**Yorkshire & Humber Trainee Wider Forum**

**Minutes of Meeting**

traineeforum.yh@hee.nhs.uk

**Date: 22/2/23**

**Venue: Online – MS Teams**

**Time: 9-12**

**Attendees invited (attended ):**

Emma Howe (EH) (Chair)  Charlotte Chuter (CC) (Wider Forum Lead)

Sara Page (SP) (Vice Chair)  Roxanne Cottrell (RC) (East Locality Lead)

Susan Stokes (SES) (Secretary)  Ugochukwu Uzondu (UU)(South Locality Lead)

Lauren Harkin (LH) (LTFT Lead)  Sanah Sajawal (SS) (West Locality Lead)

Lucy McCabe (LM) (Quality Lead)  Sara Khalid (SK) (Wellbeing & Support Lead)

Donnar Ejiofor (DE) (EDI Lead)  Jessie Tebbutt (JT)(Comms & Engagement Lead)

Laura Naish (LN) (EDI Lead)  William Sapwell (WS) (Employers Lead)

**Wider forum members present:**

Anaesthetics Dentistry  Emergency Medicine  Foundation

GP  Medicine  O&G  Ophthalmology

Paediatrics  Pathology  Psychiatry  Public health

Radiology  Surgery

**HEE present:** Julie Platts & David White (HEEYH Quality)

**Apologies:** Sarah Khalid

Acronyms:

|  |
| --- |
|  |
| **Welcome**  **Introductions, apologies**  **ITEM – Feedback from Trainee Representatives**  EH raising via email inquiry: car lease scheme  Different trusts have different policies. No deanery solution but it has been raised at deanery meetings. Deanery looking for single lead employer for YH, however this has not happened yet so still Trust-dependent.  Exception reporting: positive feedback: on advice from WS, a trainee has successfully advocated for herself to be paid for periods worded outside of contract. Should be Trust responsibility to disseminate useful information at induction. TEF is looking at creating a pack of useful information.  Introduction of Accent for SL: Limited notice and training given. Still differing between departments as departments are still requesting paper copies as well as Accent, or having to request SL via paper form and have it approved prior to submitting via Accent.  **Action point**: encourage trainees to attend WF and Locality meetings to have their voices heard/represented.  **ITEM: Applications open for TEF roles**  3 posts available – on website and disseminated via Dean’s office email  Link posted in chat  **Action point**: please feel free to apply or contact TEF if you’d like more information.  **ITEM: WF roles (You say, we will do) (CC)**  Aim to be well represented across the schools and across the region.  Seeking volunteers for more formal rep positions whereby reps will seek out and represent views/ideas/concerns of local trainees. It will provide ½ day professional leave pm to support involvement. Reps will be supported to work on improvement projects.   * can quarterly meetings be effective? can signpost to TEF and TEF can signpost. There is also a flowchart for escalation. * rep role will be most useful with specific focus (eg missed opportunities, ER, IMG issues, EDI issues, etc) * crossover with JDF? * what issues would be dealt with? eg missed educational opportunities * how can trainees know what they are entitled to? TEF reps have meeting with GOSW and will aim to disseminate what is learned.   **Action point**: CC will update WF at future meetings.  **ITEM: NETS results – Julie Platts (regional quality lead), David White (Quality intelligence officer) (HEEYH Quality)**  National Educational and Training Survey, running for 4 years now. 9 NETS categories. Results publicly available.  Slight dip in HEEYH since last year.  Negative gap emerging in workload and teaching between HEEYH and nationally.  Reasons not to recommend placement include rota/staffing, workload, inadequate teaching.  Reasons to recommend include: supportive supervision of clinical duties, adequate education.  Next NETS coming October 2023.  2021 HEE Deans EDI report to decrease inequalities in PGDME – tool being released soon to assess whether those with protected characteristics have less positive experiences.  approx 40-50% response rate nationally and in HEE YH. Such a useful tool for training – how can we promote NETS.  NETS is directly beneficial to trainees in training. It is different from the GMC survey.  Results of NETS are translated into action but trainees are not being made aware of any of it. Can these be disseminated to the trainee body? Apparently there is an app but trainees do not have access to it.  Very difficult to act as interface between trainees and HEE if we don’t have access to any information. Can the Quality team produce a communication of what is being improved? In the absence of good communication even potentially positive projects may be poorly received eg Accent. Can the WF help by disseminating the QI actions on behalf of the quality team?  How is communication happening? Not all trainees receive all the emails that they need.  **Action point**: Quality team to look at dissemination of information.  **ITEM: Learning from what is working well – Michelle Horridge, Richard James (WF PH reps)**  PH YH 40-50 trainees 50% medical 50% other. 5 years ST1-5.  MECClink service  Culture, trust, support. Whole school approach. Approachable HOS and TPDs. Safe space and communication. Trainees included in high level decision making.  Discussion around knowledge of school structures, things that schools do well, things they could do better.  eg Some specialties have specific protected weekly teaching –this can be taken to HEE – if it works, it should be rolled out to the other schools. Some schools only provide teaching out of hours – this potentially discriminates against parents/those who aren’t available outside of hours.  **Action point**: trainees to share positive/negative experiences of training with the TEF (onto the linked jamboard or via email) so that these can be shared with HEE.  **ITEM: Educational focus: Sustainability in Training – Jenny Girdler**  Health sector is vulnerable to climate change. Health sector is unfortunately also a major contributor to climate change. WHO has stated climate change is an emergency to health.  What can we do as trainees?   * Prevention/health promotion, * Patient empowerment/self care, * Lean care systems/virtual appointments, * low carbon/alternatives reducing single use instrument use.   Sus QI: setting goals, study system, design improvement, measure impact. Consider looking at a carbon hotspot – surprisingly instruments>pharmaceuticals>energy>inhalers>anaesthetic gases>waste.  Educate patients and empower them to make changes.  Resources available at Centre for Sustainable Healthcare (CSH)  Short courses: Intro to sus H, Sus dentistry, Sus QI  Join a sustainable network in your specialty  eLFH Environmentally sustainable healthcare  **Action point**: consider developing SusQI skills and projects.  **ITEM: Upcoming meetings including Locality Lead Drop Ins**  24/5/23 9-12 WF  Invitation to locality break out sessions  **Action point**: please feel free to join a Locality Drop In session now, or in the future – even if can’t attend main WF meeting.  **ACTIONS SUMMARY**   * encourage trainee colleagues to attend WF and Locality meetings * 3 TEF roles released: apply or contact TEF for more info * Role of trainee reps being developed by CC * follow up with quality team re communication/dissemination of information * please can trainees share positive/negative experiences of training with the TEF via email/jamboard so these can be shared with HEE (anonymised) * consider developing SusQI skills and projects |