involvement in rota planning has been undertaken at STHT. This was reported to have worked very well and has been well received.	Standards 1, 3 and 5
STHT	Special note for STHT from the Chair – encouraging trends of improvement and the hard work and planning is clearly paying dividends with marked improvement reflected in the GMC NTS 2019.	All

Appendix 1: HEE Quality Framework Standards & Standards

Standard 1 - Learning environment and culture

- 1.1. Trainees are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.
- 1.2. The learning environment is one in which education and training is valued and Trainees are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.
- 1.3. There are opportunities for Trainees to be involved in activities that facilitate quality improvement (QI), evidence based practice (EBP) and research and innovation (R&I).
- 1.4. There are opportunities for Trainees to engage in reflective practice with service users, applying learning from both positive and negative experiences and outcomes.
- 1.5. The learning environment provides suitable educational facilities for both Trainees and educators, including space, IT facilities and access to quality assured library and knowledge services.
- 1.6. The learning environment maximises inter-professional learning opportunities.

Standard 2 – Educational governance and leadership

- 2.1 The educational governance arrangements measure performance against the quality standards and actively respond's 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 leadership promotes team-working and a multi-professional approach to education and training, where appropriate.
- 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 Trainees are identified or Trainees are involved in patient safety incidents.

Standard 3 – Supporting and empowering Trainees

- 3.1 Trainees 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 Trainees are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards and / or learning outcomes.
- 3.3 Trainees feel they are valued members of the healthcare team within which they are placed.
- 3.4 Trainees receive an appropriate and timely induction into the learning environment.
- 3.5 Trainees understand their role and the context of their placement in relation to care pathways and patient journeys.

Standard 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 Trainees 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.
- 4.5 Educators are supported to undertake formative and summative assessments of Trainees as required.

Standard 5 – Developing and implementing curricula and assessments

- 5.1 The planning and delivery of curricula, assessments and programmes enable Trainees 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 Trainees in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

Standard 6 – Developing a sustainable workforce

- 6.1 Placement providers work with other organisations to mitigate avoidable Trainee attrition from programmes.
- 6.2 There are opportunities for Trainees 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 Trainees 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 Trainee.

Appendix 2: HEE Risk matrix

Likelihood	RAG RATING MATRIX				
5. Almost Certain	G	A	AR	R	R
4. Likely	G	A	AR	R	R
3. Possible	G	GA	A	AR	R
2. Unlikely	G	GA	A	A	AR
1. Rare	G	G	GA	GA	A
Impact	1. Negligible	2. Minor	3. Moderate	4. Major	5. Significant

Likelihood	RAG RATING MATRIX				
5. Almost Certain	5	10	15	20	25
4. Likely	4	8	12	16	20
3. Possible	3	6	9	12	15
2. Unlikely	2	4	6	8	10
1. Rare	1	2	3	4	5
Impact	1. Negligible	2. Minor	3. Moderate	4. Major	5. Significant