

<b>Reporting to:</b>	<b>Trust Board, 3 December 2015</b>
<b>Title</b>	Integrated Education Report
<b>Sponsoring Director</b>	Victoria Maher, Workforce Director
<b>Author(s)</b>	Head of Education & Education representatives from CPE, CPF, IT Training, Therapies, Audiology, Pharmacy, Leadership Education, Libraries, Corporate Education, Postgraduate & Undergraduate Medical Education Teams.
<b>Previously considered by</b>	Workforce Committee - 13 <sup>th</sup> November 2015 Education Sub Committee - 5 <sup>th</sup> November 2015
<b>Executive Summary</b>	This report presents the Board with an overview of education and learning across the Trust over the last 12 months.
<b>Strategic Priorities</b>	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	<input checked="" type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5. Financial Strength: Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
<b>Board Assurance Framework (BAF) Risks</b>	<input checked="" type="checkbox"/> If we do not deliver <b>safe care</b> then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If the local health and social care economy does not reduce the <b>Fit To Transfer</b> (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm <input type="checkbox"/> Risk to <b>sustainability</b> of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient <b>patient flow</b> and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input checked="" type="checkbox"/> If we do not get good levels of <b>staff engagement</b> to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we do not have a clear <b>clinical service vision</b> then we may not deliver the best services to patients <input type="checkbox"/> If we are unable to resolve our structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment

<b>Care Quality Commission (CQC) Domains</b>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input checked="" type="checkbox"/> Receive <input type="checkbox"/> Review <input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve	<b>Recommendation</b>

# Integrated Education Summary Report 2014-15



***“ The NHS should continually and forever reduce patient harm by embracing wholeheartedly an ethic of learning.”***

***A promise to learn – a commitment to act. Improving the Safety of Patients in England, August 2013***

FOREWORD AND CONTENTS

*In this second Integrated Education Report, we confirm our continuing commitment to multi-disciplinary education and learning, together with an increasing focus on each and every member of staff performing to the best of their ability, whether clinical or non-clinical, in a patient facing or support role.*

*Staff education and learning is not the sole answer to all the challenges we face. All efforts in training and developing staff can be confounded if we fail to organise ourselves effectively, recognise our priorities, and keep our patients at the heart of our decision-making.*

*We do, however, recognise that as staff learn new ways of working and develop new skills and confidence, it can affect their engagement and commitment to the work of the organisation and improve our services to our patients. As pressures grow in the NHS and time is even more precious, we must continue to release staff from their busy day-to-day roles so that they have protected time and space to reflect and learn new skills. In this way, the Trust will truly become a 'learning organisation'.*

*In addition to focusing on getting the basics right, such as our clinical training and meeting our statutory and mandatory training requirements, we will support education and learning that helps staff embrace new technologies and more flexible ways of working.*

*A full report with detailed supporting information is also available on request. During 2015-16, we will continue to examine and transform the way we organise ourselves and support staff learning to grow staff resilience to meet the considerable challenges ahead.*

**Victoria Maher**  
Workforce Director

**Edwin Borman**  
Medical Director

**Sarah Bloomfield**  
Director of Nursing and Quality

Contents		Page
Section A	Introduction and Links to Strategic Objectives	4
Section B	Summary of Integrated Education Reports 2014-15	6
Section C	Some Priority Areas for 2015-16	24

## SECTION A - INTRODUCTION AND LINKS TO STRATEGIC OBJECTIVES

The continuing and increasing challenges facing the Trust and its staff are identified in the Trust, Care Group and Directorate Strategic plans, and these are reflected in the Trust's People Strategy. It takes into account the Care Quality Commission's guiding principles of services that are Safe, Effective, Caring, Responsive and Well-Led as we identify, provide and resource learning opportunities for our staff. We have also have been continuing to respond to the findings of the Francis Report, Cavendish, Berwick and Keogh Reviews as well as facing up to the structural issues that have impacted on the quality of our services and our performance. We are also faced with significant cultural challenges, changing technologies and an increasingly difficult financial environment.

Throughout all the structural, clinical and organisational changes, the various providers of education and learning within SaTH are committed to continue responding flexibly, as well as planning proactively, for a fast moving healthcare environment. Key challenges include:

Identified Area of Challenge	2014-15 Education and Learning Focus
<b>Service Configuration and Pressures</b>	<ul style="list-style-type: none"> <li>• Focus on clinical skills assessment and development according to role</li> <li>• Targeted education interventions address specific skills gaps when changing work areas or when services are reconfigured</li> <li>• Leadership Development programmes development and delivery</li> </ul>
<b>Delivering Core Standards</b>	<ul style="list-style-type: none"> <li>• Effective workforce planning and role design includes planning for education</li> <li>• Education aligned to Trust objectives, competence based and, wherever practicable, assessed.</li> <li>• Effective Appraisal &amp; performance management system focused on supporting staff to achieve</li> </ul>
<b>Quality of Services</b>	<ul style="list-style-type: none"> <li>• CQC and CQINN outcomes, focusing staff daily efforts on the highest clinical priorities</li> <li>• High quality clinical student placements support a sustainable skilled and caring workforce</li> <li>• Medical &amp; Clinical Education meets core Educational Quality standards and fully supports revalidation</li> <li>• Improved data for Key Workforce Performance Indicators show Care Groups how they are doing</li> <li>• Effective leadership development programmes designed by Executive Directors</li> <li>• Achievement of statutory &amp; mandatory training targets support safe and quality services to patients</li> </ul>
<b>Improving Staff Engagement at all Levels</b>	<ul style="list-style-type: none"> <li>• Support for Values based recruitment education and implementation</li> <li>• Effective induction and orientation of staff</li> <li>• Investment in Leadership and management development to improve effective engagement with staff and teams</li> <li>• Development of a coaching culture that supports staff engagement and performance</li> <li>• Workforce health and wellbeing initiatives to improve attendance, performance &amp; morale</li> <li>• The measurement of key engagement indicators is supported by robust action plans</li> </ul>
<b>Sustainable Services and Financial Strength</b>	<ul style="list-style-type: none"> <li>• The 5-year People Strategy and Workforce Plan outlines the proposed staffing numbers and skill mix required to meet service requirements , including education plans</li> <li>• The continuing provision of excellent medical and clinical student placements helps ensure the sustainability of clinical services</li> <li>• Education teams source and manage ring-fenced educational funding from a variety of sources to release pressure on organisational funds</li> <li>• Robust and valid Key Performance Indicators (KPIs) ensure multi-disciplinary Education contribution to performance</li> </ul>

Education is organised, delivered, recorded and monitored by a variety of teams and individuals in the Trust, with responsibility and oversight maintained by the Medical Director, Director Of Nursing and Quality and the Workforce Director. Education activity in SaTH is supported and guided by the Local Education and Training Council (LETC) under the auspices of the Health Education West Midlands (HEWM) Local Education and Training Board (LETB) and we work closely with a range of educational partners to achieve our objectives. Underpinning all our learning programmes and partnerships is the provision of quality assured Library service that support the delivery of an evidence-based service to our patients and which provides integrated service for our Commissioning and Community Health partners.

## SECTION B – SUMMARY OF INTEGRATED EDUCATION REPORTS

During 2014-15, a key organisational focus was ensuring that staff in clinical roles have access to underpinning knowledge and skills development and the Trust accessed around £200,000 from the ring-fenced Learning Beyond Registration NHS funds for the continuing professional development of registered healthcare staff in nursing, midwifery, allied health professionals and healthcare scientists.

Priority Areas of Activity	Some Key Outcomes 2014-15
<b>Nursing Education and Training</b>	
<p>In nursing, the priority continues to be to provide practical skills training and assessment , particularly in:</p> <ul style="list-style-type: none"> <li>• Medicines management and administration</li> <li>• IV Administration</li> <li>• Cannulation,</li> <li>• Venepuncture</li> <li>• Aseptic Technique</li> <li>• Catheterisation</li> <li>• Supporting newly appointed staff in RGN and HCA roles</li> <li>• Supporting multi-professional training</li> <li>• Role development to meet service challenges</li> <li>• Provision of high quality student placements for trainee nurses, Operating Department Practitioners in conjunction with Higher Education Institutes</li> <li>• Management of Learning Beyond Registration funding for registered healthcare Practitioners to meet clinical and service requirements supporting individual Continuing Professional Development</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical assessors identified and trained for all key areas to assess all qualified RGNs</li> <li>• Monthly compliance reports published</li> <li>• 105 RGNs qualified in IV skills</li> <li>• 62 RGNs qualified in cannulation</li> <li>• 60 RGNs qualified in venepuncture</li> <li>• Full programme of clinical skills teaching provided to Keele undergraduate medical students to meet curriculum</li> <li>• All FY1s completed clinical skills sessions with additional sessions offered (incl out of hours) to support doctors in difficulty</li> <li>• 20 Simman (simulation) sessions for Trust staff delivered in 2015-4-15 with excellent evaluation incl increased communication, leadership, human factors knowledge and teamwork</li> <li>• 20 practical work experience sessions provided for aspirant doctors</li> <li>• Comprehensive programme for overseas nurses incl deteriorating patient, communications, hospital at night, clinical skills and competency sign off</li> <li>• Preceptorship and ODP Preceptorship programme</li> <li>• Support for 791 Nurse Mentors provided</li> <li>• Completion of Educational Commissioning Quality Placement review</li> <li>• Nurse Training secondment programme run to support HCAs to undertake training to achieve full nurse registration</li> </ul>
<b>Women and Children’s Service Education and Training</b>	
<p>Priorities in W&amp;C were informed by the reconfiguration of services and opening of the new W&amp;C Centre at PRH and included:</p> <ul style="list-style-type: none"> <li>• Review of skills and competencies across units and embed skills assessments</li> <li>• Familiarisation training in new teams</li> <li>• Improvement in Education processes &amp; compliance</li> <li>• Ensure safeguarding training at appropriate level</li> </ul>	<ul style="list-style-type: none"> <li>• Improved training compliance across mandatory training</li> <li>• Increased multi-disciplinary training, including skills, emergency and simulation training</li> <li>• Tailored quality and safety initiatives</li> <li>• Development of trainers and facilitators to enable more effective cascade of training/assessments across units over next year.</li> <li>• Midwifery skills and competencies reviewed in line with planned rotations across all units</li> </ul>

<ul style="list-style-type: none"> <li>• Further development of Midwives' advanced skills, Examination of New born, Neonatal Life support and stabilisation training</li> </ul>	
<b>Therapies Centre Education and Training</b>	
<p>Therapies has continued to embed its new devolved multidisciplinary team structure following transformation in April 2014. This has included;</p> <ul style="list-style-type: none"> <li>• Implementation, development and consolidation of management structure</li> <li>• Leadership development</li> <li>• Therapy Assistant Development workshops, and monthly CPD sessions for teams.</li> <li>• Focus of LBR spend on priority service areas</li> <li>• Admin and Clerical staff skills development via in house training sessions, as well as new apprentice roles cross site.</li> <li>• Strengthen induction and competency systems</li> <li>• Improve appraisal impact</li> <li>• Increase use of evidence-based practice</li> <li>• Further develop multi-disciplinary development and education</li> </ul>	<ul style="list-style-type: none"> <li>• A significant programme of Continuing Professional Development run, assisted by over £31,500 accessed from Learning beyond Registration funding for registered healthcare professional staff. LBR spend focused on high priority areas such as management of acutely unwell patients, frail elderly patients, critical care and skills needed to support the new MSK tender for Telford and Wrekin CCG..</li> <li>• Development and provision of nutrition support training for clinical staff within SATH (e.g. fundamentals of care training, HCA developmental days)</li> <li>• Advanced communication skills training to improve patient outcomes</li> <li>• the development and hosting of joint CPD sessions (e.g. with Diabetes and Pressure Ulcer nurse specialists)</li> <li>• End of Life Care CPD</li> <li>• Close working with Coventry University to host highly regarded Dietician and OT Student placements and physiotherapy students from Keele University and other HEIs</li> <li>• Supporting interviews for students applying for OT placements</li> <li>• Supporting Speech &amp; Language Therapy students from BCU.</li> <li>• Continued investment in the leadership development of the Senior Therapies Leadership Team.</li> <li>• Workshops on team working</li> <li>• Development of shared IT drives to facilitate shared knowledge and generic information</li> <li>• Joint training sessions with Community colleagues, with integrated patient pathways as an key aim, in the first instance Stroke, Cancer and Frailty.</li> <li>• Delivery of educational programme as a result of the Macmillan Integrated Therapy Service development</li> <li>• A survey of staff on appraisal effectiveness with resulting actions to improve the impact of appraisals on staff performance and patient care and successful pilot site for new employee-led appraisal process</li> </ul>
<b>Audiology Education and Training</b>	
<p>Key priorities for 2014-15 have included:</p> <ul style="list-style-type: none"> <li>• Update clinical knowledge of Adult diagnostics, Bone Anchored Hearing aids, Paediatric Assessment eg Newborn Hearing Screening, Advanced diagnostics, Tinnitus and Hyperacusis to deliver the best clinical outcomes and improve patient experience</li> <li>• Advance knowledge of amplification techniques for Children and assistive technology to meet the needs of the new service level agreement providing hearing</li> </ul>	<ul style="list-style-type: none"> <li>• Six members of staff trained in assessment and fitting of Bone Anchored Hearing Aids</li> <li>• Masters level learning and GCP training has resulted in Shropshire Audiology's involvement in an international drug trial for tinnitus, the development of leadership capabilities such as business planning and lean thinking, together with involvement in the trust's dementia strategy</li> <li>• Investment in Paediatric training has meant that the paediatric service has successfully delivered a new SLA to provide hearing aids to children and ensured that clinical knowledge has been updated, together with addressing capacity shortfalls. Two staff members are now peer review assessors at national level of paediatric Newborn hearing screening.</li> </ul>

<p>aids to children</p> <ul style="list-style-type: none"> <li>• Develop research capabilities through masters level learning and national research opportunities to generate income and raise the profile of the Shropshire Audiology department</li> </ul>	<ul style="list-style-type: none"> <li>• A new dementia and hearing loss plan evolved across the trust in 2015 with the promotion of pink hearing aid boxes and training in deaf awareness to reduce lost aids, thereby achieving a cost saving to the trust and improving patient experience.</li> <li>• The Shropshire Implant Auditory Service (SAIS) has successfully been developed and seven Shropshire patients have been implanted and fitted with Bone Anchored Hearing Aids fulfilling a Head and Neck Business Plan objective.</li> </ul>
<b>Healthcare Scientist and Pharmacy Education and Training</b>	
<ul style="list-style-type: none"> <li>• Support the education of Pharmacy Support Workers, Technicians and Pharmacists</li> <li>• Delivery of Medicines mgmt. on Medical SSU programme, Undergraduate Medical Education and Postgraduate Medical Education Programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of NVQ level 2 and 3 by Pharmacy Support Workers and Technicians</li> <li>• In-house development of pharmacy assessors</li> <li>• Checker Technician education supported</li> <li>• Good results in Pharmacy Quality Assurance programme assessment</li> <li>• Undergraduate placements supported by a range of Pharmacy and Healthcare science departments</li> <li>• Continued embedding of NHS Modernising Scientific Careers programme</li> </ul>
<b>Statutory &amp; Mandatory Training</b>	
<p>2014-15 saw a focus on:</p> <ul style="list-style-type: none"> <li>• Improving compliance rates</li> <li>• Completion of action plans</li> <li>• Identifying and targeting Wards, Depts &amp; individuals with poor compliance records</li> <li>• Further review of content, length and effectiveness of SSU programmes</li> <li>• Supporting the introduction of a fully comprehensive SSU programme by W&amp;C services &amp; other tailored departmental programmes</li> <li>• Improved record keeping and reporting</li> <li>• Improved training facilities for Stat and Mandatory training</li> </ul>	<ul style="list-style-type: none"> <li>• Statutory and Mandatory Update training compliance rates rose from 52% to 63% by end March 2015</li> <li>• Completion of Deloitte action plans with on-going attention to CQC action plan</li> <li>• 470 evaluations were received and collated; the average over the year was 2.76 (with 0 being poor &amp; 3 being excellent). Various individual comments made on evaluation forms were fed back to trainers with minor improvements made to presentations. No negative trends were identified.</li> <li>• Extension of Health and Safety training portfolio to staff including gaining accreditation to run First Aid courses in-house thereby enabling flexible delivery to better meet the needs of our wards and departments.</li> <li>• Agreed access to PRH Clinical Skills laboratory (from Autumn 2015) to increase capacity of Statutory and Mandatory training courses at PRH</li> <li>• Purchased and implemented access to Equality and Diversity and Conflict Resolution e-learning courses to increase admin and clerical compliance</li> <li>• Plans finalised for 8-person IT training room in Learning Centre at RSH with access to SaTH computer systems to be opened Autumn 2015 funded by Libraries and Corporate Education within existing budgets</li> </ul>
<b>Corporate Education and Widening Participation</b>	
<ul style="list-style-type: none"> <li>• Target of 160 people undertaking an apprenticeship framework</li> <li>• Promote Apprenticeship take-up</li> <li>• Support the HCA Values based recruitment and induction process</li> <li>• Review the structure of the Vocational Learning Team</li> </ul>	<ul style="list-style-type: none"> <li>• IT Skills Pathway introduced in SaTH enabling all staff to access free e-learning on non-clinical software (Microsoft Office). 118 courses accessed to date with over 70% of completers stating that the learning improved their productivity and 100% recommending the programmes to other users.</li> <li>• 160 Apprenticeship frameworks undertaken</li> <li>• The Trust was recognised for its activity in this arena at the Health Education West Midlands NHS Apprenticeship Recognition Awards by receiving the Award for Large Employer of the Year and staff member shortlisted for Apprentice of the Year</li> <li>• Excellent Vocational Centre external assessments</li> <li>• 620 numeracy and literacy tests administered for new healthcare and phlebotomy staff</li> <li>• Over 70 referrals for Essential skills support</li> </ul>

<ul style="list-style-type: none"> <li>• Support the introduction of the Care Certificate for relevant staff groups</li> <li>• Co-ordinate the Trust Work Experience Programme and supporting Careers in schools and colleges.</li> <li>• Review Work Experience and Careers offerings</li> <li>• Improve data robustness</li> <li>• Run 2 x Princes Trust programmes per year</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of Local Education and Training Board “access to work” scoping exercise</li> <li>• 2 Princes Trust cohorts hosted in SaTH with excellent outcomes (7 achieving paid employment) and a drawdown of £7,500 to support each cohort</li> <li>• 212 individual work experience placements hosted in SaTH</li> <li>• 13 careers events directly supported by SaTH</li> <li>• Introduction of Sector Based Work Academy for Domestic Services</li> <li>• Introduction of Wellbeing Apprentices in partnership with TCAT</li> </ul>
<b>Leadership and Management Education</b>	
<ul style="list-style-type: none"> <li>• Roll out of Trust Leadership Programme</li> <li>• Development of Trust coaching culture</li> <li>• Delivery of Trust Leadership conference</li> <li>• Supporting Trust managers through a programme of workshops and development opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Trust Leadership Conference on the theme of Transformational Leadership run in Oct 2014 - over 200 attendees</li> <li>• Trust leadership programme launched and first 5 cohorts completed</li> <li>• Strengths Deployment Inventory (SDI) adopted as SaTH psychometric diagnostic tool of choice for personal and leadership development</li> <li>• 19 Trust coaches now accredited with plans for more – over 100 staff accessed Trust coaches in 2014-15</li> <li>• Management development workshops delivered including Managing Finance, Project Management, Decision Making, Appraisal, Equality and Diversity for Managers, Managing Change, HR workshops for Managers</li> </ul>
<b>Library &amp; Knowledge Services</b>	
<ul style="list-style-type: none"> <li>• Improve profile of service as more than just a student resource.</li> <li>• Increase sustainability of information resources in consideration of pressures on expenditure and anticipated subscription increases.</li> <li>• Move from librarian-selected stock to user-driven acquisition with reduced lead-times.</li> <li>• Change library staffing structure and skills-base in anticipation of future needs of users.</li> </ul>	<ul style="list-style-type: none"> <li>• 58,629 loans from our stock of over 25,000 books, over 20,000 log-ins to our on-site PCs and 24,832 successful searches made on the library catalogue. Refurbishment of libraries completed to improve user experience.</li> <li>• In terms of outcomes, we carried out a biennial survey and used impact assessments to gather the views of our customers and non-customers: <ul style="list-style-type: none"> <li>○ 74% of respondents said the service was “terrific”</li> <li>○ 72% of the research we carried out led to a change in patient care</li> <li>○ 81% of users of our clinical decision support tools said it helped prevent errors</li> <li>○ 50% of users attending our training courses said it led to a change in patient care</li> <li>○ Medical students scored our libraries higher than their university library</li> </ul> </li> <li>• Repackaged training so that all courses are specifically tailored to the individual/group requesting help. This included lunch-time sessions delivering pocket-sized training. Training delivered to almost 500 staff and students (excluding corporate inductions).</li> <li>• Services embedded further, incl. setting up an Intelligence Hub to support the Horizon-scanning group, in-project support for the Shropshire MSK group and work to incorporate a search box into the Clinical Portal taking the clinician directly to information resources.</li> </ul>
<b>IT Clinical Systems Training</b>	
<p>The key objective of the Patient Administration System (PAS) Training Team is to identify new starters and provide the PAS training required for them to commence work. Training and support for other IT Clinical Systems is managed by other departments in SaTH.</p>	<ul style="list-style-type: none"> <li>• Provision of Training in Class room style sessions, Bespoke ‘Group’ sessions, One to One sessions, Work-place based</li> <li>• Register of training maintained to ensure refresher requirements are managed</li> <li>• A register of staff and their privilege templates are recorded, reviewed and monitored by the PAS Training Team</li> <li>• Data Quality included in PAS training</li> </ul>

<b>Medical Education (Undergraduate, Postgraduate and Senior)</b>	
<ul style="list-style-type: none"> <li>• Work with Keele University to plan for increased medical undergraduate placements</li> <li>• Increase inter-professional training with a long-term plan of resource sharing</li> <li>• Develop a Faculty for developing programmes of simulation</li> <li>• To improve internet provision for students living in Rooftops Accommodation</li> </ul>	<ul style="list-style-type: none"> <li>• Successful delivery of Keele curriculum to increased number of students. (year 4 numbers increased from 50 to 58) – see letter from Head of School</li> <li>• Keele Medical School named 2<sup>nd</sup> in National Student Survey and 4<sup>th</sup> in Guardian League table for Medicine which University acknowledges we were a key contributor</li> <li>• Increased number of tutors obtaining formal educational training and formal educational CPD events</li> <li>• Keele University commendations of the Trust including leadership, communications with students, tutor support, inter-professional education simulation events, library services and administration</li> <li>• Close working between Undergraduates and Doctors in training facilitated</li> <li>• Design and delivery of DEEP education and training sessions (modules 7 &amp; 8) for all medical staff</li> <li>• Robust recording and professional and educational support for Revalidation, including appraiser training</li> </ul>

## SECTION C – SOME KEY PRIORITY AREAS FOR 2015-16

- Develop leadership capabilities of staff at all levels
- Increase manager and supervisor competence
- Identify and provide key skills development required for flexible and effective service delivery
- Achieve Statutory and Mandatory training compliance targets, including increasing capacity at RSH
- Ensure newly-appointed nurses and healthcare assistants, including overseas, are suitably prepared for role
- Increase nursing and clinical role resilience and flexibility
- Healthcare Assistant Update study days to be introduced
- Prepare for Nurse Revalidation
- Support service reconfigurations
- Support Leadership capability for Audiology Any Qualified Provider contract renewal
- Improve ability to deliver sustainable services through lean thinking, capacity and demand review and systems analysis, including Virginia Mason programme
- Embed and deepen audiology clinical knowledge in complex adult and paediatric patients such as tinnitus, hyperacusis, balance, dementia to provide the best clinical outcomes
- Expand and embed a health and safety proactive culture across a multi-centre service to consistently deliver to healthcare standards and sustain IQIPS accreditation status.
- Increased focus on identifying and evaluating outcomes from education and training activity
- Increase Keele University Undergraduate Student numbers at SaTH maintaining quality of education placements
- Review Undergraduate Administration and Tutor support arrangements for increased student numbers

Report to:	Trust Board – 3 December 2015
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Title	Quality and Safety Committee Annual Report 2014/15
Sponsor	Sarah Bloomfield – Director of Nursing & Quality
Author(s)	Jo Banks - Associate Director of Patient Safety Graeme Mitchell – Associate Director of Quality & Patient Experience
Purpose	The purpose of this report is to provide assurance to the Trust Board that the Quality and Safety Committee has carried out its obligations in accordance with its terms of reference since 1 <sup>st</sup> April 2014. This report describes the Quality Committee's activities from 1 <sup>st</sup> April 2014 to 31 <sup>st</sup> March 2015.
Previously considered by	N/A

### Executive Summary

The Quality and Safety Committee is a sub-committee of the Trust Board. Its role is to provide the Board with assurance on clinical quality and safety, including clinical effectiveness, patient safety, patient experience, and clinical governance. The committee also ensures that the Trust fulfils its obligations with regard to the Health Act (2009) and, specifically, with regard to the Health Service Regulations (2013), in relation to the preparation of the annual Quality Account. This report covers the period from 1<sup>st</sup> April 2014 to 31<sup>st</sup> March 2015. The committee meets every month and each meeting is preceded by a ward/department quality walkabout.

The committee has been chaired by Dr Simon Walford, Non-Executive Director (NED) since September 2013 and includes patient representative membership to ensure that the patient voice is heard throughout the work of the group. The Committee reports to the Board formally on its work with an annual report against its achievements. The Chair also escalates any matters that the Committee considers should be drawn to the attention of the Board when presenting a summary of the Committee's proceedings to every meeting of the Board.

Related SATH Objectives	SATH Sub-Objectives
We will always provide the right care for our patients and ensure that they suffer no harm	1. Reduce harm, deliver best clinical outcomes and improve patient experience.

Risk and Assurance Issues	1. If we do not deliver <b>safe care</b> then patients may suffer avoidable harm and poor clinical outcomes and experience 2. If we do not have a clear clinical service vision then we may not deliver the best services to patients
Equality and Diversity Issues	Not applicable
Legal and Regulatory Issues	The work of the committee supports and delivers quality and safety governance and assurance across the Trust.

### Action required:

To NOTE and DISCUSS the report

## 1.0 Summary

1.1 The purpose of this report is to provide assurance to the Trust Board that the Quality and Safety Committee has carried out its obligations in accordance with its terms of reference. This report describes the Quality and safety Committee's activities from 1<sup>st</sup> April 2014 to 31<sup>st</sup> March 2015.

## 2.0 Background

The Quality and Safety Committee is a sub-committee of the Trust Board. Its role is to provide the Board with assurance on clinical quality and safety, including clinical effectiveness, patient safety and patient experience. The committee also ensures that the Trust fulfils its obligations with regard to the Health Act (2009) and, specifically, with regard to the Health Service Regulations (2013), in relation to the preparation of the annual Quality Account. This report covers the period from 1<sup>st</sup> April 2014 to 31<sup>st</sup> March 2015. The committee meets every month and each meeting is preceded by a ward/department quality walkabout.

2.1 The committee has been chaired by Dr Simon Walford, Non-Executive Director (NED) since September 2013 and includes patient representative membership to ensure that the patient voice is heard throughout the work of the group.

2.2 The Committee reports to the Board formally on its work with an annual report against its achievements. The Chair also escalates any matters that the Committee considers should be drawn to the attention of the Board when presenting a summary of the Committee's proceedings to the next meeting of the Board.

## 3.0 Members and Attendees

The Quality and Safety Committee has a core membership of one Non-Executive Director in addition to the Chair. In addition to the non-executive members, the members of the Committee include:

Quality and Safety Committee	Year Ended 31 March 2015
Name and Title	Attendance
Dr Simon Walford (Chair from September 2013) Non-Executive Director	10/11 meetings attended (August 2014 meeting cancelled).
Brian Newman from April 2014	8/11 meetings attended.
Sarah Bloomfield Director of Nursing and Quality	11/11 meetings attended.
Dr Edwin Borman Medical Director	10/11 meetings attended (1 meeting represented by Deputy).
Debbie Kadum Chief Operating Officer	3/11 meetings attended. (due to another core meeting overlap, since resolved)
Muriel Fellows Patient Representative	10/11 meetings attended.

3.1 All other members of the Trust Board are permitted to attend and receive papers to be considered by the Committee, as agreed with the Committee Chair. If unable to attend a meeting, the Directors may be represented by a nominated deputy and this must be agreed before the meeting with the Committee Chairman. It is expected that a member or their nominated deputy will normally attend for a minimum of 80% of meetings in a year. Administrative support for the committee is provided by Miss Louise Allmark, Executive Assistant to the Director of Nursing and Quality.

#### **4.0 Meetings**

The Quality and Safety Committee met on 11 occasions between 1<sup>st</sup> April 2014 and 31<sup>st</sup> March 2015 with meetings scheduled every month. The draft minutes of the meetings are received by the Trust Board with a supplementary update provided by the chair. Each meeting is held with a quorum of 4 members, including 1 Non-Executive Director and 1 Executive Director.

#### **5.0 Assurance provided to the Quality and Safety Committee**

##### **5.1 Regular Reports**

Reports for assurance purposes are discussed by the committee and representatives invited to attend to discuss the reports or provide additional assurance/information to committee members. The committee received assurance on quality and safety issues in the form of reports covering the following areas below.

- External reviews
- Quality and Safety ward assurance visits (prior to each meeting)
- Integrated Performance Report including - Patient Safety Incidents, Pressure Ulcers/Falls/Serious Incidents/Safety Thermometer/ Infection Prevention and Control
- PLACE and cleanliness
- Clinical Audit
- CQUIN measures
- Safeguarding
- Complaints
- Patient Experience
- Mortality
- CQC Action plan following regulatory inspection during October 2014
- Cost Improvement Programmes (CIPs) and Quality Impact Assessments (QIAs)
- Equality and Diversity
- The Francis Report and subsequent actions
- Ward to Board Performance
- Inpatient survey action plan

##### **5.2 Themed reviews**

In addition to regular reports the Committee have received assurances and responses to in year developments and themed reviews including:

- Quality Assurance Framework
- Medical and Nursing Revalidation
- Review of Ophthalmology Incidents
- Improving the Safety of Patients in England: Sign up to Safety
- Research and Innovation
- Safer staffing
- Cancer services
- Harms due to RTT delay
- Critical Care standards
- CQC Mental Health Themed Review
- CQC Intelligent Monitoring Report – Nephrology Mortality Alert
- Duty of Candour/Being open report
- Implementation of NICE Guidance

### **5.3 Annual Reports**

As part of the committee work plan agreed in May 2014; the Committee has received the following annual statement reports including:

- Complaints and PALS
- Safeguarding Adults and Children
- Falls prevention
- Pressure Ulcer Review
- Infection Prevention and Control
- Cervical screening QA report
- Abdominal Aortic Aneurysm Screening
- Quality Account 2014/15

### **6.0 Trust Quality and Safety Performance**

#### **6.1 Patient safety**

The committee has overseen improvements to the rates of Clostridium Difficile Infections during 2014/15 with the Trust year end outturn being below the applied target. Likewise, the Trust also reported improvements in avoidable pressure ulcers and overall numbers of falls.

**6.2** A gradual reduction in Serious Incidents has also been observed, although the committee also notes the feedback from the National Reporting and Learning Service (NRLS) that the Trust is consistently above the median centile for general reporting of incidents overall; which is an indication of a proactive reporting culture.

#### **6.3 Safeguarding children and adults**

The committee received assurances in relation to safeguarding children and adults of how the organisation are discharging statutory duties in relation to safeguarding children under Section 11 of the Children Act (2004) and work within the guidance for Adult Safeguarding. In addition, assurances were provided as to how the Trust has responded to local and national developments, both internally, and as a member agency of the Local Safeguarding Children Boards ("LSCB") and the Local Adult Safeguarding Boards.

#### **6.4 Quality Improvement Framework**

During 2014/15 the Committee received updates on two wards that were undergoing a quality improvement framework (QIF). The aim of the QIF is to bring together a range of measures that provides a strategic overview and focus on the fundamentals of ward care and leadership; together with staff and patient feedback. Following sustained improvement and assurances given to the committee; one ward has been removed from the QIF process with only one ward remaining on a QIF across the Trust. Exception reports are provided to the Board for wards where 'significant concern' is raised by the Quality and Safety Committee.

#### **6.5 CQC inspection**

The Committee received an update through October 2014 – March 2015 on the CQC inspection regime and the planning undertaken by the project group in both preparing the Trust for inspection and the programme of work by the inspection team. The intention was for the Trust to strive for the best possible outcome to reflect the provision of safe and effective care and the good progress being made. The Committee was assured on the preparation in hand for the visit in October 2014 and the role of the project group overseeing the preparatory work with staff across the Trust. Following the inspection, a "requires improvement" notification was issued to the Trust by the CQC with associated actions required under the 5 CQC domains of safe, effective, caring, responsive and well led. It is agreeable to note that all actions within the CQC improvement plan are on a trajectory for timely completion.

#### **6.6 Complaints Improvement**

An annual report on complaints was reviewed by the committee in June 2014, and improvement work highlighted in relation to the style and timeliness of complaints responses. In previous years all

concerns raised in writing or via the Trust's website were handled as a formal complaint, regardless of the content. Many of these issues related to appointment or admission problems that could be resolved by the early intervention of the PALS team. All concerns are now assessed and where appropriate, and with the agreement of the complainant, these issues are now handled by the PALS team, thereby ensuring a timely response. Overall, this has led to a sustained decrease in the number of formal complaints received by the Trust.

## **6.7 Patient Experience**

The Quality and Safety committee received two CQC Patient Experience reports in the 2015; the first was a report of the 2014 Inpatient survey. A report on the survey was reviewed by the committee and the improvement work was identified.

The committee also received the report of the 2014 CQC National Children's and Young person's survey, this report highlighted that the Trust was one of the best performing Trusts in the region. The committee reviewed the report and the improvement work identified.

During 2014/15 the Trust was tasked with rolling out the Friends and Family Test (FFT) to Outpatient departments and to achieve and maintain the required response rates for the wards (40%) and Emergency Departments (20%), to achieve this trust set in place improvement actions to achieve and sustain the required response rates. The Trust reported a year end FFT score which was significantly higher than the previous year end score. The trajectory for FFT response rates was demonstrating an upward trend at year end. The committee receives monthly FFT reports via the Integrated Performance Report (IPR).

The committee receives patient experience metrics in the form of the Ward to Board (W2B) patient experience scores extrapolated from the W2B dashboard, and reported in the IPR section of the Q&S committee papers.

In December 2014, the Heathwatch Telford and Wrekin conducted an "Enter and View" visit to ward 10 at Telford Princess Royal site. In January 2015 the local Healthwatch Shropshire conducted a statutory "Enter and View" visit to the Ophthalmology Clinic at the Shrewsbury Hospital. The committee received and reviewed the reports and the associated improvement actions.

The Patient Engagement and Involvement Panel (PEIP) have continued to support the Trust in its objective of providing high quality safe care. They have been provided with additional training to support them in their role during 2014, including Dementia awareness training and Sit and See training. The terms of reference and job descriptions for members of the panel was reviewed and agreed during August 2014. PEIP have continued to collect patient feedback and have worked collaboratively with ward leaders and Matrons. PEIP take the lead on the Patient Led Assessment of the Clinical Environment (PLACE) a statutory assessment of clinical areas for cleanliness and the suitability of the estate and food service. The PLACE report is reviewed by the Q&S committee.

## **6.8 Listening Events**

The Trust ran a series of series of public listening events across the County and Mid Wales during 2014/15. At the Listening Events we asked our service users for their feedback around a range of issues, we used the feedback from our national CQC surveys as a tool to promote discussion at the events. The feedback from the events was mapped against the 5 CQC quality domains of safe care, effective care, and responsiveness, and well led service. Over 100 members of the public participated in the events. The feedback we received was analysed and used to inform our future patient experience strategy and patient experience priorities. The committee received and reviewed the report from the Listening Events.

## **7.0 Conclusion and forward priorities**

The Committee maintains a work plan and calendar of key events in order to manage its business effectively. It is acknowledged that the Committee continues to develop with supporting sub-groups such as the IPC committee and Clinical Governance Executive (CGE); becoming increasingly effective in delivering assurance and governance within its scope. Priorities and challenges for the next 12 month will be to:

- Continue to monitor and ensure that appropriate arrangements are in place for measuring and monitoring clinical quality, patient experience and the health and safety of our patients, service users, carers, visitors and staff.
- Continue to provide assurance to the board that quality and safety governance is robust and effective, and support the delivery of the Trusts strategic objectives.
- Continue to review and scrutinise sources of assurance relating to clinical safety for patients and service users and reports to board.
- Oversee the implementation of the Trusts Quality Improvement Strategy and priorities going forward within the Quality Account for 2014/15.

### **8.0 Recommendation**

The Board is asked to **receive** and **note** this report.