Reporting to:	Trust Board - 26 September 2013
Title	Research & Development (R&D) Annual Report 2012/13
Sponsoring Director	Dr Edwin Borman
Author(s)	Dr Nigel Capps, R&D Director, & Marion Adams, R&D Manager
Previously considered by	
Executive Summary	This report is an overview of the work of the Research and Development Dept in 2012/13. The report includes recruitment for the year, research and financial governance and a summary of the aims, objectives and challenges for 2013/14.

Strategic Priorities	Operational Objectives
☒ Quality and Safety ☐ Healthcare Standards ☒ People and Innovation ☐ Community and Partnership ☐ Financial Strength	QS9 Focus on improving clinical outcomes PI5 Deliver benefits for patients from Academic Health Sciences Network, High Impact Interventions and Research and Development

Board Assurance Framework (BAF) Risks	☒ Deliver Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience ☐ Achieve safe and efficient Patient Flow or we will fail the national quality and performance standards ☒ Clear Clinical Service Vision or we may not deliver the best services to patients ☒ Good levels of Staff Engagement to get a culture of continuous improvement or staff morale and patient outcomes may not improve ☐ Appoint Board members in a timely way or may impact on the governance of the Trust ☐ Achieve a Financial Risk Rating of 3 to be authorised as an FT
Care Quality Commission (CQC) Domains ☐ Safe ☒ Effective ☒ Caring ☒ Responsive ☒ Well led	**Outcomes** EFFECTIVE - 12: Requirements relating to workers - People should be cared for by staff who are properly qualified and able to do their job. CARING - 1: Respecting and involving people who use services - People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run. 4: Care and welfare of people who use services - People should get safe and appropriate care that meets their needs and supports their rights. RESPONSIVE - 2: Consent to care and treatment - Before people are given any examination, care, treatment or support, they should be asked if they agree to it. WELL LED -14: Supporting workers - Staff should be properly trained and supervised, and have the chance to develop and improve their skills.

Recommendation	The Board is asked to: ☒ **Receive** ☒ **Note** ☐ **Review** ☐ **Approve**

The Shrewsbury and Telford Hospital NHS

NHS Trust

The Shrewsbury and Telford Hospital NHS Trust Research & Development (R&D) Annual Report 2012/13

Authors: Dr Nigel Capps, Director of R&D and Marion Adams, R&D Manager

Aims:

- Improve outcomes in health care through research within a high quality caring environment.

- To promote high quality research across the Trust within a framework of effective, efficient research governance and Good Clinical Practice (GCP) and develop the infrastructure to support this core NHS work.

- Meet national requirement for recruitment into portfolio trials to time and target.

- Maintain good financial governance.

Background:

The Trust has been active in research for many years. This has grown and developed since the Department of Health (DH) set up the National Institute for Health Research (NIHR) in 2006 to create a world-class health system within the NHS. Within this framework Topic Networks and Comprehensive Local Research Networks (CLRNs) were established to provide the infrastructure to support high-quality clinical research and enable a doubling of recruitment into national portfolio trials over a 5 year period from 2009 to 2014. Our Trust is part of the West Midlands North CLRN.

Research is one of the tripartite agenda items for the NHS and continues to be essential for the Health and Wealth of the Nation. It provides the evidence base for improving care and health outcomes. It crosses across all the clinical services, with the R&D department providing the essential infrastructure for all specialities to have the opportunity to offer their patients participation in clinical trials.

The Research & Development Committee provides a strategic vision in the implementation of the National Research Governance Framework and supporting the implementation of the NIHR and CLRN objectives to:

- Increase the number of patients participating in clinical trials

- Improve the speed, quality and integration of research

- Provide equity of access to high quality research

R&D Objectives:

- To ensure all research taking place within the Trust is run in accordance with current legislation and GCP.

- To encourage current Investigators and potential new Principal Investigators (PIs) to develop their research activity with a focus on UKCRN portfolio studies and Industry funded commercial studies.

- To identify barriers to research and work towards overcoming these.

- To double recruitment into clinical research studies over the 5 years to 2014, in line with DH strategy, making available to patients as wide a variety of high quality clinical studies as Trust resources will support.

- To provide the infrastructure, support and advice required by potential and active researchers.

- To maintain an overview of current research with respect to governance, GCP and recruitment and take appropriate action where inadequacies are identified.

- To ensure adequate funding from the Research network(s) and commercial activity to support the service.

Achievements

Recruitment:

In 2012/13 SaTH recruited 1230 patients into national portfolio studies plus 43 patients into other Research Ethics Committee (REC) approved studies. Although this was a reduction compared with the previous year, when a total of 1389 were recruited, nationally the Trust has improved its rating slightly being 28th of 44 research active large acute trusts as against 27th of 41 such trusts in 2011/12.

Importantly, 7 studies were industry/commercial which recruited 167 patients, with 1 non-portfolio industry commercial study recruiting a further 5 patients. SaTH had 3 Chief Investigators for multicentre commercial trials and there were 2 in-house REC approved research studies open during the year, recruiting 38 patients.

Within Cancer there is a sub target of 178 patients (7.5% of cancer incidence) to be recruited into randomised controlled trials (RCT). Although recruitment fell short of this it showed a 34% increase on 2011/12 with actual recruitment of 130 patients entered into cancer RCTs.

Specialty	Total no of studies 2012/13	Recruitment 2012/13
Cancer	24	301
Cardiovascular	3	137
Gastro-Intestinal	16	443
Stroke	2	32
Respiratory	1	1
Reproductive Health	3	30
Medicines for Children (inc non drug studies)	5	63
Renal	2	22
Surgical	1	6
Dementia	1	189
Dermatology	1	6
Other	4	43
Totals	60	1273

Where trials are adopted by more than 1 specialty they have been assigned to the specialty of the PI

- The Trust also acts as a Continuing Care site for local children recruited into cancer studies at Birmingham, delivering all relevant treatment and follow up care.

- Time to recruitment of the first patient following the opening of a study has been considerably reduced with the introduction of lean working practices and a parallel process for study governance review and clinical set-up. This is now fully embedded and the work has been presented across the WMN CLRN and the cancer research network.

- Two cross site promotional events have been held, targeting staff and patients. The patient event included an interactive game to demonstrate the principles of randomisation and was held in all major entrances into the two hospitals. The local press provided coverage about the event and interviews on Radio Shropshire with the Research Manager, Lead Research Nurse and Patients participating in clinical trials.

Research Governance:

- 14 new portfolio studies were approved during the year plus 3 continuing care studies and 3 patient identification centre approvals. R&D also advised on and the R&D Committee reviewed 15 projects requiring trust approval but now outside the remit of Research Ethics Committees. From December 2012 all studies have been approved within 30 days in line with national targets.

- Risk assessments were undertaken with PIs prior to approving new studies within the Trust. The risk assessments are undertaken by the R&D manager or suitably experienced research nurses/allied health professionals.

- Research nurse/allied health professionals (AHPs) and administrative support were provided from the Clinical Trials team within R&D to support national portfolio and commercial research. A Lead Research Nurse for the Trust has been appointed with a Team Lead for cancer and 1 each for RSH & PRH generic research teams.

- Where specialist nurses/AHPs become involved in research within their main clinical role they have been given training and support by R&D. A research nurse/AHP forum has been established to support CPD, provide peer mentoring, quality review and service improvement.

- Where appropriate, research nurses/AHPs have been enabled to take written consent in clinical trials provided they are competent to do so. There is a clear, up to date policy for this.

- Mandatory Accredited Clinical Trial Good Clinical Practice training and 2 yearly updates were provided free of charge for Trust staff via the research networks.

- Research SOPs are available to all on the R&D intranet page with a full list of current trials and staff. A summary of activity is available on the Trust internet site.

Financial:

- The research and development department continues to be fully self-funded from external income receiving £967,524 from participation in National Institute of Health Research and pharmaceutical/industry sponsored trials.

- NIHR income is ring fenced and can only be used for the additional staff costs and service support costs resulting from involvement in national portfolio research. This includes research nurses/allied health professionals, trials data co-ordinators and facilitators, PI's time and to the support services i.e. Pharmacy, Pathology, Radiology, Cardiorespiratory and Radiotherapy physics. A quarterly breakdown of named research staff costs is provided to the CLRN for reporting back to the DH.

- Commercial income studies are costed using National Costings. Trial income is shared between the service delivery unit in which the research takes place, the support services involved and the R&D department who provide the trials staff to support the PI. . A Standard Operating Procedure is in place based on national guidelines. Commercial income funds several of the R&D clinical and non-clinical posts.

- The capacity build element of commercial trial income has funded:

    o 1 PA for a research active gastroenterologist.
    o Costs of the work undertaken reviewing educational projects and service evaluations
    o Non pay items.
    o The 2 moves that were required of the R&D and Clinical Trials staff, firstly into Portakabins for seven months then into clinic 9.

- Participation in cancer clinical research during 2012/13 resulted in savings in oncology drugs and chemotherapy day centre (CDC) chair time from 2 studies evaluating reducing the number of chemotherapy cycles.
  This resulted in a saving of 96 chemotherapy day case attendances and drug savings of 54 cycles of herceptin and 42 cycles of capecitabine and oxalyplatin

Developmental:

- Plans were agreed to develop the adult research nurses to support the developing paediatric research.

- R&D provided additional funding to Gynaecology and obstetrics for a second research midwife (part time) on a short term basis to assess the impact this could have on recruiting to time and target. This appears to have contributed to a rise in recruitment

- Dermatology are interested in developing a research portfolio but have had to put this on hold due to consultant shortage. This is hoped to be resolved during 2013/14

- A paper from R&D has been presented to the Board and future presentations are planned

- A Research Trust award is being introduced in the next round of awards

- R&D presence at new doctors induction has been agreed

- Work continues to introduce research onto clinical governance agendas.

- Public and staff awareness promotional events have been held in and outside the Trust including local press coverage and local radio interviews with staff and trial patients.

Challenges

- Recruitment needs to grow to meet our aspirational target of 1600 patients whilst delivering a balance of study types across all disease areas in line with national priorities.

- To meet the cancer research target for RCTs of 178

- Meeting national metrics of time to approval, time to first recruitment and recruitment to target.

- To increase the number of commercial studies in the Trust to provide additional opportunities for patients to access new drugs and bring in income.

- The pressing accommodation needs at PRH and the ongoing threat to the current accommodation for R&D/Clinical Trials at RSH

Objectives and Priorities for 2013/14

- Meet national target for study approval process time lines of ≥ 80% gaining local approval within 30 days.

- Work towards ≥ 80% of studies where annual recruitment target is 12 or more recruiting first patient within 30 days of approval.
- Support local Principle Investigators in becoming Chief Investigators for 2 or more multicentre studies

- Increase the number of commercial studies recruiting during the year from 7 in 2012/13 to 10 in 2013/14

- Open drug studies in haematological cancer and in emergency medicine.

- Increase engagement with patients, general public and the Trust at all levels to promote research activity within the Trust

Additional Long Term Objective

- Increase engagement with all professional groups to encourage new researchers to develop own account research

- Develop the infrastructure within R&D to drive and support high quality local research including protocol writing, grant application, Research Ethics Committee submissions and national portfolio adoption applications.

- Increase commercial trial activity to provide capacity build funds for the above and ongoing research nurse/allied health professional and administrative support to see local studies through to conclusion.

- Develop academic links with local universities and access to statistical support for local researchers.

Reporting to:	**Trust Board**
Title	Integrated Education Report 2012-13
Sponsoring Director	Victoria Maher, Workforce Director
Author(s)	Acting Chief Nurse, Head of Education, Trust Education & Training teams
Executive Summary	Staff at all levels and in all roles, clinical and non-clinical, need to be skilled knowledgeable and up to date about the most effective ways of caring for our patients. Education and learning is a valued and key activity in the organisation as a way of supporting staff to improve the quality of the service they deliver and the outcomes for patients. During 2013-13 we: • Provided over 80 Foundation Doctor training positions in conjunction with the West Midlands Deanery • Supported 161 staff to complete vocational qualifications in subjects such as Care, Physiotherapy and Occupational Therapy support, Business and Administration • Increased our focus on leadership and management development with over 182 places being taken up on leadership training programmes or accredited courses of study • Enabled over 100 staff to take up coaching support from an accredited coach • Extended the knowledge services available to staff to ensure evidence based practice • Reviewed our personal and patient safety related training and put an improvement plan into place • Enabled over 80% of staff to take up learning opportunities During 2013-14 we will: • Review and further increase our leadership development activity to recognise that high quality leadership needs to be supported at all levels of the organisation • Introduce a mandatory Essentials of Care programme for all nursing staff • Support the Trust's transformation programme with patient-focused education and learning • Embedding the Trust's Values in all our learning programmes and a revitalised appraisal process • Ensuring that all staff meet fundamental requirements (in line with our NHS Litigation Authority level 2 commitment) and introduce a mandatory Essentials of Care programme for all nursing staff. • Supporting the Care Groups to manage their staff effectively • Supporting staff to carry out their roles flexibly in changing circumstances • Delivering high quality education to staff and students within resource constraints • Increase the take up of e-learning to enable staff to make the most of this resource. • Work with managers to ensure that they are able to access timely data to ensure their staff have undertaken all required learning • Hold a second SaTH Leadership Conference available to all staff which showcases best practice and evidence-based leadership • Continue to improve our attendance at patient and personal safety related training • Improve our appraisal process to ensure that it reflects Trust Values • Support a second cohort of staff to achieve an accredited coaching qualification that results in honest, open, respectful and challenging conversations which support personal accountability.

Strategic Priorities	Operational Objectives	
☒ Quality and Safety	QS1	Reduce avoidable deaths
☒ Healthcare Standards	QS2	Improve the nutritional status of patients and hydration and fluid management
☒ People and Innovation	QS3	Enhance communication and information for all patients and their carers
☐ Community and Partnership	QS4	Eradicate all avoidable grade 3 and 4 pressure ulcers
☐ Financial Strength	QS5	Reduce the number of RIDDOR reportable falls
	QS7	Achieve all CQUIN targets and PROMs to improve safety and patient experience
	QS9	Focus on improving clinical outcomes particularly for stroke and fractured neck of femur
	HS3	Deliver all key performance targets
	P11	Implement a Staff Engagement Framework that improves employment experience and reduces absence to less than 4%
	P13	Increase workforce flexibility through new roles and working practices
	P14	Build leadership and management capability
	P15	Deliver benefits for patients from Academic Health Sciences Network, High Impact Interventions and Research and Development
	CP3	Deliver the benefits for patients through the implementation of the RAID service (Rapid Assessment Integrated Discharge) and dementia practice
	CP5	Deliver priority health and wellbeing initiatives
	CP6	Achieve sustained improvement in trust, confidence, reputation, customer service and public / community engagement
	FS2	Deliver our milestones within the Women and Children's services reconfiguration plan
	FS7	Produce a strategy for integrated clinical and patient information systems and associated IT
	FS8	Complete Pathology reconfiguration and Central Sterile Services Department (CSSD) tender exercise
	FS9	Develop environmental and sustainability through Good Corporate Citizen progress

Board Assurance Framework (BAF) Risks	
	☒ Deliver Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience
	☒ Achieve safe and efficient Patient Flow or we will fail the national quality and performance standards
	☒ Clear Clinical Service Vision or we may not deliver the best services to patients
	☒ Good levels of Staff Engagement to get a culture of continuous improvement or staff morale and patient outcomes may not improve
	☐ Appoint Board members in a timely way or may impact on the governance of the Trust
	☐ Achieve a Financial Risk Rating of 3 to be authorised as an FT

Care Quality Commission (CQC) Domains	Outcomes
☒ Safe	**CARING**
☒ Caring	1. Respecting and involving people who use services – People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.
☒ Responsive	
☒ Effective	4. Care and welfare of people who use services – People should get safe and appropriate care that meets their needs and supports their rights.
☒ Well led	

Recommendation	The Board is asked to: ☒ Receive ☐ Note ☐ Review ☐ Approve

The Shrewsbury and Telford Hospital NHS

NHS Trust

Integrated Education Report
2012-13

" 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

Education and learning is a vital component in enabling staff at all levels and working in all disciplines to fulfil their potential and deliver compassionate, skilled and effective care to our patients. Too often, we have seen the results in the NHS when staff stop listening and learning from service users and each other.

Of course, staff education and learning by itself can be no substitute for failing to organise ourselves effectively, recognise our priorities, and keep our patients at the heart of our decision-making. In SaTH we are striving, however, in challenging circumstances, to achieve significant changes in the way we organise and deliver our services. In fact, we believe the most effective way of delivering excellent clinical services to our patients is by combining high quality education with inspirational leadership, values-based decision-making and sound performance management.

In this Integrated Education Report, we are signalling our commitment to multi-disciplinary education and learning, together with a 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.

In order to deliver this, we will combine a revitalised appraisal process with investment in education and learning support, as well as encouraging a culture of individual commitment to learning. 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.

During 2013-14, we will build further on the achievements of the previous twelve months to ensure sound educational underpinning for future challenges.

Victoria Maher
Workforce Director

Edwin Borman
Medical Director

Sarah Bloomfield
Acting Chief Nurse

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The challenges facing the Trust are identified in the Integrated Business Plan, Clinical Services Strategy, and NHS Trust Development Agency (NTDA) agreed action plan for 2013-14. In particular, we must ensure that they way we provide education in the Trust responds to the findings of the Francis Report, Cavendish, Berwick and Keogh Reviews. We are also faced with significant cultural challenges, changing technologies and a significantly difficult financial environment.

Throughout all the structural, clinical and organisational changes, the various providers of education and learning in SaTH will continue to respond flexibly, as well as plan proactively, for a fast moving healthcare environment. Key challenges include:

Identified Area of Challenge	How Education and Learning Contributes to Meeting these Challenges
Configuration of Services and Bed Capacity	• Clinical educators focus on skills assessment and development to ensure all staff are appropriately skilled for their role • Colour of Change workshops assist staff to improve the way they experience and respond to changes at work • Education leads work with different staff groups to understand and plan for the way that service changes impact on the skills and education that staff need • Multi-skilled staff can be transferred to support areas experiencing high pressure • Targeted education interventions address specific skills gaps when changing work areas or when services are reconfigured
Delivering Core Standards	• Effective workforce planning and role design includes planning for education • Effective Workforce processes redesigned where necessary and HR Operational support • Education and Learning is fully aligned to Trust objectives, is competence based and, wherever practicable, is assessed. • An effective annual Appraisal and performance management system is focused on supporting staff to achieve
Quality of Services	• Education and Workforce Objectives are linked to CQC and CQINN outcomes, focusing staff daily efforts on the highest clinical priorities • High quality student placements in clinical areas contribute to the sustainable development of a skilled and caring workforce • Medical and Clinical Education meets core Educational Quality standards and fully supports revalidation of clinicians • Key Workforce Performance Indicators show managers and staff how they are doing • Effective leadership and management development programmes (including mandatory programmes for line managers) • Achievement of all statutory and mandatory training targets supports safe and high quality services to patients • Improving the quality of robust workforce education data enables effective people management and also encourages personal responsibility for learning

Identified Area of Challenge	How Education and Learning Contributes to Meeting these Challenges
Improving Staff Engagement at all Levels	• The Lifelong Learning and Clinical Practice Education teams provide direct support for values based recruitment with taster days, selection methodology and induction to ensure that new staff are committed to the care of our patients • Effective induction and orientation of staff ensures staff are equipped to carry out their roles • Investment in Leadership and management development will improve effective engagement with staff and teams • Education teams provide support for Workforce health and wellbeing initiatives that improve attendance, performance and morale • The measurement of key engagement indicators is supported by robust action plans
Sustainable Services and Financial Strength	• The 5-year People Strategy and Workforce Plan outlines the proposed staffing numbers and skill mix required to meet service requirements , including education plans • The continuing provision of excellent medical and clinical student placements helps ensure the sustainability of clinical services • Education teams source and manage ring-fenced educational funding from a variety of sources to support organisational funds • Robust and valid Key Performance Indicators (KPIs) ensure Education contribution and success

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, Chief Nurse and Workforce Director.

Education activity in SaTH is supported and guided by the Local Education and Training Council under the auspices of the Health Education West Midlands (HEWM) Local Education and Training Board (LETB).

During 2012/13, the Trust has continued to work in partnership with a range of Higher and Further Educational institutions to ensure that staff have the clinical, professional and leadership managerial skills to provide safe and effective services to our patients. Close and robust working relationships with these Higher Education Institutes, notably Keele and Staffordshire Universities, as well as Telford College of Arts and Technology (TCAT) ensure that we continue to provide education and training to nationally accredited standards.

Underpinning all our learning programmes and partnerships is the provision of knowledge and library services that support the delivery of an evidence-based service to our patients. Library Services produce a separate comprehensive annual report which details its key activities and achievements.

SECTION B – NURSE AND CLINICAL EDUCATION

Nurse and Clinical Education falls under the professional remit of the Chief Nurse. Organised and delivered by a range of teams in different clinical settings, the Chief Nurse is responsible for ensuring high quality and effective education and training to nursing and clinical staff, including overseeing the education of the unregistered healthcare workforce, such as Healthcare Assistants. She is supported by a team of Clinical Practice Educators (CPE), Facilitators and Nurse Specialists all of whom have designated education roles.

During 2012-13, Nurse and Clinical Education focused on ensuring that staff in clinical roles have access to underpinning knowledge and skills development and accessed over £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.

Clinical Practice Facilitation

The Trust worked in partnership with Staffordshire University to provide practical placements for nursing students in both hospitals, with qualified Trust nursing staff acting as mentors to these nurses in training. A full report of the Clinical Practice Facilitator activity and outcomes with Student Nurses is included at **Appendix D**. Key outcomes and conclusions are:
  o The CPF team, in collaboration with clinicians, have continued to establish and maintain quality placement areas for healthcare students, utilising the established algorithm in the decision making process.
  o The CPF team have continued to invest considerable time during 2013 to ensure placement areas continue to adhere to the NMC (2008) Standards to Support Learning and Assessment in Practice. Triennial reviews are 96% complete (to 31st August 2013).
  o The CPF team has continued to work in partnership with Staffordshire University and professional governing bodies and the NHS Midlands and East to quality monitor placement areas and address any identified deficits.
  o In order to ensure that the Trust has adequate number of mentors to sustain its current provision of placements, there needs to be continued commitment to funding the Mentorship in Healthcare Module.
  o It is recognised that both students and mentors continue to value contact with the CPF team. It is identified as a valuable opportunity to discuss issues relating to the quality of the placement, learning opportunities, supervision and support with completion of assessment documentation.
  o The CPF team have made significant changes to the preceptorship provision for newly registered nurses/ODP, with the development and ongoing evaluation of the SaTH Preceptorship Programme as well as an annual review of the Preceptorship Workbook. Accredited modules linked to HEIs has ceased in favour of an in house approach.
  o The CPF team continue to facilitate an increased demand for work experience placements within clinical areas as per Trust Policy.

Clinical Practice Education

In nursing, the priority was to provide practical skills training and assessment , particularly in:

  * Medicines management and administration
  * IV Administration
  * Cannulation,
  * Venepuncture
  * Aseptic Technique

- Catheterisation

In order to achieve this, a system of train the trainers has been established whereby the CPE team train and assess the assessors nominated by the Band 7s for each clinical area. This process is used by the CPEs for the skills that require assessment in clinical practice identified above.

Nominated assessors are assessed by the CPE Team every 3 years. *Please note that nurse education figures are reported below by academic year (that is, September 2012 to August 2013).*

CLINICAL PRACTICE SKILLS ASSESSMENT TRAINING AND DEVELOPMENT

1.0   Medicines Management

Priorities for 2012/13
Medicines management training is an ongoing task, especially with the establishment of the new medical wards at RSH and PRH. It is then the responsibility of the assessors to cascade the assessment to the other trained nurses. However, if requested the CPE team will still go in and support newly qualified staff and staff who are subject to performance management issues.

Training and Outcomes
The training is a 2 part process. A medicine train the trainer session is delivered by one member of the CPE Team and lasts approximately 2 hours and includes information around Trust and NMC Standards for Medicine Administration. Such training is delivered on an adhoc basis within the ward area where the assessors work. This session is followed by a practical assessment within the clinical area. The assessment process consists of an observation of practice followed by a viva. All staff are assessed every 3 years.

Numbers of assessors
There are currently 153 assessors in the Trust (breakdown can be seen in Appendix A – Nursing Education and Training Tables.   These assessors will at some point have received medicines training although not necessarily between September 2012 and September 2013

2.0   Intravenous Administration Study Days

Priorities and Activities for 2012/13
There is an ongoing need within the Trust for IV Study Days for both newly qualified nurses and nurses who have been administering IV Drugs for many years. The CPE Team offer 2 different study days within IV Training at present. Those nurses new to the skill attend a full day study day offered at both hospital sites. Staff complete a workbook within the six weeks prior to the course and then sit a MCQ and drug calculations paper on the day. Pass marks for these tests are 70% for the MCQ and 100% for the calculations. Staff on this study day are also assessed to administer continuous infusions by a member of the CPE team.

For nurses who are new to the Trust and already give IV Drugs and also for the staff who need an update on this skill we offer a half day update course, again run at both hospital sites. The staff complete the same workbook and sit the same MCQ and calculations paper but are not assessed for continuous infusions.

In order for these study days to run smoothly the CPE team are responsible for distributing the workbooks to all those booked on to each course approximately 6 weeks prior to the day. One CPE will always facilitate and teach on each study day but for the full day course 4 CPEs are required to assess staff for continuous infusions in the afternoon.

If any member of staff fails to pass the MCQ or calculations paper they are asked not to continue to give IV Medication until a member of the CPE Team has gone in to their clinical area and offered support followed by a resit of the paper they have failed.

All members of staff who complete an IV course are required to be assessed for the practical skill in the clinical area by an assessor every 3 years. There are currently 143 IV Drugs Administration Assessors across the Trust, the distribution across clinical areas can be seen in the table in Appendix A – Nurse Education and Training Tables

Outcome and Numbers.

Between September 2012 and September 2013 the CPE team have delivered 7 Full Day IV Study Days and 11 updates. The attendance for each of these days can be seen below:

Half Day IV Study Day	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13
Numbers attending	11	19	20	19	8	6	9	7	17	7	14

The CPE Team were also asked to deliver IV training with regards to continuous fluids to staff from the Redwoods Centre, SSSFT between August and December 2012. All staff undertaking this training completed a modified workbook prior to the sessions. The study day offered was a 4 hour session including a MCQ paper with a pass mark of 70% and a calculations paper with a pass mark of 100%. Two members of the CPE Team were involved in designing and delivering this training as well as assessing staff for continuous infusions on the day.

Mental Health IV Study Day	Aug 12	Oct 12	Nov 12	Dec 12
Numbers attending	6	4	3	2

Priorities for 2013/ 2014

There is an ongoing commitment from the CPE Team to provide IV Training to nurses across the trust. Due to increased demand the CPE Team aim to increase the number of IV Training days available to staff commencing January 2014. The new format will enable newly qualified and more experienced staff to attend the same day. It is hoped this will enhance the learning experience and satisfy the increase in demand.

The CPE team are also committed to returning to the Redwoods Centre to reassess the staff who attended the IV Training last year. To date 2 CPEs have delivered one session to staff in order to reassess their skills with more planned to meet demand.

3.0

Full Day IV Study Day	Sept 12	Nov 12	Jan 13	Apr 13	May 13	Jun 13	July 13
Numbers attending	15	13	35	33	11	14	28

Aseptic Technique

General priorities 2012/13

Aseptic Technique remains an ongoing priority for training, by the CPE team, across the Trust Up until September 2012 only certain clinical areas across the two hospitals had received Aseptic Technique Training however from September 2012 it had started to be rolled out Trust wide.

Training and Outcomes

Aseptic Technique training is a two- part process. An Aseptic Technique train the trainer session is delivered by one member of the CPE Team and lasts approximately 2 hours. Such training is delivered on an adhoc basis within the ward area where the assessors work. This session is followed by a practical assessment within the clinical area. The assessment process consists of an observation of practice and all staff should be assessed every 3 years.

Numbers of assessors
There are currently 101 Aseptic Technique assessors currently in the trust, and the distribution of these in clinical areas can be seen in the table in Appendix A, Nurse Education and Training Tables. These assessors will at some point have received Aseptic Technique training although not necessarily between September 2012 and September 2013

Priorities 2013/14

The process of training and assessing for Aseptic Technique is ongoing with the skill currently being rolled out to several of the medical wards across the Trust.

4.0 Cannulation

General Priorities for 2012/13
Cannulation training, as with other skills training, is an ongoing priority for the CPE Team however the way that this training is delivered has changed in the last 12 – 18 months and is now delivered solely by the CPE team rather than being supported by representatives from certain cannula manufacturers. Training is limited to nurses who will use the skill on a regular basis and who have the support of their Band 7 ward managers.

Training and Outcomes
Cannulation study days are a half day study day and can be combined with a venepuncture half day study day.
The theory preparation for the cannulation course consists of completion of a pre course workbook, followed by attendance on a half day study day. The CPE Team are responsible for facilitating the study day, which is often combined with a half day venepuncture study day. As part of the study day staff are assessed performing cannulation in simulation – this requires 2 CPEs to be present. The CPE Team were also responsible for designing and producing the pre-course workbook that accompanies the study day and to this end are required to distribute these books to the staff attending each day.
All staff attending this study day are required to be assessed by an assessor in their clinical area every 3 years. If there are no assessors available then a member of the CPE Team will perform these assessments.

Numbers of Assessors:

There are currently 38 cannulation assessors for the Trust, the distribution for which can be seen in Appendix A – Nurse Education Tables

Cannulation training is offered at both hospitals. The table below shows attendance for the cannulation study days from September 2012 – September 2013

Cannulation Study Day	Sep 12	Oct 12	Nov 12	Mar 13	April 13	May 13	Jun 13
Numbers attending	16	23	9	10	21	8	13

Priorities 2013/14
Again, cannulation training is an ongoing priority for the CPE Team going forward in to 2014.

5.0 Venepuncture

General Priorities 2012/13
In a very similar way to cannulation training, venepuncture training has changed over the last 12- 18 months to ensure that staff using the skill can access the training and assessment in a simpler way. It remains an ongoing priority for the CPE Team.

Training and Outcomes
Staff wishing to attend this training must, in a similar way to cannulation, be able to prove that they will use the skill on a regular basis and have the support of their Band 7 Ward Manager. Venepuncture training takes the form of a half day study day and can be combined with the cannulation study day. There is no pre-course work to complete however, after the training staff must complete 10 supervised venepunctures, have a further 20 blood samples quality assured by phlebotomy and then have a final assessment in their clinical area carried out by a venepuncture assessor or one of the CPE Team.
Each venepuncture study day is facilitated by one member of the CPE Team with a second member attending to assist with the simulated assessments.

Numbers of Assessors.

There are 14 venepuncture assessors in the Trust, the distribution for which can be seen in Appendix A – Nurse Education Tables.

Venepuncture training is offered at both hospitals. The table below shows attendance for the venepuncture study days from September 2012 – September 2013. Venepuncture training was suspended in the Trust for a number of months whilst a review of the training took place. Prior to this review assessments could only be carried out in the phlebotomy department, however due to pressures within the department there was a back log of assessments to be done. Systems were developed to have assessor in clinical practice and training was re-commenced

Venepuncture Study Day	Mar 13	Apr 13	May 13	Jun 13
Numbers attending	9	13	9	11

Priorities for 2013/14
The Clinical Practice Educator Team will continue to provide training around venepuncture as a priority for those staff on the frontline for which the skill is vital to patient care and flow. Priority is to get assessors in key areas.

6.0 Health Care Assistant (HCA) Study Days

General Priorities 2012/13
Although many HCAs complete Vocational Qualifications (see section X below), this route is not available to all of this staff group. In addition, the HCA Study Days were developed to support their practical skills and knowledge training. We recognise an ongoing need to ensure our HCAs receive this crucial training which helps to ensure that the care they give is fit for purpose. This commitment has been reinforced by the findings and recommendations of the Cavendish Review .

Training and Outcomes
These take the form of a two day development course organised and facilitated by the CPE Team and supported by other health care professionals, including the Vocational Learning team. Staff are required to undertake and pass a formal competency assessment of baseline observations on the second day using a standardised tool. There is always one CPE to facilitate the two days and other members of the team deliver sessions as necessary throughout the course. Two CPEs are needed to carry out the competency assessment on the second day.

Numbers of Attendance

Below are the attendance figures for the HCA Development days from September 2012 – September 2013:

HCA Development Day	Sep 12	Oct 12	Nov 12	Dec 12	Apr 13	May 13	Jul 13
Numbers attending	9	10	11	10	7	10	15

General Priorities 2013/14
This training course has continued throughout this year in its current format however from November 2013 it will be run by Corporate Education and will form an integral part of the new values-based HCA recruitment process. The CPE Team will be closely involved in designing the teaching resources required for the new format and will also be delivering a proportion of the sessions.

7.0 Diabetes Study Days

One member of the CPE Team is currently involved in assisting the Diabetes Specialist Nurses to deliver "back to basics" study days for both RGNs and Health Care Assistants. The RGN Study days take the form of a full study day whereas the Health Care Assistants receive a half day study day. These days are repeated three times per year. Attendance for September 2012 to September 2013 can be seen below:

Study Day	Oct 12	Mar 12	Jun 12
Numbers attending – RGN	40	11	34
Numbers attending - HCA	10	14	20

8.0   Renal Dialysis Assistant Training Programme

One member of the CPE Team has been involved in evaluating the current training provided for the Renal ATOs and subsequently has worked with the senior staff on the renal unit to develop a more robust competency training programme to support Renal Dialysis Assistants in clinical practice. This package has been verified by pharmacy and has started to be rolled out across the 2 renal units within the Trust. Prior to the training commencing several study days were put in place to train all Band 6 staff on how to use the package and to ensure that they were also up to date with their own clinical competencies. This involved

Competency assessing all those staff for IV Administration and Aseptic Technique. To date there have been 3 study days for Renal Dialysis assistants with 4 assistants attending each day and they have subsequently completed the accompanying workbook as proof of their clinical competence. A fourth Study Day is planned for 17th September.

9.0 SaTH Nursing Documentation

General Priorities 2012/13
The CPE Team have been involved along with other teams in the formulation of the new SaTH Nursing Assessment Document and the individual care plans.

Training and Outcomes
The training for the use of the new documentation was developed and delivered by the CPE Team over both hospital sites. This training ran throughout Nov 2012. The first stage of the documentation implementation was seen as a Trust wide pilot, following the pilot feedback was collated and changes made. The CPE Team were involved in overseeing proposed changes in association with the Corporate Nursing team.

General Priorities 2013/14
The Nursing Assessment Documentation and care planning will be reviewed on a yearly basis. New care plans are still being developed according to need with direct input from the CPE Team.

10.0 Fundamentals of Care Study Days

General Priorities 2012/13
The CPE Team were asked by the Deputy Chief Nurse to plan and facilitate a Trust study day based around the 6 Cs from England's Chief Nurse Jane Cummins and to include the SaTH Fundamentals of Care.

Training and Outcomes
The aim is for all registered nurses in the Trust to attend. The day starts with a DVD of various aspects of different patients journeys through a fictitious Trust. This DVD was written, directed and filmed by the CPE Team in various locations around SaTH. The CPE team also casted the parts – which included themselves and many other willing Trust staff! The Team also arranged for uniforms and props.

The staff attending the study day are expected to pick out the good and bad points from each scene. The day then continues to link into the 6 Cs and the Fundamentals of Care via input from the following teams;

- CCOR / Resus
- Health and Safety
- Tissue Viability
- Pharmacy
- Privacy and Dignity
- Legal
- Discharge
- Dietician

The CPE Team liaised with each team, planned the programme and ensured that everyone had access to the DVD to help plan their own sessions.

The first study day took place on 11th July 2013 at RSH site; the study days will continue one per site each month for the rest of the year. At the time of this report there have been 3 study days, feedback has been very positive from staff who have attended.

A gap in the programme has recently been identified – the Discharge process – this has now been rectified with input from the Discharge team, all future study days will include a session from the Discharge team.

General Priorities 2013/14
There will be a need to monitor feedback from staff attending the study day and to review the programme to ensure that the information delivered meets the ongoing training needs of SaTH staff.

There is now an established skills laboratory at RSH site which has been further developed and is managed by a CPI. It is proposed that a similar facility will be made available at PRH within the next 6 months.

11.0 Ongoing Projects

- Formal Lectures provided by the Team for Staffordshire University in Tissue Viability and Preparation for Interview
- Regular attendance at local careers events to promote the roles of nursing and allied healthcare professionals.
- Regular support on the Trust Preceptorship Programme
- Supporting the Lead Nurse for Adult Safeguarding by delivering the adult protection sessions on stat training at PRH.

The CPE team are also involved in the wider activity of the organisation, including the performance management of staff, acting as Investigating Officers in formal investigations, and one member of the team is an accredited coach.

12.0 Administration

General Priorities 2012/2013
All administration activities are carried out by the CPE/ and CPI team. The team put great emphasis on ensuring that all information used in teaching sessions is up to date, referenced and includes policies, protocols and guidance from relevant government and professional bodies such as the NMC, DoH etc. Teaching sessions are put together by the CPE team and reviewed on a regular basis as are the assessment documentation used for skills assessments.

A considerable amount of time is spent keeping the assessment database up to date with registers of attendance, dates of assessments and also movement of staff from one clinical area to another. The CPE Team deliver workbooks to each and every clinical area and across site prior to the IV and Cannulation study days and ensure that certificates of competency are delivered promptly when a skill has been assessed and signed off. The CPEs also have access the E Rostering in order to enable us to make appointments with assessors and other staff members where appropriate and necessary. We maintain our own work diaries and organise our own teaching space for corporate training. We also type up all our own assessments and letters/reports.

Priorities for 2013/14
Administrative support will be provided during 2013-14 which will enable the CPE Team to spend more time supporting staff in the clinical environment.

UNDERGRADUATE AND POSTGRAUDATE EDUCATION

The CPE team has 2 Clinical Practice Instructors who work closely with the Postgraduate and Undergraduate Medical Education Teams to support practical training programmes for Undergraduate year 4/5 medical students and for Foundation Years 1 & 2 of Doctors in Training. The Chief Nurse supports this multi-disciplinary working and education, recognising the importance of clinical teamwork in the delivery of patient care.

FY1 Teaching sessions

General priorities 2012/2013
The Trust has prioritised the development of Junior Doctors' knowledge and practical skills with targeted support. Also there is a need to meet the Doctors curriculum, highlight NPSA alerts, trust and national targets and a desire to work towards interprofessional learning. Through consulting nursing staff, senior doctors/ consultants and junior doctors themselves, the areas of training initially highlighted for support from the Nurse Education team were around Aseptic technique, IV injectables and prescription writing.

Training and outcomes
This training is part of their protected teaching time which is a 2.5hr session, so all FY1s attend, unless on nights or Annual leave. It involves theory, but mainly practical stations, whereby each Doctor's practice in skills are observed, and additional support sessions offered to those who skills require further development. The sessions provided included Diabetes, Privacy/Dignity, Anticoagulation, Sepsis, Dementia Care pathway, Liverpool care Pathway, X-ray, Tissue Viability, Neutropenic Patient, Legal Aspects of care. All sessions are evaluated using an anonymous feedback form. Those that perform poorly are offered further clinical skills sessions at a time to suit them.

General priorities 2013/2014

o The sessions covered to be reviewed on a yearly basis and added to as the need arises.
o To continue to provide extra clinical skills training out of hours.
o To continue to support doctors in difficulty with extra skills training, to offer them support in their clinical areas.

Simulation Training

There is an established skills laboratory at RSH site which has been further developed and is managed by a CPI. It is proposed that a similar facility will be made available at PRH within the next 6 months.

Undergraduate Medical students

In 2012/2013 there were 36 year 5 medical students and 50 year 4 medical students. They were split up into groups and attended skills sessions throughout the year. These are clinical skills which are set by Keele University, GMC and Tomorrows doctors. When the students commence in SATH Trust they are introduced to the teaching and guidelines that are followed within SATH Trust. The CPI team deliver practical skills during year 5 induction.

The year 5 medical students are split up into six groups of six, 18 of the students spend the first 15 weeks in primary care, and the other remaining 18 students remain in secondary care rotating in five week blocks around surgery, medicine and critical care. The two groups swap over in December.

When the students commence their critical care block they spend a week in the skills lab covering clinical skills such as

• Blood Cultures
• Continuous infusion
• Preparing IV bolus medication
• Cannulation
• Arterial blood gases
• Catheterisation

A table showing the sessions covered in Undergraduate Critical Skills week can be found in Appendix A – Nurse Education Tables

The critical skills week is Facilitated by the CPI and delivered by Teaching Fellows, Medical devices, CPIs, Blood transfusion specialist nurse, the Resus team and lead Drs in Simulation.

The medical students Simman session consist of a full day with the Simman Mannekin.
The students also receive a presentation on human factors and Care of the critically ill patient. The Simman Critical Care scenarios include Sepsis, Asthma, ACS, DKA, Trauma, Overdose. The sessions are run by 2 Doctors and 2 CPI and attended by a maximum of 6 students at a time

Clinical skills
Clinical skills sessions are offered on a weekly basis on a Thursday 2-5pm

Priorities
This is an ongoing priority as doctors are required to be competent in their clinical skills. The undergrad medical students to follow the requirements of the GMC, Keele University and Tomorrows Doctors'

Outcomes
Training is delivered by one / two members of the CPI team and lasts approximately 2/3 hours, and includes information around the Trust and Tomorrows Doctors' standards. The sessions are delivered in the skills lab, followed by a practical assessment within the clinical area. The assessment consists of a practical demonstration in simulation, and an assessment in the clinical area.

Clinical Skills sessions include Cannulation, ABG , Venepuncture, Blood Cultures, IVAB, Continuous Infusion, Blood Transfusion, Suturing , Aseptic Technique, Catheterisation and Nasogastric feeding.

The CPI team also support Year 5 revision sessions.

Year 4 Induction and Skills Sessions
The CPI team delivered practical induction sessions, together with 27 x 2-hour clinical skills training sessions for year 4 Keele University medical students placed at SaTH, as well as with 3 x 2-hour revision sessions for re-sits.

Work Experience
Ten sessions were provided for Work Experience students for medicine, covering Handwashing, Infection control, Tomorrows Doctors, Cannulation, Intravenous antibiotics-practical session and Continuous Infusion practical session.

PHYSICIANS ASSISTANTS' DEVELOPMENT

General priorities 2012-2013

In January 2013 Physician Assistants were introduced to the trust in order to support the medical teams. To develop and facilitate a training programme

Priorities
The Physicians Assistants are new to the Trust this year. An induction training session was put together covering basic skills which they would be required to use in their ward area. Currently they are not with a registered body; therefore a skills competency document has been implemented.

Outcomes
Training is delivered as soon as we are aware the PA is starting and as soon as staff are available. The PA are signed off in simulation and assessed in the clinical area.

1 week induction
Sessions covered include Oxygen therapy, Asthma, Sepsis, DKA, Venepuncture, Cannulation, ABG, Blood cultures, Aseptic technique, Catheterization, NG tubes, and the nutritional screening tool.

IPE is hoping to be offered to medical and nursing students. We are piloting a Simman session in January 2014. It has already been proved successful with the A&E staff, Obstetric department and we wish to roll it out to nurses and doctors on the wards.

FY1 SIMMAN SESSIONS
14 sessions were delivered in 2012-13. The FY1 Simman session consist of a full afternoon with the Simman Mannekin. This enables the doctors to make assessment and immediate care for a broad range of emergency presentations in a safe environment. The scenarios covered range from Sepsis, Asthma, Overdose, DKA, Anaphylaxis, and Resuscitation. The sessions are run by 2 Doctors and 2 CPIs.

Priorities

In light of the Francis Report there is an ongoing need to provide education and training for all health care professionals to improve patient safety and provide a quality care. By providing training in simulation students are able to make clinical decisions on a manikin and patients will not come to harm.

Outcomes

The doctors will take away with them increased knowledge and improved understanding of clinical assessment. Evidence has shown that in taking part in a simulated scenario, students learn more than if they were listening to a presentation.

The feedback from the sessions has been excellent and students are continually asking for more sessions.

IV Medicines

Priorities

To be made aware of the errors that occur around medicines management. To ensure patient safety.

Training and Outcomes

The junior doctors are updated about certain medications such as prescribing IV Paracetamol and Gentamicin dosages, and made aware of errors in the Trust. They will also have a practical session in setting up a continuous intravenous infusion and making up of intravenous antibiotics

To ensure the safe use of medicines, the knowledge of checking the patient details, and preventing the patient from potential harm (MHRA 2004). Information is included around the Trust and GMC/ NMC standards for medicine administration.

Aseptic Technique

Priority

It is important for doctors to have the knowledge of how to adequately prepare a trolley for an aseptic procedure. This is required for lumbar punctures, chest drains, suturing etc. Two sessions are planned for October 2013-14.

Training and Outcomes

FY1 doctors receive a presentation on aseptic technique, observe a DVD on aseptic technique, and have a session in simulation. To educate staff about maintaining asepsis and to prevent infection of bacteraemia, MRSA and Sepsis

Other sessions include Prescribing session, Diabetic session , X-Ray, Anticoagulation session, Liverpool Care Pathway, Neutropeania, Legal Aspects, Privacy and Dignity, Sepsis.

THERAPIES EDUCATION AND TRAINING

The Therapies Centre has a long-standing and proven commitment to the development and training of its staff in all disciplines, together with significant investment in multi-disciplinary development and education. Central to this is the appraisal and staff supervision process.

During 2012-13, all staff were involved in a process of identifying education and learning priorities which resulted in the development of a training matrix of core and additional professional development and an intranet-based Therapies Skill Directory. A significant programme of Continuing Professional Development is run, assisted by over £31,500 accessed from Learning Beyond Registration funding for registered healthcare professional staff.

Key activities and outcomes in 2012-13 have included:

- o the development and hosting of joint CPD sessions (eg with Diabetes and Pressure Ulcer nurse specialists)
- o A Joint Dietetics Day held at the end of November 2012
- o End of Life Care CPD
- o Close working with Coventry University to host highly regarded Dietician Student placements
- o Supporting interviews for students applying for OT placements
- o Investment in the leadership development of the Senior Therapies Leadership Team.
- o Workshops on team working
- o Development of shared IT drives to facilitate shared knowledge and generic information
- o Refreshment of the local induction process
- o Joint training sessions with Community colleagues, with integrated patient pathways as an ultimate aim
- o Hosting a Solution Focused Therapy Day involving Community and Regional staff
- o A survey of staff on appraisal effectiveness with resulting actions to improve the impact of appraisals on staff performance and patient care

In addition, despite pressures on capacity as the services are developed, the Therapies teams are committed to continue to host high quality therapy student placements for Birmingham University.

Introduction

The Trust arrangements around Statutory and Mandatory Training have been set around the requirements of the NHS Litigation Authority framework and are described in a number of Trust Policies, including the Risk Management Training Policy (RM04) and Corporate and Local Induction Policy (HR02). All staff are required to complete the Statutory Safety Updates organised for their staff group, either annually (for patient handling staff) or every 2 years (all other staff). These update days cover the generic subjects which can be presented to all relevant staff in that group, including Fire Safety, Moving and Handling training, Cardio-Pulmonary Resuscitation, Food Safety, Adult Safeguarding and Infection Prevention and Control.   Additional NHS requirements are included in the Risk Management Training Policy, including:

- Information governance (annual)
- Equality and Diversity (3-yearly)
- Conflict Resolution (3 yearly for frontline staff)
- Child Protection (3 yearly depending on staff group)

Other subjects that become mandatory are addressed in a variety of ways according to the risk rating and urgency of the subject (eg Making Every Contact Count, Falls Prevention etc).

Deloittes Audit Action Plan

 A report was made to the February 2013 Workforce Committee outlining the process for, and issues around, Statutory and Mandatory Training compliance in SaTH. This included the findings of the Deloittes Audit into Statutory and Mandatory Compliance, and an action plan is in place to improve staff compliance throughout the Trust.

As a method of focusing on training requirements that impact most directly on patient care, the Trust has been measuring compliance of completion of the Statutory Safety Updates and Corporate Induction (which include Fire Safety, Patient and Load Moving and Handling, Infection Control, Adult Protection, Food Safety, and Basic Life Support) and Information Governance.

As at 31st March 2013, the current overall compliance levels with these areas was 56% for Statutory Safety Update and 72% for Information Governance.

Since February 2013, the following items on the Audit Action Plan have been actioned:
- Agreement with the Deputy Chief Nurse to recruit a nursing and clinical education administrator (funded by ring-fenced NMET) whose duties will include nurse and clinical compliance recording and monitoring (to be completed in early October 2013)
- Action plan for the roll out of Falls e-learning using the National Learning Management System has been agreed with the Deputy Chief Nurse to cover all key areas by December 2013.
- COO decision to require Deputy COOs to monitor completion rates in their Care Group Performance Monitoring Meetings wef March 2013.
- Corporate Education taken on additional monthly manual task of transferring mandatory training records to new system for new starters with previous SaTH records (electronic solution not available). This will improve record history reliability.
- New Medical Director is committed to improving Medical Staff compliance rates in conjunction with arrangements for strengthened appraisal and revalidation.

Evaluation of Corporate Induction

490 evaluations were received and collated, the average over the year was 2.78 (with 0 being poor & 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.

Evaluation of Statutory Training

This was evaluated during October 2012 and percentage responses are shown below.

Question	Yes	No	No response
Has the course improved your knowledge/ skills?	91%	0%	9%

Question		Too long	Too short	About right
Was the study day?		12%	0%	88%
How would you rate your session	**Very Good**	**Good**	**Average**	**Poor**	**Very Poor**
Fire Safety Awareness	55%	45%	0%	0%	0%
Adult Protection	57%	43%	0%	0%	0%
Patient Moving & Handling	62%	36%	2%	0%	0%
Infection Prevention & Control	46%	52%	2%	0%	0%

Question	Very Good	Good	Average	Poor	Very Poor	No response
What is your immediate reaction to the programme	32%	58%	10%	0%	0%	0%
How would you rate; Training room?	28%	40%	28%	4%	0%	0%
Trainers/instructors?	44%	45%	9%	0%	0%	2%
Training materials?	42%	52%	6%	0%	0%	0%
Course content?	36%	56%	8%	0%	0%	0%

Question	All Relevant	Some relevant	Not relevant
Was the course relevant to you?	79%	21%	0%

Content and Subject Issues

Corporate Education continues to work with the various clinical education teams that provide the training to address issues of subject relevance, content and session length.

Environmental Issues

The main issue raised was the Training Room rating and additional comments also criticised the condition of the training room & equipment. During 2012-13 we tried to address this by replacing the projectors & screens, adding notice boards to PRH & painting the Link Dining Room at RSH. Our next step is to replace the chairs as many staff have commented on their comfort level during the day. During 2013-14 we will be planning for the relocation of clinical and corporate training to the Rainbow Learning Centre (situated in the Paediatric Wards being vacated in 2014). This will include ensuring a suitable learning environment.

INTRODUCTION AND COURSE ATTENDANCE

The Corporate Education Team consists of 5.97 wte, with an additional 2 seconded staff supported by ring-fenced funding from the SHA (now Health Education West Midlands) for the purpose of increasing Apprenticeship take up and pre-employment engagement. The team organises itself flexibly to respond to a range of legal, NHS and Trust requirements.

The team consists of 1.97 administration staff to support the organisation with statutory and mandatory training, Corporate Induction and the recording and monitoring of a range of education and learning on ESR/OLM, including Conflict Resolution, Equality and Diversity, Appraisal training for managers, Leadership and Management Development training, Information Governance, statutory and mandatory training. The team also records appraisal completion and provides monthly reports for managers showing al staff appraisal and training completion. Some of this training is also delivered by 2.0 wte Corporate Education staff at Bands 6 and 7. The remainder of the team (2.0 wte) form the Vocational Learning Team (see below).

During 2013-14, the team will be supported by the appointment of a Nurse and Clinical Education assistant (Band 2), funded from MADEL funds, to record nurse and clinical education on the Trust database. This will increase the range and quality of the Trust data available on clinical education to enable more effective planning and monitoring of education for this staff group.

Course Attendance

The table in Appendix B shows a record of all courses recorded on OLM during 2012/13, listed by Course Name, Places Offered/Maximum number of places, Places Attended & Did Not Attends (DNA)

Key areas for concern include a DNA rate of over 23% for Statutory Safety Updates for Patient Handling Staff. That means that staff pre-booked onto the courses are not released to attend from their clinical areas.

During 2012/13, the number of courses & competencies recorded directly onto Oracle Learning Management (OLM) was increased (around 80 in total). Our main challenge was around attendance of booked courses and lowering DNA rates.

We have been working with IT for the last 6 months to improve the functionality of the training diary to have to capability to automatically inform attendees and managers of non-attendance, this has now been completed and is being trialled.

The next step is to investigate the use of automatic e-mail reminders being sent out 1 week before a course (as this has been identified as a potentially helpful action by some clinical staff). This will only be fully implemented when all staff have a SaTH e-mail account address that can be transferred onto ESR/OLM. This is not scheduled by IT in the foreseeable future.

Evaluation of Courses
We currently evaluate Induction, Statutory Safety Update Training, Conflict Resolution, Equality & Diversity, Communications & Colour of Change courses and continually address issues as they are identified.

VOCATIONAL TRAINING

Introduction

The Trust is an accredited Centre with Edexcel to offer nationally recognised vocational qualifications in Care and the Work based Assessor and Verifier awards to support a variety of departments where staff are undertaking vocational awards.

The Vocational Learning Team also work closely with an external training provider, Telford College of Arts & Technology (TCAT), to offer a variety of other qualifications, this includes for example: Care, Housekeeping, Business Administration, Medical Administration, Cleaning Support, Catering, Management and many more.

The new Qualification Curriculum Framework (QCF) was launched in 2011, replacing National Vocational Qualifications (NVQ). The new qualifications were designed to be flexible and allow progression to other qualifications e.g. Foundation Degrees and Nursing Degrees, through a credit system. During the last 3 years, 18 Healthcare Assistant from the Trust have progressed to registered Nurse Training. The benefit of this is twofold; the students are knowledgeable around the tasks performed by Nurses resulting in a lower drop-out rate from nurse training courses and, on completion of their training, many come to work back in the Trust as Staff Nurses.

Currently 25 Healthcare Assistants and 2 X-Ray Assistants are undertaking the Level 3 Diploma in Clinical Healthcare Skills which can provide the stepping stone to professional training.

Cost

Level 2 qualifications are delivered through TCAT which enables access to national funding through the Apprenticeship Framework for eligible staff. There is a charge for staff who are not eligible and the cost is dependent on the qualification undertaken.

The Level 3 Diploma Clinical Healthcare Skills Award, delivered by the Vocational Learning Team, has registration and certification fees currently set at £117.55.

The Assessor and Internal Verifier Units are also delivered by the Vocational Learning Team with registration and certification fees currently £32.20 per unit

Activity April 2012 to March 2013

- 158 members of staff completed an award.
- 19 members of staff (12%) did not complete or withdrew from the qualification. A variety of reasons are cited including:
    - leaving the Trust
    - changing job roles within the Trust where the qualification is not appropriate to the new role,
    - personal issues including health problems and changing family responsibilities and
    - inability to cope with the academic requirements, especially within the new QCF qualifications. To mitigate the impact of this, all candidates put forward by line managers are given extensive support from the Vocational Learning team to achieve the qualification including help with Numeracy and Literacy skills.

Outcomes by Qualification (April 2012 – March 2013)

Award	Level	Starters	Completers
Assessor Award	3	4	0
Business Administration	2	28	25
Business Administration	3	16	10
Medical Administration Apprentices	2	24	0
Allied Health Physio & OT	3	4	4
Healthcare Skills in Care	2	37	28
Cleaning and Support	2	16	13
Customer Service	2	29	22
Retail	2	3	3
Food Preparation	2	1	1
General Healthcare Support	3	8	8
House Keeping	2	10	8
Management	3	6	6
Peri-Operative	3	7	6
Portering & Security	2	3	3
Renal Healthcare Skills	3	3	3
Healthcare Care Apprentices	2	36	18
Totals	**-**	**235**	**158**

Awarding Body Centre Accreditation

To retain accreditation and continue to offer qualifications the Centre has 4 inspections a year from the Awarding Body, Edexcel, with External Standard Verifiers (EVs)for each of the Awards visiting twice a year. The outcome from these visits are formally reported to the Trust. Any poor outcome could result in Centre activity being stopped, with candidate registration and certification withheld.   Our Centre, however, has consistently received As in all areas for the past 6 years for the Healthcare qualifications. The Assessor and Verifier Awards were, until recently, run in conjunction with the local Council, with the Trust taking sole responsibility for their delivery during this year. Issues relating to this award identified by the EV were the subject of a robust action plan and resolved promptly.

The EV role is to undertake sampling of assessment and internal verification decisions through the scrutiny of assignments, observations, candidate's reflection and other forms of assessment, in order to confirm that national standards have been achieved and upheld. They also provide support to Centres during the sampling process. Below are some of the comments made by the Standard Verifiers in their reports:
- The team lead by example and are extremely supportive to all learners. (2011)
- They operate an open door policy for learners and provide a service which is over and above what is expected (2013).
- The level of work, both performance and knowledge was very good with some excellent examples seen (2012).
- There is an excellent approach to holistic assessment (2012).
- The Learning Team provides a very high standard of practice (2013)

Candidate Evaluation Outcomes

In late 2011, an evaluation questionnaire was sent out to 207 members of staff who had achieved an NVQ in the past 2 years. A response rate of 43% was achieved (90 respondents).

The responses to the 2 main questions asked in 2011 were:
- Has doing this NVQ increased your confidence within your job role?

85 out of the 90 said "yes." (94%)

- In completing this NVQ, did it increase your knowledge and skills? 88 candidates said "definitely". (98%)

During September 2013, the Vocation Learning team will repeat the evaluation process with all staff who have completed an NVQ in the past 2 years.

Developments During 2012-13

During 2012-13, a new Medical Administration Award was launched for staff working as Medical Secretaries or in Medical Administration roles in Clinics, Wards and clinical departments or medical records. The Vocational Learning team worked with Telford College of Arts and Technology to offer the opportunity to the 24 staff enrolled on the year long programme.

In partnership with the Deputy Chief Nurse the Vocational Learning team designed a Healthcare Assistant Competency Workbook to prepare new employees to undertake the basic skills required of this role and therefore help to ensure that patients were receiving high quality care. This workbook will be used with the next Healthcare Assistants employed through the pre employment scheme used by the Trust.

During the year, a new achievement badge was designed and procured, to recognise all staff completing a vocational award.

2.8 **Proposed Developments for 2013-14**

In addition to continuing with existing objectives, new priorities for 2013 -14 include:
- Supporting the launch of new Healthcare Assistants Values-Based recruitment process, initial induction and development programme.
- Providing on-going support to new HCAs in their role and enabling them to transfer classroom learning into the workplace and to provide support in the achievement of vocational qualifications to ensure competence.
- Ensuring all new QCF Care Award candidates complete the Equality & Diversity and Falls e-learning programmes within 3 months of commencing their programme.

ESSENTIAL SKILLS SUPPORT

Vocational Learning Team members are trained to carry out initial Essential Skills Assessments. These assessments assist staff to determine if they have the numeracy and literacy skills necessary to be effective in their day to day lives and in the working environment. These skills are assessed to a nationally recognised level. Since this provision was made available there has been a steady increase in the uptake of staff in various roles coming forward for assessment. Where a need is identified, individuals are referred to one of our local colleges for further support and can gain a recognised qualification. All new staff are given information and the opportunity to request confidential support when attending the Corporate Induction programme. Any member of staff commencing a QCF qualification is assessed and given the necessary support. Individual members of staff can request an Essential Skills Assessment by contacting the Vocational Learning Team or referral can be made via their managers. All referrals are treated in the strictest confidence by the Team and the training providers who deliver the on-going support and access to the national qualifications. There is currently no direct cost for the provision of this service by the training providers as it attracts national government funding.

3.2 **Assessments Completed April 2012 to March 2013**

- 256 staff completed an initial assessment form at Corporate Induction

- 67 members of staff that requested specific help with their English skills were referred to The Bridge Centre at TCAT and Country Training in Shrewsbury to undertake Level 2 training in English.
- 54 staff that requested help with their Maths skills were referred to The Bridge Centre at TCAT and Country Training in Shrewsbury to undertake Level 2 training in Maths.

WORK EXPERIENCE AND CAREERS SUPPORT

The Trust continues to have a very high demand for work experience placements across a variety of departments on both hospital sites. The areas offering placements are included in the Work Experience Directory available on the Trust website, together with an application form. Each area offering placements has to be annually risk assessed on the behalf of the Education Committees in Shropshire this is to ensure they are able to offer a safe environment for young people. Each area included in the Directory has a nominated person who prospective students send completed application forms to; they have the opportunity to interview students prior to placements and then provide supervision to the student while in the Trust.

- This year the Trust has offered 228 placements to students through out the Trust, 80 of these were shadowing Doctors.

Unfortunately the Trust receives so many requests for placements that we are sometimes unable to accommodate all the requests received. Reasons for this include limiting placements to ensure that each is age appropriate, is appropriate to the student's career aspirations, and is properly structured, risk assessed and supervised.

CAREERS ADVICE AND ASUPPORT

During the year Vocational Learning team members were attended 6 career events at different schools throughout the County. These were very well attended by both students and their parents and generated a lot of enquiries about careers in the NHS and how to access further information. Enquirers were provided with advice and guidance and information to take way on a variety of career options; they were also signposted to both the NHS Careers and NHS Jobs websites for further information.

During 2013-14 we intend to increase our focus on pre-employment opportunities and engage with a variety of interested parties to enhance our level of activity in this area, supported by ring-fenced NHS funding for this purpose.

This will include working with The Prince's Trust to offer a 'Get into Hospital Services' Programme for young unemployed 'work ready' people. External NHS funding has been utilised to support an additional Pre-Employment Advisor post within the Corporate Education team, which will enable us to develop our work in this arena. We will identify innovative ways to engage with the local community, thereby widening the access to careers and employment within the Trust and the NHS.

In addition to the priorities identified above, in 2013-14 the Lifelong Learning team will:

- Improve the data quality of OLM relating to Vocational Award Achievement
- Maximise funding opportunities for the Trust
- Support the roll-out of the Trust Values and embedding them in day to day clinical practice
- Support the Chief Nurse in the further development of the HCA workforce

Introduction

Since 2010, the Informatics Clinical Systems Training team has evolved in line with the demands and requirements of users and in conjunction with the needs of the organisation. A framework has been set up to deliver improvements to data capture and to ensure that users undergo regular refresher training. This will provide the basis for the organisation to move forward with future strategic developments of an Electronic Patient Record (EPR) in line with the current Informatics Strategy.

A team of 4 core Clinical Systems Trainers have delivered a high number of training courses along with corporate system roll outs of crystal XI, Digital Dictation, Clinical Outcome Forms, Theatre Planner, Operating status at a glance, SemaHelix PAS, Secretaries Workstation, CDS7 and eScript Discharge summaries.

Training is delivered to staff across SATH and to the wider healthcare community.

Achievements 2012/13

- Introduction of awareness sessions for any system upgrade.
- Upgrade of SemaHelix to version 7.4 with the introduction of the patient pathway manager.
- Upgrade to Crystal XI.
- Re-establishment of the Internal SemaHelix User Group.
- Re-establishment of a Super User matrix within the organisation.
- Provide support to enable more efficient use of systems with organisation wide refresher training provided for Secretaries Workstation, SemaHelix, CDS7, eScript Discharge Summaries, Digital Dictation and Crystal XI.
- Easy booking process for all courses with clear content outlined for each session.
- Review and re-development of all current training modules.
- Production of easy to use training materials.
- Involvement in the Clinical Correspondence and Local Health Economy Electronic Communications Group.
- Streamlined process for Junior Doctors induction and production of Informatics Clinicians Handbook and Clinical Systems Manual.
- Introduction of Data Quality Referral system to identify poor data entry and remedy with training intervention at an early stage.

Key Actions 2013-2014

- Update the Clinical/Corporate Systems Training Strategy in line with the organisations strategic priorities, Informatics Strategy and the Trust Education Strategy.
- Set up a Governance Framework for the PAS with key stakeholder engagement
- Design and develop refresher training courses via modern technologies to meet the needs of the users.
- Develop tighter links with the operational areas to build on efficiencies of system use.
- To promote the importance of training and development to ensure high standards of data quality to enable a right first time approach.
- To send out 6 monthly questionnaires to all areas on key system to gain feedback and evaluate the development needs of both systems, output information and training.

SECTION F – LEADERSHIP AND MANAGEMENT DEVELOPMENT

Headline Summary 1 April 2012 to 31 March 2013:

- *39 Senior Leaders completed the Warwick University programme*
- *21 leaders are currently studying on the Staffordshire University Management in a Healthcare Setting programme at PG Certificate, Diploma or Masters level*
- *Over 100 managers have completed a level 2 or 3 Certificate in Line Management*
- *24 managers are starting their level 2 or 3 Certificate in Line Management in May 2013*
- *The Trust has 26 in-house accredited coaches to support our leaders*
- *Over 160 leaders and managers have accessed coaching sessions*

A Review of the Previous 12 Months:

The leadership education and development programmes offered to staff continue to provide excellent support to our new and developing leaders. A second cohort of the Level 7 coaching programme was launched with 13 members of our staff signing up. Across the Trust the means we have 25 coaches who will work with leaders at all levels to help support them in role. A collaborative agreement with other local coaches also exists allowing staff to access a qualified coach external to the organisation if needed. Current figures indicate over 150 managers and leaders have already accessed coaching and their feedback is overwhelmingly positive. A formal evaluation study is taking place and is due to be concluded in December 2013, to give the Trust a clear view of how coaching is making an impact.

The negotiated Masters programme, delivered with Staffordshire University, continues to make a positive impact on our senior managers and leaders. We have staff studying at Postgraduate Certificate, Diploma and Masters level. The flexibility of the programme ensures that the learning is individual to each manager and their needs. Formal evaluation continues for people who study at Certificate level, with informal evaluation for those working at Diploma and Masters level.

A second cohort of the Senior Leadership Programme with Warwick Business School was completed, and leaders have been completing assignments. Both cohorts have been implementing their learning back in the workplace, and a meeting with members of the Executive Director team is planned to ensure that the learning is embedded widely across the Trust.

Newly appointed and junior managers continue to be able to access the Level 2 and Level 3 Line Management and Leadership programmes offered through Telford College. To date over 100 managers have accessed this course, and a cohort of 25 will be starting in May 2013. The course gives managers and leaders practical advice and knowledge on key skills and behaviours, and also provides an opportunity to network with other leaders within the Trust through the study days. The course is evaluated by the College and well as the Trust, and the level of learning people have taken from the programme is encouraging.

In-house workshops and development opportunities on key skills around topics such as equality and diversity and appraisal skills continue to be offered and take up is always excellent. These programmes are reviewed regularly to ensure they are up to date. Leaders and Managers who face challenges around change are also able to access support to create bespoke development sessions for them and their teams. This can be anything from short development sessions, to full day facilitation and group work.

Finally, the Trust held its first Leadership Conference in October. Key speakers included Keith Grint from Warwick Business School and Sir Ian Kennedy, a lawyer who has led on many Government committees and inquiries. The event was attended by over 200 staff and feedback highlighted a clear motivational and inspirational impact.

Priorities for 2013-14

As well as ensuring the delivery and evaluation of all formal development programmes, and the continued support of leaders and their teams through bespoke programmes, priorities for the Leadership Education Manager include:

- Working with Health Education West Midlands to ensure that the Trust's leaders and managers have access to the appropriate new NHS Leadership Academy national leadership programmes. These programmes have been designed specifically to meet the challenges that leaders face as identified through reports such as Francis.
- Ensuring that, to reflect the Trust's transformation programme, all leadership programmes are adapted to be supportive of the Trusts aims and ambitions. This includes the development of a new mandatory leadership module, for all leaders, which will cover leadership behaviours, a culture of performance management and motivating and leading people. This is being developed with the Trust's Executive team.
- The delivery of a second Leadership Conference in October, in which staff from across the Trust will hear about the local, regional and national leadership perspectives, as well as have the opportunity to learn new skills. The day will offer a flexible programme, and over 250 people will be able to attend.

Measures and Evaluation:

The impact and influence of learning and development opportunities are notoriously difficult to measure. Data is usually qualitative and individual experiences can be influenced by many different perceptions. However, evaluation data can be gathered if appropriate methods and methodologies are used. Planned evaluation and measures for the coming years include the use of:

- Staff survey results, particularly those relating to questions on leaders and perceptions of leadership
- A temperature check from those who have completed courses
- Continued use of interviews to gain feedback, as with the Postgraduate Certificate programme.

Management Development Attendances April 2012 – March 2013

Staffordshire University

Postgraduate Certificate (Cohort 5) – **8**
Postgraduate Diploma (Cohort 3) – **3**   (new starts only)

Telford College

Vocational Qualification in Management L2 and 3
Cohort 6 - **10**   (New starts only)

Warwick Business School

Senior Leadership Programme Cohort 2 – **23**

In-House Management Courses

E&D for Managers - **29**
Intro to Finance for Managers – **6**
Appraisals for Managers - **62**
Role of the Manager – **18**
Root Cause Analysis for Managers - **23**

UNDERGRADUATE MEDICAL EDUCATION

As a teaching hospital, and under the leadership of Hospital Dean, Dr John Jones, the Trust provides teaching and clinical placements for students engaged on the Keele University MBChB accredited by the General Medical Council.

During 2012/13, we provided accredited teaching and placements for medical students on years 3, 4 and 5. As a measure of our success, we are continuing to have final year students applications for our Foundation Doctor positions, providing a level of continuity and a high quality service to our patients. We successfully hosted the Keele University final Observed Structured Clinical Examinations (OSCEs) at the beginning of April 2013.

A notable success was the fact that Keele Medical School was placed second in the country in the national Student Survey, with only Oxford Medical School outperforming Keele.

A full report on the results and activity of the Undergraduate Medical School during 2012-13 will be made separately by the Hospital Dean and the Undergraduate Medical Education team.

POSTGRADUATE MEDICAL EDUCATION

Postgraduate Medical Education Department

The department runs as 1 department on 2 sites. At RSH it is accommodated within SECC and at PRH it is situated in the Combined Education Centre. The Postgraduate Team not only provides support to Medical Education they also staff the Education Centre on both sites, co-ordinate the room bookings and book/set up AV equipment.

The Director of Postgraduate Medical and Dental Education (DPGMDE) is a joint appointment between Health Education England West Midlands (HEEWM – formerly the Deanery) and SaTH. The post holder is responsible for the overall management of Postgraduate Medical and Dental Education within the Trust.

The Foundation Programme Director (FPD) works closely with the DPGMDE to manage all aspects of Foundation training within the Trust including the organisation of the teaching programme, the appointment of trainees, appraisal and assessment of trainees, ARCPs, management of doctors requiring professional support as well as dealing with day to day issues as they arise.   There are currently 48 FY1s and 37 FY2s on rotations within the Trust.   Some of the rotations are out in the community (Psychiatry and General Practice) and the FPD is responsible for ensuring that these elements run as smoothly as possible. There is a close working relationship with the leads for psychiatry and general practice to achieve this.   A weekly education programme is provided for the FY1s and FY2s and includes subjects relating to the Foundation Curriculum.   Simulation training and careers guidance (Windmills) is also covered.   Clinical Skills training, where possible, is provided to the group and on an individual basis as required with close liaison with Karen Cassidy, CPE.

The Trust and HEEWM has recently appointed a Foundation Careers Advisor.   The post holder is required to provide careers advice and support to all Foundation Doctors within the Trust and run 2 Windmills Career slots per year.   We run a careers event for Foundation Doctors at SaTH which is also attended by 5th year Medical Students.

An SAS Tutor, appointed by the Trust and the Associate Dean for SAS, works within the Trust managing training opportunities for all SAS doctors.

Educational Faculty, College and Speciality tutors manage training at all levels but especially concentrate on specialty training in their departments.   The Tutors are required to report issues via the SaTH Education Committee and to also liaise with Speciality Schools, Training Programme Directors, Colleges and HEEWM.

In the last year we have started to develop Placement Supervision Groups within each department to provide multi professional input to the trainee appraisal process.

Induction Training

We organise and manage the induction process for new doctors coming into the Trust every August. This involves discussions and negotiations throughout the year in order for the process to be managed effectively with minimal impact on service provision.

As part of a national initiative, the Foundation Year 1 doctors are now required to undertake a period of compulsory shadowing the week before August changeover.   The majority of these trainees are newly qualified and have never worked in the NHS as doctors before – feedback has confirmed that the trainees appreciate this time. During the shadowing week the trainees have an intensive programme of induction including time built into the week for shadowing their future team, statutory training and daily evaluation / de-brief facilitated by the FPD (Russell Jones) and the DPGMDE (Tom Crichlow).   During this week the FY1s will also attend an ALERT Course (Acute Life Threatening Events: Recognition & Treatment).   This year the Postgraduate team has worked closely with Resuscitation Services to ensure that FY1s starting their rotation in a medical post have the opportunity to attend an ALS (Advanced Life Support Course) on 25th and 26th July 2013.   Take up for this course has been very good and considerably reduces the risk of new doctors starting on a new ward.

All Deanery appointed doctors to the Trust are required to complete the Deanery on-line induction before starting work. Under guidance from the GMC and Deanery we have ensured that our programme does not duplicate the contents of this induction.

The Postgraduate team manage the attendance registers, collate evaluations for all induction sessions, and liaise with Occupational Health, Medical Staffing, Estates and IT to ensure that all pre employment checks, ID badges, car park passes and IT passwords are made available on the trainees first day.

Faculty Development and Recognition and Approval of Trainers

We run a programme of Training the Trainers courses for Clinical/Educational Supervisors and maintain a database of the training statuses of all Supervisors.   By 2016 all named Clinical and Educational Supervisors must ensure they are fully compliant with the GMC Recognition of Trainers Regulations (further information can be located from www.gmc-uk.org/education/10264.asp)

Revalidation of trainees

We are working with the Patient Safety team to ensure the comprehensive capture of information with regards to trainees being involved in SUIs, DATIX reports, never events and complaints. Managing this process also requires close liaison with the relevant Educational / Clinical Supervisors. This will contribute to the signing off of exit reports by the Trust's Medical Director to the Dean who is the Responsible Officer for all Deanery appointed trainees.   As a Postgraduate team we also ensure support mechanisms are put in place to support trainees and trainers during this process

GMC Trainee and JEST (Job Evaluation Survey Tool) Surveys

Results of the Annual GMC Trainee and JEST Surveys are received by the department and distributed to Education Leads in each area. We collate responses to red and green flags on behalf of the Trust. An excess of red flags will trigger a QA inspection.

Trainees requiring Professional Support

The Postgraduate team provide a point of contact for trainees and where necessary liaise with the Occupational Health Department, Medical Staffing and the Professional Support Unit at the Deanery. The Deanery has produced a referral pathway for doctors in training who require professional support which is always followed.

QA Visits

Every year we are inspected by the Deanery on behalf of the GMC, Colleges and UKFPO to ensure that we are carrying adhering to the Educational contract. This is done by Quality Assurance visits to SaTH (Foundation - alternate years and individual departments on a 6 year rotating cycle). This means that in any one calendar year there are 6-8 QA visits to the Trust excluding re-visits and triggered visits.

Each visit results in a considerable amount of organisation, planning and collation of an evidence pack which is given to the inspection panel on the day. We also collate the responses to the reports including ensuring action plans and progress reports are submitted within a tight time frame.

Clinical Skills

We have been trying to develop a Clinical Skills Faculty on the Telford site, lack of this provision has been highlighted as a concern in at least 3 QA visits this year. We have plans and the funding to convert a training room in the Combined Education Centre, we also have support from many departments and Educational Leads. Currently this is on hold pending renegotiation of the School of Nursing Contract.

Challenges / Risks

1   Changes in rotations and rotas required due to reconfigurations within the Trust. We should be involved in all discussions about reconfiguration to ensure that training and education is not compromised. We liaise with the Medical Staffing department to help ensure that all rotas are fully compliant with EWTD and junior doctors hours regulations.

2   Together with the Medical Director we are keen to ensure that Medical Education is fully recognised in the Job Plans of all Clinical / Educational Supervisors within the Trust. Education can thereby figure prominently in the annual appraisal.

3   From 2016 all departments will need to have their Clinical / Educational Supervisors fully compliant with the GMC recognition of trainers regulations in order to ensure continuing allocation of trainees.

4   Not having adequate training facilities or a skills lab on both hospital sites is a significant risk as it will influence allocation of trainees to the Trust.

5   Ensuring accommodation for trainees, to provide learning support and rest.   QA visits and surveys have highlighted this need.   These reports are all in the public domain and this may affect recruitment of trainees.

6   Difficulty in recruitment, which is a national problem, and the reduction in training numbers is resulting in increasing difficulties in providing adequate rotas and service provision in some departments. This is likely to have an adverse effect on training and education.

SENIOR MEDICAL EDUCATION

During 2012-13, attention focused on the need to prepare Senior Medical Staff for the requirements of Revalidation. A programme of Doctors Essential Education Programme (DEEP) training was initiated and devised by the Medical Director and more that 230 doctors attended the first two modules on Job Planning and Appraisal and Revalidation.

A further two modules on the Ethics of Medical Practice and National Markers of Quality will run from October 2013.

The new Medical Director has identified the need to put a greater focus on the Continuing Professional Development of Consultant Medical Staff and SAS doctors, including the co-ordination of a centralised programme of development and recording and monitoring CPD activity to ensure it meets professional and service requirements. This will be priority for 2013-14.

Appendix A – Nurse Education and Training Tables

Medicines Management Assessors in the Trust

Clinical Area	Medicines	Surgery	Trauma and orthopaedics	Emergency and critical care	Oncology/ Haematology	Women's and children's	Theatres
Numbers of Assessors	63	21	10	29	7	21	2

IV Drugs Administration Assessors in the Trust

Clinical Area	Medicines	Surgery	Trauma and orthopaedics	Emergency and critical care	Oncology/ Haematology	Women's and children's	Theatres
Numbers of Assessors	73	6	5	26	5	18	10

Aseptic Technique Assessor Trainers in the Trust

Clinical Area	Medicines	Surgery	Trauma & orthopaedics	Emergency and critical care	Oncology/ Haematology	Women's and children's	Theatres	Outpatients
Numbers of Assessors	32	15	5	19	4	16	3	7

Cannulation Assessors in the Trust

Clinical Area	Medicines	Surgery	Trauma and orthopaedics	Emergency and critical care	Oncology/ Haematology	Women's and children's	Theatres
Numbers of Assessors	13	3	1	11	3	3	3

Venepuncture Assessors in the Trust

Clinical Area	Medicines	Surgery	Trauma and orthopaedics	Emergency and critical care	Oncology/ Haematology	Women's and children's	Theatres	H@N
Numbers of Assessors	3	0	0	1	0	3	0	7

Education Sessions provided by Nurse Education for Undergraduate Medical Skills on Critical Skills Week

Mon	am	Clinical skills Blood Cultures, Continuous Infusion, (CPI) IV antibiotics, antibiotic prescribing (Teaching Fellow)	pm	Medical devices (Marion Tench) Oxygen devices & airway management Pre –op assessment(Teaching Fellow)
Tues	am	Blood Transfusion (Karen Cooper)	pm	ILS self directed learning
Wed	am	ILS- Resus team	pm	ILS Resus team
Thurs	am	SimMan critical care scenarios (Simulation Team Drs, CPIs x 2 and teaching fellows)	pm	SimMan Critical care scenarios (Simulation Team Drs, CPIs x 2 and teaching fellows)
Fri	am	Clinical skills, Cannulation, ABGs, Catheterisation (CPI, Teaching Fellows)	pm	Case base presentations (Teaching Fellows)

Appendix B – Record of Staff Training on Oracle Learning Management (OLM) – 2012-13

Course Name	Places Offered/max capacity	Places Attended	Did Not Attend
223 AED Training - Philips Forerunner	80	40	n/k
223 ALS - Advanced Life Support Provider Course - Adult Only	60	57	n/k
223 Basic IT Training (Introduction to IT)	40	35	8
223 Blood Transfusion Theory	Unlimited	466	n/k
223 Breastfeeding Management Courses	290	235	47
223 Cannulation Training	132	66	26
223 Child Protection (Safeguarding) Awareness	1730	635	116
223 Clinical Holding Programme for Paediatrics and Adults	14	14	n/k
223 Colour of Change Workshops	230	85	4
223 Communication at Work	108	63	9
223 Conflict Resolution Foundation/Refresher Workshop	770	469	175
223 COSHH Risk Assessment Training	20	16	1
223 Database Intermediate	8	5	2
223 Diabetes Study Days	225	78	33
223 DSE Workstation Assessor Training	56	31	2
223 Equality & Diversity Awareness Workshop	412	254	66
223 First Aid – Emergency/Foundation/Refresher	74	45	1
223 HCA Development Programme	113	68	12
223 Hand Hygiene Assessment	Unlimited	806	n/a
223 ILS - Immediate Life Support Course - Adult Only	130	111	n/k
223 Induction Basic CPR - Adult Only	378	275	n/k
223 Induction Corporate Day (incl H&S, Fire Safety, Infection Prevention & Control, Child Safeguarding, Fraud and Bribery Awareness, E&D, Information Governance)	unlimited	507	
223 Induction Food Safety	540	208	-
223 Induction for Junior Doctors	200	129	-
223 Induction M & H for NPHs	340	116	-
223 Induction Medical Devices	298	108	-
223 Induction Moving & Handling for PHs	408	241	1
223 Infection Control Training (additional to SSU)	225	101	-
223 Information Asset Owner Training	349	68	16
223 Information Governance Training	4046	2569	n/a
223 IV Full /Half Day – Foundation/Update	414	255	44
223 Leg Ulcer Management	20	8	3
223 Lone Worker Device Training	30	18	-
223 Making Every Contact Count	3372	652	14
223 MakingEveryContactCount-eLearningModule1|Core	Unlimited	161	n/a
223 Man Dev - Dealing with Difficult Conversations	57	45	17
223 Man Dev - Equality & Diversity for Managers	100	29	2
223 Man Dev - Guest Speaker Programmes (Various)	200	146	n/a
223 Man Dev - Introduction to Finance	46	6	1

Course Name	Places Offered/max capacity	Places Attended	Did Not Attend
223 Man Dev - Managing Patient Safety in a Clinical Area	48	28	5
223 Man Dev - Managing Patient Safety Root Cause Analysis	75	23	6
223 Man Dev - Meaningful Appraisals for Appraisers	70	62	25
223 Man Dev - Role of the Manager	40	18	4
223 Medical Induction Day 2	162	55	-
223 Medical Revalidation Appraiser Top-up Training	60	50	9
223 Mental Capacity - Deprivation of Liberty Safeguards	450	176	-
223 Mental Capacity Act - Awareness for Registered Staff	30	11	-
223 Moving & Handling Link Worker 2 Day Course	32	9	-
223 Moving & Handling Link Worker Updates	32	6	-
223 Moving & Handling Training - Sidhill High/Low Innov8 Bed	150	101	-
223 PBLS - Paediatric Basic Life Support Training	145	62	16
223 PILS - Paediatric Immediate Life Support Course	198	106	-
223 PILS - Paediatric Immediate Life Support Recertification Course	144	43	-
223 Pressure Ulcer Prevention	76	35	17
223 Prevention of Pressure Ulcer Workbook|	Unlimited	140	n/a
223 Risk Assessment Workshop	60	9	-
223 Safe Load Moving & Handling (additional to SSU)	54	54	-
223 Safe Patient Moving & Handling (additional to SSU)	66	66	-
223 Safeguarding Children & Young People Level 3	110	98	-
223|LOCAL|NHSWMSafeguardingChildreneLearning|	Unlimited	46	-
223 Spreadsheet Intermediate/Advanced	24	18	6
223 Statutory Safety Update for Medical Staff	149	44	10
223 Statutory Safety Update for Non-Patient Handlers	1099	591	187
223 Statutory Safety Update for Patient Handlers (incl Adult Safeguarding)	3747	2062	478
223 Statutory Fire Safety Awareness Training (additional to SSU)	107	107	-
223 Statutory Medical Devices Training	756	211	67
223 Venepuncture Training	84	9	3
223 Vertical Evacuation Training	20	20	n/a
223 Word Processing Intermediate/Advanced	24	18	2
223 Work Related Stress Workshop :H&S:	70	31	-
223 Wound Management	40	25	15

Appendix C

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The Shrewsbury and Telford Hospital NHS

NHS Trust

Clinical Placement Facilitators Annual Report for

Nursing, Midwifery and AHP Placements

Jacqui Alexander
Donna Clark
Fiona Farrington

August 2013

Contents

1   Introduction

1.1   A vital component of any health education and training, includes the provision of practice placements, ensuring that students are fit for practice and able to support health organisations in their future workforce requirements. This requires a collaborative approach between the NHS Midlands and East, the placement provider (Trust) and Higher Education Institutions (HEI).

1.2   In line with the LDA the practice placements which the Trust provides are largely for pre registration student nurses and midwives undertaking study at Staffordshire University, however, there are occasions (which are becoming more frequent) when the Trust facilitates placements for pre registration and return to practice student nurses from other Higher Education Institutions.

1.3   Additionally the CPF team facilitate work experience placements for students working in partnership with local Further Education Institutions.

1.4   The CPF team are also responsible for facilitation and partial delivery of a preceptorship programme for newly qualified nurses and operating department practitioner registrants.

1.5   The CPF team facilitate secondments of staff for professional and second registration on behalf of Deputy Chief Nurse.

2   Placement Capacity

Placement capacity relates to a whole system approach, encompassing, development of the student, exposure to clinical skills, appropriate supervision, and the requirements of the NMC pre registration clinical competencies (Essential Skills Clusters). Additionally mentor numbers, bed capacity, staff vacancies and student evaluations form an integral part of placement capacity. Staffordshire University have also developed an algorithm which assists in determining capacity.

2.1   Collaborative working with the Ward/Department Managers, Matrons, and Deputy Chief Nurse enables effective management of student capacity. Additionally the CPF team work closely with the allocations officer.

2.2   The CPF team continually strive to seek suitable new placement areas that can offer students a quality learning environment in terms of exposure to learning which meets the NMC requirements and appropriate supervision. This is reflected in new placements being established with the Pre operative and surgical assessment suite, ward 24E at RSH and at ICAT. Ward 17 neonatal unit RSH has also increased it's range of experience having taken on summative students June 2013.

2.3   In accordance with the algorithm and in conjunction with other factors to maintain quality placements and appropriate supervision for students, capacity on a number of wards had been adjusted in 2012/13. Following 2012-13 reconfiguration, (which resulted in a reduced capacity in a number of areas) some capacity has been recovered in 2013 for example surgical assessment unit increased form 2 to 4 in Dec 2012 and recommencement of students within the Oncology areas Sep 2013. 2014 will see further reconfiguration involving Women's and Children's Services which will impact capacity. The CPF team have monthly meetings with Deputy Chief Nurse to review capacity.

2.4   Student nurses/midwives completing their program of study at a University other than Staffordshire regularly approach the CPF team requesting an elective or return to practice placement within the Trust. All such students need to fulfil agreed criteria prior to confirmation of the placement which is then negotiated with the CPF team and placement area. Payment is only attached to students studying at a HEI within the NHS Midlands and East. In 2012/13 the Trust have offered 12 placements for students studying at an alternative university.

2.5   The CPF team also facilitate work experience placements on a regular and 'ad hoc' basis for those expressing an interest in a nursing career. This is predominantly with Thomas Telford School/Madeley Academy, Shrewsbury College of Arts and Technology, Shrewsbury VI Form College and Telford College of Art and Technology. However, several other institutions and individuals have also approached requesting work experience. No payment is attached to these students. In 2012/13 73 work experience placements have been completed.

3   Quality of Placements

Quality of placements continues to be monitored in a number of ways:

3.1   Internal monitoring by CPF team

3.1.1   A mentor register (total number of available nurse/midwife mentors 642) capturing data relating to, 'in date' mentors, triennial review and the number of sign off mentors in clinical areas is maintained by the CPF team and is available on the intranet. Triennial reviews are 96% (to end Aug 2013) up to date within the Trust.

3.1.2   In the Staffordshire University Educational Audit April 2013, 83% of mentors (nursing and midwifery) on the Trust register were in date. Monthly email reminders are sent to Ward / Department Managers indicating their out of date mentors. Additionally, letters are also sent to individual mentors who are out of date and those who will be out of date within the next month.

3.1.3   In 2012/13 the CPF team have provided 54 nursing mentor updates across both sites, of which 28-30 were pre planned, the remaining were ad hoc to meet operational needs. In addition to this we offer mentor updates on site for the independent sector placements.

3.1.4   The vast majority of mentor update sessions for nurses have been provided by the CPF team during 2012/13 with two paediatric and one other mentor update being provided by Staffordshire University staff to date this year.

3.1.5   Mentor briefings form part of the annual mandatory update for midwives and are delivered by the midwifery lecturers and ODP mentor updates are also provided by University staff.

3.1.6   In partnership with Staffordshire University, the mentor briefing content is reviewed annually ensuring it meets the requirements of the NMC Standards (2008).

3.1.7   The CPF team regularly visit clinical areas ensuring that the Trust is compliant with the NMC Standards (2008), where placements are not compliant this is raised with the ward manager and or mentor. The importance of this has also been highlighted at Band 7 meetings. The following checks are completed:-
  • Audit allocation of mentors against the mentor register ensuring students have been allocated an appropriate mentor i.e. a qualified and ' indate' mentor and a sign off mentor if required.
  • Students are working the 40% minimum contact time with their mentor

- Sign off students are achieving their one hour protected time with their mentor
- Student off duty is planned and documented in advance and accessible to staff and students.

3.1.8   The CPF team in conjunction with the Ward / Department Managers and Deputy Chief Nurse continually strive to ensure that the Trust has sufficient, appropriately prepared and 'indate' mentors and sign off mentors to support/assess pre registration students in practice. This includes systems to ensure that those with responsibility for the allocation of training resources are aware of priority areas.

3.1.9   The Trust support a number of staff to undertake the Mentorship in Healthcare module. This has resulted in a number of new mentors on the mentor register, however, a proportion of these do not appear on the register due to failure to commence/complete the course, ceasing employment with the Trust or merely not returning addition to the mentors register form.

3.2 Student Evaluations

The CPF team continue to collate and disseminate student nurse/midwife evaluations following each academic term. To date all evaluations are fedback to the Academic Placement Practice Development Manager (Staffordshire University). Those relating to placements within the Trust are also disseminated to Ward /Department managers, Matrons, and the Deputy Chief Nurse. Those relating to the independent sector are feedback is to the relevant manager within the placement.

3.2.1   Where areas of improvements are identified, the CPF team and Ward/Department Manager jointly develop/review action plans. If trends are apparent, the CPF links with Deputy Chief Nurse and Matron, utilising the algorithm   to determine if placement area remains a suitable learning environment.

3.2.2   Evaluations forms completed by students continue to form a valuable part of placement evaluation; however, CPF and link lecturer placement visits, frequently capture and address any student and/or mentor issues or concerns during placements.

3.2   NHS Midlands and East – Education Commissioning Quality

3.2.1   The Deputy Chief Nurse and CPF team annually report to the NHS Midlands and East using the agreed Education Commissioning Quality (ECQ) process. As part of this process the CPF team liaise with allied health professional leads within the Trust ensuring the self assessment is representative of all professions and education providers.

3.2.2   The Deputy Chief Nurse and CPF team monitor progress of the nursing annual review action plan (see appendix 1 for 2012/13 action plan)

3.3   Educational audit

3.3.1 The annual educational audit is undertaken in partnership with Staffordshire University. The focus of the 2013 audit continued to include the quality of patient care as well as the support provided to pre registration student nurses, midwives, ODPs and paramedics from both clinical staff and the CPF team

3.3.2   The CPF team attend annual educational audit training in order to prepare and support Placement areas, plan the audit timetable, assist auditors as required during the audit week and respond to the audit report in terms of an action plan.

3.3.3 The audit report presents recommendations both to individual placement areas and also on a corporate basis. Action plans, both placement specific and Trust wide have been agreed.

3.3.4 Progress towards the Trust wide action plan is monitored by the Deputy Chief Nurse (see appendix 2 for Trust wide action plan) and individual action plans are monitored by the ward/department manager, CPF team and matron.

4 Support for Students

4.1 In collaboration with Staffordshire University, the CPF team continue to be involved in the induction and preparation of pre-registration student nurses for their practice placements and clinical assessments. They are also involved with the midwifery programme both in terms of the CPF role and in preparation for their general and gynaecology ward placement.

4.2 The CPF team remain accessible and visible within the clinical areas, establishing a point of contact for both the student and mentor, providing support and information as required and/or sign posting / liaison as appropriate.

4.3 Placement areas within the Trust have a local student induction pack accessible on the Trust intranet and within the placement area. Induction packs are reviewed annually, based on a standard template which encompasses requirements of the ECQ ensuring consistency of information.

4.4 In order that placements can clearly demonstrate students working 40% of the time with their mentor (NMC Standards 2008) a standard student off duty template has been adopted by many placement areas. Where areas have used a different format it is still required that the 40% mentor contact time and where appropriate the protected time for SOM students is demonstrated for audit purposes.

5 Support for Mentors and Mentorship

The CPF team are accessible to mentors for guidance and advice relating to the supervision, education and assessment of students in clinical practice, supporting mentors in numerous ways:

5.1 The CPF team are a conduit for dissemination of current information relating to pre registration nursing/ midwifery education, from Staffordshire University, NHS Midlands and East and the NMC to Matrons, Ward/Department Managers and mentors.

5.2 The educational link meetings have been re-established as an additional support, education and information sharing mechanism. Outside speakers have been invited to provide additional education and training beyond the scope of the CPF team.

5.3 The CPF team support mentors in ensuring consistency, validity and reliability of student assessment documentation. Guidance on the process of completion is given at both mentor updates and on an ad hoc basis as required. Additionally, the CPF team audit the completed clinical assessment documents, giving individual feedback to mentors on the quality of the completed assessment documents.

5.4   When mentors are assessing a student who is struggling in clinical practice the CPF team support mentors in their decision making process. This can involve regular and repeated one to one meetings and re-enforcement of education from mentor updates.

5.5   The CPF team provide a wealth of information for mentors through both the CPF Trust intranet site which is updated monthly and a mentor information file which is updated annually.

5.6   The CPF team ensure that adequate numbers of Sign off mentors continue to be available with succession planning and subsequent training for new sign off mentors. In line with NMC guidance (2008) this is achieved by:-

- a supporting work book (devised and reviewed by the CPF team),
- two practice assessments by the CPF team
- A final assessment in practice from an existing sign off mentor during the practice assessment period.

5.7   The CPF team provide guidance and support to mentors and students in the development and annual review of induction packs as required. This includes a standard induction checklist and signature confirmation to meet health and safety standards.

5.8   Mechanisms are in place to ensure that newly qualified mentors and those transferring from other organisations are supported in their mentor role and added to the mentor register in a timely fashion. This is achieved by the development of an advice sheet, mentor record and targeted visits for new mentors when they are added to the mentor register.

5.9   Awareness of triennial review has been raised through mentor updates. A support pack and mentor record have been developed to assist mentors in the provision of appropriate evidence. Reminders are issued to managers when triennial reviews are due.

5.10   To support mentorship in clinical practice the CPF team review the mentorship strategy every three years ensuring it reflects current NMC and Trust Standards.

6   Allied Health Professionals (AHP)

        The CPF team provide support and guidance as requested by the AHP mangers, however, at their request, student activity relating to Allied Health Professions is managed by the appropriate service managers/lead superintendents. The CPF team link with these key individuals to ensure that the ECQ (self assessment) is representative of all education providers and professional groups.

6.1   In conjunction with the Practice Supervisors the CPF team continue to engage with the Operating Department Practitioner (ODP) and Paramedic Awards. There is regular liaison with Staffordshire University course management teams. CPF team and Practice Supervisors represent the Trust at meetings in relation to the ODP and Paramedic programmes.

6.2   The CPF team link with the Practice Supervisors in practice areas where appropriate and as required by the Practice Supervisor.

6.3   The CPF team meet to discuss allocation and quality initiatives with Keele University regarding the Physiotherapy programme on a regular basis.

6.4   In 2012/13 the CPF team have facilitated 4 non traditional placements for Keele University physiotherapy students. In 2012/14 this will increase to 6 students. These placements in a variety of inpatient ward areas provide exposure for the students to the multidisciplinary team.

7.   Partnership working

Partnership working is essential, ensuring that students are fit for purpose on completion of their pre registration programme.

7.1   The CPF team continue to provide a link between Staffordshire University and the Trust in relation to recruitment and selection of students for pre-registration nursing programmes and facilitate the involvement of Trust clinicians for this purpose.

7.2   The CPF team have represented the Trust on the Curriculum Development Group, ensuring Trust views are fed into this group by consulting key staff within the organisation throughout the process. CPFs will be instrumental in updating mentors about the changes within the 2013 Pre Registration nursing Curriculum via Mentor updates link nurse meetings and one to one training.

7.3   The CPF team represent the Trust at Staffordshire University Fitness to Practice meeting and disseminate this information to the Deputy Chief Nurse.

8.   Preceptorship

8.1   The CPF team have designed and facilitated/delivered an 'in house' preceptorship programme for newly qualified nurses and OPD registrants. The content of which was based upon networking, research, liaison with ward managers and evaluation of previous programme (accredited modules commissioned from local HEIs) The current programme consists of regular study days provided by CPFs and clinical experts delivering on a variety of key Trust initiatives relevant to the preceptorship period. Each study day has been evaluated with full evaluation of the programme planned for December 2013. To date the evaluations have been largely positive.

8.2   Preceptors have also been provided with support and education as part of the programme. This involves a preceptor guidance book and an invitation to accompany the preceptees on their first study day 'Introduction to Preceptorship'

8.3   In order for preceptees to demonstrate their progress towards their KSF a competency based workbook has been developed by the CPF team.

8.4   The CPF team co-ordinate the initiation of the nursing preceptorship programme through liaison with ESR and the ward/department manager. CPF team provide newly qualified registrants with a Trust preceptorship workbook and commencement on the study programme in a timely fashion.

8.5   Liaison with the temporary staffing department has ensured that new registrants undertaking work within the nursing bank will receive a preceptorship workbook and are included on the study days.

9.   Conclusion

9.1   The CPF team in collaboration with clinicians have continued to strive to both maintain and establish quality placement areas for healthcare students, utilising the established algorithm in the decision making process.

9.2   The CPF team have continued to invest considerable time during 2013 to ensure placement areas continue to adhere to the NMC (2008) Standards to Support Learning and Assessment in Practice. Triennial reviews are 96% complete (to 31st August 2013).

9.3   The CPF team has continued to work in partnership with Staffordshire University and professional governing bodies and the NHS Midlands and East to quality monitor placement areas and address any identified deficits.

9.4   In order to ensure that the Trust has adequate number of mentors to sustain its current provision of placements, there needs to be continued commitment to funding the Mentorship in Healthcare Module.

9.5   It is recognised that both students and mentors continue to value contact with the CPF team. It is identified as a valuable opportunity to discuss issues relating to the quality of the placement, learning opportunities, supervision and support with completion of assessment documentation.

9.6   The CPF team have made significant changes to the preceptorship provision for newly registered nurses/ODP, with the development and ongoing evaluation of the SaTH Preceptorship Programme as well as an annual review of the Preceptorship Workbook. Accredited modules linked to HEIs has ceased in favour of an in house approach.

9.7   The CPF team continue to facilitate an increased demand for work experience placements within clinical areas as per Trust Policy.

10   Key priorities for 2013-14

10.1   In order to ensure sufficient and appropriate clinical placements for healthcare students the CPF team will continue to monitor current placements, through existing internal and external quality mechanisms. Ongoing and future reconfiguration of services will be closely monitored to ensure that any impact on placement quality and capacity is taken into consideration.

10.2   The CPF team will continue to represent the Trust working in partnership with Staffordshire University both to sustain the NMC Standards to Support Learning and Assessment in Practice (NMC 2008).   Progress and specific challenges will be fed back to the Deputy Chief Nurse and at the appropriate forums within the organisation.

10.3   The CPF team will support mentors through the changes to assessment and documentation resulting from the 2013 Nursing Degree Curriculum.

10.4   The CPF team will continue to facilitate and deliver the 'in house' Preceptorship Programme with ongoing evaluation and this will be review annually in accordance with the Department of Health and Trust Policies.

10.5   The CPF team will liaise with ward/department managers, to ensure all placement areas within the Trust have an educational link nurse who meets their role as outlined within the Trust mentorship strategy.

10.6   The CPF team will prepare managers within the Trust for identification of suitable staff for secondment for training for professional registration and second registration.

10.7   At the request of the Therapy Service Managers, the CPF team in conjunction with the Therapy Service Managers, developing the Clinical Placement Facilitator intranet site to include   relevant   information.

Appendix I(Educational Audit Action Plan)

EDUCATIONAL AUDIT ANNUAL REPORT

Name of Trust/PCT:	Shrewsbury & Telford NHS Trust Hospital
Audit Team: (in Whole Time Equivalent per person plus title)	Sue Devenish (0.8 WTE)Senior Lecturer, Sue Brown, (0.8 WTE) Clinical Education Midwife, Graeme Mitchell Deputy Director Quality & Safety (0.6 WTE), Helen Smith(0.8 WTE) Clinical Placement Facilitator Robert Jones & Agnes Hunt Orthopaedic NHS Foundation Trust, Terri Rapson (0.8 WTE) Academic Practice Development Manager, Mary Stringer (0.8 WTE) Senior Lecturer, Karen Griffiths (0.8WTE) Senior Lecturer, Pam Williams(0.8 WTE) Renal Training Sister, Kay Tufft (0.8 WTE) Senior Lecturer.
Audit Leader Audit Verifier (External)	Terri Rapson T Rapson
Clinical Placement Facilitator/ or equivalent role	Fiona Farrington, Donna Clark, Jacqui Alexander
Date of Report:	7 March 2013
Summary of Current Year's Educational Audit Process:	

Forms were all completed electronically and will be e-mailed to the relevant Trust for dissemination to areas.
This report has been formulated based on evidence from:
- Educational audit visits
- Trust policies/protocols/nursing care indicators
- Outside agencies where relevant
- Internal reviews/audits/reports
- Previous year's Educational Audit (including action plans)
- Student Placement Evaluations

Areas not visited continue to be included in the Trust wide audit through scrutiny of evidence as above.

Areas visited:
Shrewsbury Site:
Colorectal CNS
Day Surgery Unit
Gynaecology
Head & Neck Acute Referral
Pain CNS
Palliative Care CNS
Rainbow Ward
RSH community midwives and MLU
Surgical Assessment unit
Theatre Recovery
Wards 20, 23N, 24/CCU, 25, 26.
X ray.
Telford Site:
Wards 2, 4,10,16,
Day Surgery Unit,
Apley Ward
Endoscopy,
MS CNS,
Respiratory CNS,
Outpatients,
Wrekin Midwifery Led unit

Other sites:
Ludlow Midwifery Led unit
Whitchurch Midwifery Led unit

The planned visit for Ward 22S/R did not take place as the area was unable to facilitate it.

Each audit team comprised two auditors except where Ward 4 PRH was audited by one person due to unforeseen circumstances. Usually teams comprised one member of Faculty staff and one clinician from this Trust or an external Trust. In order to ensure equity and rigour of the process external verification was carried out. It proved difficult to complete full verification due to less days being used for visits and team members being unavailable. The presence of senior staff from practice and education is recognised as essential to strengthen the process and challenge practice appropriately.
The audit tool and process were explained on the first day of the audit again for those staff unable to attend the training session.

All areas were welcoming to auditors. The majority were prepared for the audit with the exceptions of Ward 24/CCU. A number of areas had students allocated but some were not on duty during the audit visit or were unavailable. Where students were seen this aided triangulation of evidence.

The audit was successful and highlighted the quality of student learning experience with a number of recommendations agreed.
The majority of student nurses and midwives allocated to the Trust are from Staffordshire University.
Overall, where relevant, there is usage of the 24 hour cycle of care. The auditors felt that in general staff were confident about ensuring the students participate in a full range of shift patterns.

The overall student capacity for areas visited is 113.
Types of learners are recorded in completed individual area audit forms.

Checking of Trust policies on their intranet revealed the following policies were out of date (past their Review Date);
Fire Safety Management,
Complaints, Concerns and Compliments
Equality & Diversity.
Auditors noted that several policies are difficult to find due to the indexing not always matching key word searched for.

Those policies available were being adhered to in practice.
There is clear evidence that mandatory training is undertaken and records were accessible on a corporate drive database and in some cases hard copies kept in the areas.

Previous years audit action plan

This was signed off as completed by Sarah Bloomfield (Educational Lead) on 15 January 2013.

High Quality Practice

Generally all performance indicators were met with the exceptions of:
1.1   Ward 24/CCU, Ward 10.
1.8 Gynaecology
1.9 Palliative Care CNS
All above have identified actions in Appendix 1.
Auditors noted equipment outside stair and lift doors of the ward block at RSH which constituted a Health & Safety hazard (Wed 6 Mar 2013). Also a number of senior nursing staff were transferring patients on beds between areas at RSH meaning they were not available for direct care (Wed 6 Mar 2013).
Commendations:
Ludlow MLU for their high quality women-centred practice which was evidenced by a wealth of patient comments, verbal and written.

CREATING AN ENVIRONMENT FOR LEARNING

The majority of performance indicators were met with the exception of the following:

2.3 Ward 10, Pain CNS, Palliative Care CNS, Wards 24/CCU, 25, 26.
2.4 Ward 10.
2.6 SAU RSH, Ward 10, Ward 24/CCU.
2.8 Pain CNS
2.12 Ward 24/CCU, Pain CNS, Respiratory CNS
2.13 all areas.
2.14 Pain CNS, Palliative Care CNS

All above have identified actions in the generic recommendations or in Appendix 1.

Commendations:
Endoscopy for a comprehensive Student Induction Pack and extensive learning resources.
Colorectal CNS for learning activities within the Student Induction Pack.
Gynaecology for their Glossary of Terms.

Whitchurch Community Midwifery in addition to their Student Induction Pack a mentor has
developed an orientation pack aimed at new staff and students.

Teaching, Learning and Assessment of Students

The total number of mentors in the Trust is 631.
There are 526 mentors currently updated on the live register and available to support and
assess students in practice.
Of these 108 are midwives, 18 ODPs, 1 practice teacher and 504 are nurses.
There are 105 qualified mentors on the Dormant Register and currently unavailable to
support and assess students.
There are 280 Sign-Off mentors for nursing and midwifery.

The majority of performance indicators were met with the following exceptions:
3.4 Wards 2, 4, 10,24/CCU, 26, DSU PRH, SAU RSH, Head & Neck acute
    referral RSH, Rainbow Ward , Gynaecology Ward, Colorectal CNS,
    Community Midwives and MLU RSH, Ludlow MLU, Outpatients
    Department PRH, Wrekin Maternity.
This criterion relates to mentors attending an annual update and it was noted that in several
of the areas mentioned above there was only one mentor out of date

3.5 Ludlow MLU, OPD PRH, Ward 25.
3.6 Ward 24/CCU.

Recommendations 2013

- Ward 22S/R to be audited as soon as possible.
- Ward 10 and Ward 24/CCU to undergo a review by the end of September 2013.

In addition the following recommendations apply to all areas, including those not
visited:
- To explore ways of including service users and carers in feedback on student
  performance (this was also a recommendation in 2012).
- Trust to ensure completion of plans for students to be given an IT password (this
  was also a recommendation in 2012).
- Develop a way to strengthen how the hour protected time per week (or equivalent)
  for sign off period can be evidenced.
- Carry out a review of the Clinical Nurse Specialist placements with a view to
  increasing skills development for students and placement structure.

Date of next audit 10th to 15th March 2014.