**Programme review outcome report**

**Radiography**



# Local office name: HEE South West

# Organisation: University of Plymouth

# University of Exeter

# University Hospitals Plymouth NHS Trust

# Placements reviewed: Diagnostic Radiography, University Hospitals Plymouth NHS Trust

# Date of Review: 28th July 2020

## Date of report: 30th July 2020

## Author: Jane Bunce / Martin Davis

## Job title: Quality Lead / Associate Dean for Quality

# Review context

## Background

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| **Reason for review:** | The Radiography department at University Hospitals Plymouth NHS Trust (UHP) is currently under pressure due to staffing shortages. This is affecting service delivery and educational capacity for Diagnostic Radiography students. Two HEI radiography providers use UHP for clinical placement experience (University of Exeter and University of Plymouth).  Communication channels are not as clear and robust as they should be between the 3 organisations involved with placing/hosting students in practice.  The two Universities placing students with UHP have different philosophies for their course delivery. This has implications for expectations of placement experience This creates a layer of complexity for the provider UHP in respect of practicalities such as capacity, rotas, and the pastoral aspects of the learners experience. |

## Meeting attendees

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| **Name** | **Job title** |
| Martin Davis | Health Education England (HEE) |
| Jane Bunce | HEE |
| Carrie Biddle | HEE |
| Mark Wilson | HEE |
| Caroline Dunphy | University Hospitals Plymouth (UHP) |
| Kevin Baber | UHP |
| Hisham Khalil | University of Plymouth (UoP) |
| Amanda Price | UoP |
| Jennifer Jones | UoP |
| Rachel Burn | University of Exeter (UoE) |
| Ian Fussell | UoE |
| Karen Knapp | UoE |

## Executive summary

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| The concerns visit was triggered by intelligence indicating disagreement between University of Exeter and University of Plymouth Schools of Diagnostic Radiography programmes and the provider UHP, regarding the number of learners to be placed in the department. The numbers require to be agreed in a timely and universally accepted manner to ensure the quality of the learning environment meets the required standards.  All parties agreed that the concern was real. It is apparent that the provider has workforce recruitment concerns leading to challenges meeting service delivery and capacity to provide sufficient placements to meet the demands of the two schools. The workforce concerns are being addressed.  There doesn’t appear to be a process whereby concerns and future developments can be discussed in a productive fashion between the various stakeholders. Agreement was reached regarding the capacity the department can take for intake September 2020. Further discussion is necessary for future years. Induction for interval placements require further discussion.  HEE agreed to facilitate ongoing discussions with the HEIs and providers with the aim that a tri-party group can reach maturity where ongoing concerns and developments can be resolved with agreement by all. The group needs to explore and be prepared to implement new ways of education provision when this is going to lead to the benefit of patient care both in the immediate and long term. |

# Sign off and next steps

## Report sign off

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| **Outcome report completed by** *(name)***:** | Jane Bunce / Martin Davis |
| **Chair’s signature:** | Martin Davis |
| **Date signed:** | 16/9/20 |
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| **Date submitted to organisations:** | 16/9/20 |

# Findings and conclusions

## Risk scores (*1 – 25; see Appendix 2 for breakdown*)

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| **Scores prior to review:** | ***Likelihood 4, Impact 4, Risk score 16*** |
| **Proposed scores following review:** | **Likelihood 3, Impact 4, Risk score 12** |

## Educational requirements

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

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| **Were any requirements to improve education identified?** | | | **YES** |
| **Reference no.** | **Programme / specialty:** | **Learner / professional group:** | |
|  | *Radiography* | *Radiography learners* | |
| **Related Domain(s) & Standard(s)** | *Domain 1,2,5* | | |
| **Summary of findings** | Ensure numbers in the department allow a good quality learning environment | | |
| **Required action** | Agree placement numbers in sufficient time for learners and department to maximise the learning potential | | |

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| **Were any requirements to improve education identified?** | | | **YES** |
| **Reference no.** | **Programme / specialty:** | **Learner / professional group:** | |
|  | *Radiography* | *Radiography learners* | |
| **Related Domain(s) & Standard(s)** | *Domain 1,2* | | |
| **Summary of findings** | Ensure appropriate induction for all learners | | |
| **Required action** | To ensure that all learners have an induction appropriate to maintaining patient safety and maximising the learning to be achieved in the placement | | |

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| **Were any requirements to improve education identified?** | | | **YES** |
| **Reference no.** | **Programme / specialty:** | **Learner / professional group:** | |
|  | *Radiography* | *Radiography learners* | |
| **Related Domain(s) & Standard(s)** | *Domain 1,2,5* | | |
| **Summary of findings** | Lack of clarity regarding provision of radiography education | | |
| **Required action** | Ensure there is a robust decision-making group that hears the views of all stakeholders. Embrace innovation where it could lead to improvement in the patient and/or learner experience | | |

**Please also see actions within body of report.**

## Educational recommendations

*Recommendations are a proposal as to the best course of action.*

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| **Reference no.** | **Programme / specialty:** | **Learner / professional group:** |
|  | *Radiography* | *Radiography learners* |
| **Related Domain(s) & Standard(s)** | *Domain1,2,5* | |
| **Summary of findings** | It is a recommendation of this report that there is transparency in terms of the funding that the Trust receives for the education and training offered by the Radiography Department. | |

## Summary of discussions

MD began the meeting by explaining HEEs key priorities in order: safe for patients, quality of the learning environment and increased capacity.

In advance of this meeting, HEE had met with each individual organisation to discuss issues and concerns. The aim of the individual meetings was to clarify concerns in a safe space and enable an open dialogue to assist in enabling a productive outcome to the combined meeting (this report) MD outlined a summary of the observations made during those meetings:

* The Radiography department at UHP is currently under pressure due to current workforce numbers, and whilst appointments have been made to boost numbers, many of these staff have not yet started are will be new to working in the UK healthcare system or are newly qualified radiographers having recently completed training within the UK; this, at least in the short term, affects the departments capacity for placing Diagnostic Radiography undergraduate students.
* UHP has a strong education ethos. Once the newly appointed workforce within the Radiography department has been assimilated, an expansion of placement capacity would be feasible.
* Communication channels are not as clear and robust as they should be between the 3 organisations involved with placing/hosting students in practice. This is clearly leading to frustration admitted to by all parties.
* The two Universities placing students in UHP have different philosophies for the delivery of their courses This has implications for expectations of placement experience This creates a layer of complexity for the provider UHP in respect of practicalities such as capacity, rotas and the pastoral aspects of the learners experience.

All those present agreed the above as a fair summary.

**Numbers for September intake**:

The number of learners due to undertake a placement at UHP (Derriford and community sites) from September 2020 was confirmed as follows:

* Exeter x 11 (reduced from 12 in light of current pressures), but Exeter are recruiting to fill 12 places in future cohorts.
* Plymouth x 8 throughout the year with 10 for a period in the latter part of the academic year (reduced to fit in with UoE adjusted rota)

The University of Exeter has historically placed 12 students in UHP and wish to continue with this number because recruitment for 2020/21 has already been based on this number. UHP indicated that 8 placements have been offered to UoP in addition to the 12 placements accessed by the UoE. UHP were clear that the 8 placements offered to UoP were for 8 individual students.

UoP explained that students will be allocated to a cluster. Whilst 10 individual students are on the rota, they will not all be on placement at UHP at the same time but will use the Trust for short modules to access areas that other providers are unable to provide experience of.

UHP expressed that whilst not all students will be on placement in Derriford at once, they will still be under the umbrella of UHP and therefore have a responsibility for pastoral care, induction etc as they view placements in this respect. UHP confirmed they have agreed to 8 students from September. There is no formal agreement between UHP and UoP in terms of expected numbers for student placements.

UoP confirmed there will be a link tutor allocated to Plymouth to provide an overall view and support of the cluster across the different Plymouth placement sites. This concept has been designed to reduce pressure on UHP staff feeling they have to take responsibility for all UoP students across multiple sites.

The meeting was generally in agreement for the need to take a systems approach and for organisations to work collaboratively together to support all learners and to ultimately increase capacity for radiography students.

**Action**: A set of principles to be agreed in terms of how all parties agree and would like to work together in future. HEE to draft and to include commitment to meet monthly to start with and reducing in frequency following that; to learn from and share student incident reports; to utilise PDSA/reflection in action approach; partnership to support equity of treatment of HEIs. To consider when/if it would be helpful to include other providers into ongoing meeting schedule.

**Action**: UoP to provide clarity around how many students will be on the rota from September at UHP, so that the implications for the education team and department can be accurately assessed.

**Action**: JJ to provide UoP Practice Placement Handbook.

**Action**: It was agreed that a communication out to students was needed asap to confirm placements in UHP from September.

KK raised issues of current concerns regarding Death in Service cover and indemnity impacting on commitment for students. It was recognised there is a need to work together at a regional level to support the placement recovery, resilience, and expansion.

**UoP Interval placements**:

Interval placements are being utilised by UoP to ensure that students don’t lose clinical skills and confidence in between clinical placement and academic learning in the university. The process allows students to be placed in different departments at the weekend and covers 10-11 weekends.

UHP voiced concerns that students on interval placements could be placed at the hospital for the first time without having had a formal induction. This is a particular risk at the weekend where staffing levels are lower and therefore ability to ask for assistance is reduced. They support the philosophy but have concerns about how this will work in practice, whilst ensuring patient and student safety.

UoP explained that there is a date set at end of January for induction (Trust and departmental) and students will commence placements shortly after this. UoP confirmed all students will have previously been to UHP on placement in their previous year of training. UoP confirmed they have taken on feedback and students will now work 2-day weekends to ensure consistency and maximise learning/experience. A video overview of the department will also be provided to the student prior to placement.

UHP explained that they only have 6 Radiographers covering weekends and they do not have 7-day working arrangements in place. KB expressed concerns that students may not get as much out of placement as the HEI is expecting.

UHP have concerns about Interval placements. The Trust explained that they do not feel listened to by UoP and that the issues they have been highlighting have not been acted upon. They would like to move towards a more collaborative working together philosophy.

**Action**: As a way forward to addressing concerns about Interval placements, it was decided that a survey would collate feedback as the placements take place, to include staff and student views. The caveat to be noted is that no patient to be put at risk and where students have not previously experienced a placement setting e.g. Cumberland Centre, a thorough induction will be organized.

UoP confirmed that they will be happy to learn from feedback; will pay attention to safety and orientate students appropriately, as they would normally do.

**Action**: UHP agreed to clarify in writing the concerns they have around interval placements to ensure all areas are addressed as fully as possible prior to students commencing.

**Action**: Organisations agreed support from HEE was welcome going forward. HEE to arrange further meeting in September. HEIs would value discussing overall capacity at September meeting

# Appendix 1: HEE Quality Framework Domains & Standards

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| Domain 1 - Learning environment and culture |
| * 1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.   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.   3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), evidence based practice (EBP) and research and innovation (R&I).   4. There are opportunities for learners to engage in reflective practice with service users, applying learning from both positive and negative experiences and outcomes.   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 services.   6. The learning environment maximises inter-professional learning opportunities. |
| Domain 2 – Educational governance and leadership |
| * 1. The educational governance arrangements measure performance against the quality standards and actively respond’s when standards are not being met.   2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.   3. The educational leadership promotes team-working and a multi-professional approach to education and training, where appropriate.   4. Education and training opportunities are based on principles of equality and diversity.   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. |
| Domain 3 – Supporting and empowering learners |
| * 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.   2. Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards and / or learning outcomes.   3. Learners feel they are valued members of the healthcare team within which they are placed.   4. Learners receive an appropriate and timely induction into the learning environment.   5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys. |
| Domain 4 – Supporting and empowering educators |
| * 1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.   2. Educators are familiar with the curricula of the learners they are educating.   3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.   4. Formally recognised educators are appropriately supported to undertake their roles.   5. Educators are supported to undertake formative and summative assessments of learners as required. |
| **Domain 5 – Developing and implementing curricula and assessments** |
| * 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.   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.   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. |
| **Domain 6 – Developing a sustainable workforce** |
| * 1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.   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.   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.   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. |
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# Appendix 2: HEE Risk matrix



