

Multi-professional Education Update Sept 2019

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Trust Board paper J

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	20/08/2019	Discussion
Trust Board Committee		
Trust Board		

Executive Summary

Context

Provision of high quality education and training is an essential part of promoting UHL as an excellent training organisation and to support recruitment and retention of students and all healthcare staff.

UHL receives funding to support the provision of Undergraduate(UG) and Postgraduate (PG) Medical Education

The GMC and National Student Survey provide feedback on performance for UG and PG(trainees only) Medical Education. The local UHL survey captures feedback from all junior doctors in the trust.

Questions

1. How can we ensure that locally trained Physician Associates have opportunities for employment within UHL?
2. How can we ensure that specialties with training challenges, as indicated in the GMC and local survey, are supported to sustain improvements
3. How can we improve accountability of education funding within CMGs?

Conclusion

1. A paper will be presented at ESB in October regarding Physician Associates. A multi-professional workforce paper is to be written for EPCB.
2. HEE have requested responses to a number of red flags (47) in the GMC survey. These were summarised in the August Performance reports for medical education. Sustainable improvement is vital to ensure that specialties with challenges retain their trainees
3. Work streams are in place to improve accountability for SIFT funding. Accountability for MADEL funding remains a challenge.

Input Sought

We would welcome the Trust Board's input regarding

1. Improving recruitment opportunities for locally trained Physician Associates
2. Supporting CMG action to respond to poor GMC survey outcomes and demonstrate sustainable improvement
3. Improving accountability for funding we receive for education and training at CMG level

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[Yes /No /Not applicable]
Safely and timely discharge	[Yes /No /Not applicable]
Improved Cancer pathways	[Yes /No /Not applicable]
Streamlined emergency care	[Yes /No /Not applicable]
Better care pathways	[Yes /No /Not applicable]
Ward accreditation	[Yes /No /Not applicable]

2. Supporting priorities:

People strategy implementation	[Yes /No /Not applicable]
Estate investment and reconfiguration	[Yes /No /Not applicable]
e-Hospital	[Yes /No /Not applicable]
More embedded research	[Yes /No /Not applicable]
Better corporate services	[Yes /No /Not applicable]
Quality strategy development	[Yes /No /Not applicable]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)?
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required

- How did the outcome of the EIA influence your Patient and Public Involvement ?
- If an EIA was not carried out, what was the rationale for this decision?

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a <i>Principal Risk</i> on the BAF?		
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix Register		
New Risk identified in paper: What <i>type</i> and <i>description</i> ?		
None		

5. Scheduled date for the **next paper** on this topic: [date] or [TBC]
6. Executive Summaries should not exceed **5 sides** [My paper does/does not comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: SEPTEMBER 2019

REPORT BY: Mr ANDREW FURLONG, MEDICAL DIRECTOR

REPORT FROM: MR MARK MCCARTHY, DIRECTOR OF CLINICAL EDUCATION & ELEANOR MELDRUM, ASSISTANT CHIEF NURSE

SUBJECT: UHL MULTI-PROFESSIONAL EDUCATION REPORT

Clinical Education Update

Postgraduate Training: Survey Updates

GMC National Trainee Survey 2019

The 2019 GMC survey was open to all trainees from March to May.

Trainee Summary

- As a trust overall, UHL is not a negative outlier in the 2019 survey for any indicators
- UHL maintained a ranking of 3rd for 'Overall Satisfaction' in the East Midlands region.

Trainer Summary

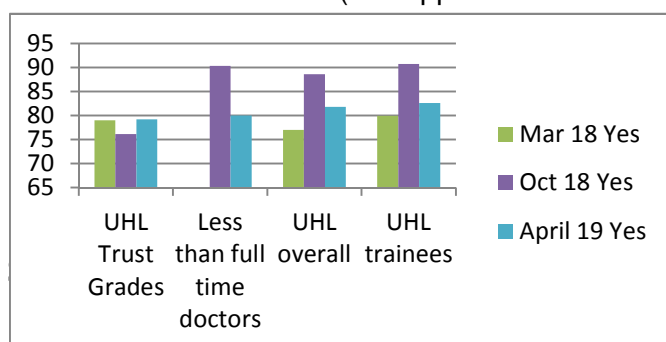
- The Trainer survey is not mandatory and UHL's response rate was 35% (35% overall East Midlands response rate)
- UHL is a negative outlier for trainer resources in the 2019 survey
- The Trust ranks 6th (out of 8) for 'Overall Satisfaction' in the East Midlands region

There were a number (73) of negative outliers in the trainee survey and the Trust has been asked, by Health Education England, to respond to 42 of these. CMG Education Leads are working with other educators to finalise their responses.

UHL Survey summary (April 2019)

434 (40%) responses- 388 were trainees, 57 trust grades and 10 'other' (including those on Medical Training Initiative (MTI) schemes and Fellows)

When asked 'would you recommend your current post to a colleague?' 81.8%% of all respondents said 'yes' (Trust KPI is 80%). Trainees were more positive (82.58%) than trust grade doctors (79.21%) for the same question. 71% of specialties (with > 3 respondents) met or exceeded the KPI (see appendix 3 for breakdown and comparison to Oct 18)



'Would you recommend your current post to a colleague?'

Postgraduate Training Concerns

Where concerns have been identified in the GMC or local UHL surveys, meetings with CMG Education Leads and Heads of Service are underway to investigate these further.

Winter pressures impacted on training in a number of ways last year (2017/18) but so far have had less impact on training this year following consultation with CMG education leads and Foundation Training Programme Leads

Certain aspects of the delivery of core surgical training are a problem within UHL. Onerous rotas and lack of training time are significant issues that have been identified in certain specialties. The School of Surgery is looking at ways at how new patterns of working can be implemented and is keen to be part of the HEE and Royal College of Surgeons initiative that is the 'Improving Surgical Training Project-IST'. The Department of Clinical Education are looking to support this initiative.

HEEM funding

UHL trainers and educators submitted competitive bids to HEEM for Curriculum Study leave underspend funds to support training in UHL. We were successful in obtaining funding to purchase a range of training equipment and to support development and delivery of innovative training courses for trainee doctors.

Return to Training programme (RTT)

An increasing number of doctors in training are taking time out of their training programme. The reasons for this are varied and include, out of programme research and educational opportunities, caring responsibilities, career breaks.

We have appointed an RTT lead to develop a sustainable programme which supports trainees returning to work. This will include the development of an expert faculty, administrative support and electronic resources.

Less than Full Time training (LTFT)

Workforce projections suggest that increasing numbers of trainees will apply to work LTFT at some stage during their career.

UHL will strengthen and standardise the process of supporting LTFT doctors and has appointed a LTFT lead who will develop a sustainable programme to supports LTFT trainees working less than full time.

Undergraduate Medical Education Issues

Medical students

National Student Survey

Encouraging improvements in the Leicester Medical School NSS scores

September 2019

Overall satisfaction - increased from 87% to 92%

Leicester is now in the top third of UK medical schools. Foundation assistantship placements have received excellent feedback from the students placed at UHL

CMGs need to demonstrate time in job plans linked to undergraduate activity.

DMU Physician Associate Students

2017-2019 cohort: There are 11 physician associate students who have rotated through UHL on their clinical placements. They are scheduled to complete their training in August 2019 and sit for their national exams in September 2019. We are hopeful that some of these students will find jobs within UHL, **but there are limited job opportunities at the moment.**

2018-2020 cohort: There are 16 physician associate students scheduled to start their second year clinical placements in September 2019. They will be doing their hospital placements (medicine, surgery, ED, O&G, paediatrics, etc) at both University Hospitals of Leicester and Kettering General Hospital. We have created a placement plan for these students.

2019-2021 cohort: DMU is in the process of interviewing candidates for their programme. We await the final numbers for this cohort, but the goal is 24 students. These students will start their theoretical training at DMU in September 2019.

UHL as a Teaching Hospital

A communications officer has been appointed to highlight the advantages to patients of being treated in a teaching centre and to promote UHL as a teaching centre of excellence. Among other benefits, this will support recruitment and retention of medical staff. Campaigns and press releases are now regular occurrences. We are also looking to improve our website profile and place on Insite

@UHL_ClinEd 

Instagram: uhlclinicaleducation

Medical Education: On-going key priorities

As a University teaching hospital, it is important that UHL provides high quality training to optimise recruitment and retention. Reviewing placement capacity is important in light of increasing medical & PA student numbers

1. Continue to improve the learning culture within and the support for trainees wellbeing
2. Improve UHL education & training facilities
3. Facilitate "Time for training" in job plans
4. Improve accountability for funding we receive for education and training at CMG level
5. Manage education and training quality issues actively across UHL and commit to demonstrate improved education quality outcomes
6. Work with local universities to maximise our potential in educational innovation, and scholarship as a "USP" for Leicester

Nursing

NURSING ASSOCIATES

Our first cohort of Nursing Associates graduated in June 2019 and are now working across Leicestershire in a range of healthcare environments; acute hospital care for adults and children, GP practices, community and District Nursing as well as inpatient mental health areas and mental health crisis teams.

The Leicestershire School of Nursing Associates are preparing for a Nursing and Midwifery Council (NMC) approval event on the 17th and 18th of September. The NMC (via Mott Macdonald) will be validating the programme and have requested a two day visit due to the unique model of training. They will spend one day reviewing a range of practice placements at the Glenfield Hospital (due to the proximity of the mental health and learning disability placements) with the second day formally assessing the academic content of the programme and meeting with employers, mentors, academic staff, service users and trainees. Once the programme is formally approved, we aim to train up to 150 apprentice Nursing Associates per year (across two or three cohorts per annum) for UHL and all health and social care providers across Leicestershire.

UHL has been invited to participate in a new King's College London-led study funded by the National Institute for Health Research (NIHR) at the NIHR Policy Research Unit on Health and Social Care Workforce. The research will be examining the Introduction of the Nursing Associate role in Health and Social Care and will be the first to gather information, statistics and experiences of the new Nursing Associates in practice and from the people supporting them.

The National Student Survey results for the first cohort of Nursing Associates can be seen in Appendix 1. There are only two other sets of survey results for Nursing Associates on the website but it is clear that we have delivered a high standard of education for our Leicestershire trainees.

The newly qualified Nursing Associates have completed their first preceptorship and clinical supervision days alongside our newly qualified registered nurses. We asked the Nursing Associates to reflect on one positive difference they have made to their patients since qualifying and one positive difference they have made to their team and workplace. The responses below demonstrate the transition they have all made into a registered healthcare professional.

One positive difference we have made to our patients

- Patients have perceived the role positively

- Increase in patient safety – higher nurse/Registered Nursing Associate to patient ratios
- Critical frailty scores in ED are completed sooner and interventions to reduce risk implemented earlier which may reduce risks such as falls etc.
- Being an patient advocate “I have more confidence to speak out and can use appropriate terminology to make my point heard”
- Can identify patients care needs and address the problem rather than hand it over to the Staff Nurse preventing a delay in care

One positive difference we have made to our team and workplace

- HCA's in my area find me more approachable to help them than some staff nurses
- Relieving some of the burden from then staff nurse
- Working in a different area post registration would be beneficial
- Helped with staff morale “colleagues are proud of what I have achieved and I can help the team”
- When allocating patients the nurse in charge has to think harder when allocating areas of work to ensure the skill mix is appropriately spread
- Ability to do more in the department
- I am a role model for HCA's and TNA's
- I can prevent a delay in care

The Leicestershire School of Nursing Associates has been shortlisted for the HSJ Workforce Initiative Award and two of our graduate Nursing Associates have secured a place on the first Florence Nightingale Leadership Programme commencing November 2019.

RECRUITMENT OF REGISTERED NURSES FROM ALL FIELDS OF PRACTICE

We continue to proactively recruit registered Learning Disability and Mental Health nurses for adult and children's services across the Trust. In September 2019, we will have ten Learning Disability nurses working within our Childrens hospital and Specialist Medicine (neurology) and a further ten Mental Health / dual registration nurses in Children's services and RRCV and emergency medicine.

These nurses are being supported with a dedicated Nurse Educator post and bespoke Training Needs Analysis along with specific learning days to support their field specific development and maintenance of skills and also support them sharing their skills with their team. A Mental Health and Learning Disability

Education Strategy is being developed to support this initiative and the long term retention plan that is needed to retain these nurses in UHL to support the ever increasing number of patients with a mental health or learning disability being cared for across all specialities and CMGs

EXPANDING EDUCATION AND TRAINING FACILITIES

There has been a slight delay in commencing the refurbishment of the Recreation Hall at the Glenfield Hospital. However, following the submission of a business case Health Education England has provided £250,000 as a financial contribution to this work to support the growth in the Nursing Associate programme.

The facility will allow us to develop our vision in 2020 for a UHL School of Nursing and Midwifery Practice and deliver bespoke training for health and social care across the city and county. We will develop simulation facilities that will replicate care environments in the home and other community settings to support our apprentice Nursing Associates i.e. nursing homes and primary care.

DEVELOPMENT OF CLINICAL COACHES (RETIRE AND RETURN INITIATIVE)

We are continuing to promote the Clinical Nurse Coach role for nursing and midwifery across UHL. The role supports our newly qualified nurses and midwives in the clinical area providing clinical supervision and pastoral support – something that we are seeing a greater need for in our new registrants. We continue to target nurses who have given notice to retire and leave the NHS to offer them the opportunity to join the bank as a clinical coach.

ADVANCED CLINICAL PRACTICE

There has been significant growth in the number of Advanced Clinical Practitioners or ACPs across the organisation that has been led by Matt Wensley and the Heads of Nursing. To date we have:

- 58 qualified ACPs across all CMGs (with the exception of children's services) with a further 19 new starters in September 2019 who will qualify in 2022

- In 2020 we will have 22 trainee ACPs complete their training programme and become qualified ACPs
- In 2021 we will have 11 trainee ACPs complete their training programme and become qualified ACPs

UHL continue to be the driving force in developing advanced practice across Leicestershire with multi-organisation training sessions delivered in the evening at Alfred Hill for GP practices and Leicestershire Partnership Trust. We also ran the first Leicestershire ACP conference in June 2019 funded by HEE/EM and De Montfort University.

MEDICAL STUDENT / HEALTH CARE ASSISTANT INITIATIVE

We are working with the University of Leicester Medical School to support a small group of first year medical students to achieve the clinical competencies required to work as bank HCA's by December 2019. This initiative replicates successful national pilots across an increasing number of medical schools in England.

There will be some funding for UHL to develop this initiative and we will be using this funding to give towards who can release some experienced (and willing) HCAs who would like to be involved in delivering practical training to medical students with the ultimate aim that medical students will be aligned to specific wards for their future bank work as a HCA.

Table one: National Student Survey Results for the Nursing Associate Programme

Theme	Questions	LLR	UNI A	UNI B
Overall Satisfaction with the Programme		98%	70%	90%
Number of respondents		42	75	20
The teaching on my course	Staff are good at explaining things	100	73	95
	Staff have made things interesting	86	77	95
	The course is intellectually stimulating	86	74	95
	The course has challenged me to achieve my best work	95	71	95
Learning Opportunities	My course has provided me with opportunities to explore ideas or concepts in depth	91	75	95
	My course has provided me with opportunities to bring information and ideas together	98	74	95
	My course has provided me with opportunities to apply what I have learnt	93	86	95
Assessment and feedback	The criteria used in marking have been clear in advance	83	69	85
	Marking and assessment has been fair	67	73	81
	Feedback on my work has been timely	91	77	100
	I have received helpful comments on my work	81	73	90
Academic support	I have been able to contact staff when I needed to	93	75	86
	I have received sufficient advice and guidance in relation to my course	95	68	95
	Good advice was available when I needed to make study choices on my course	90	67	95
Organisation	The course is well organised and running smoothly	79	44	67

and management	The timetable works efficiently for me	96	71	100
	And changes in the course or teaching have e=been communicated effectively	93	63	86
Learning resources	The IT resources and facilities provided have supported my learning well	76	81	95
	the library resources (e.g. books, online services and learning spaces) have supported my learning	93	94	95
	I have been able to access course specific resources (e.g. equipment, facilities, software)	79	83	86
Learning community	I feel part of a community of staff and students	81	73	81
	I have had the right opportunities to work with other students as part of my course 85.71	86	79	86
Student Voice	I have had the right opportunities to provide feedback on my course	98	84	95
	Staff value students views and opinions about the course	98	72	95
	It is clear how students feedback on the course has been acted upon	67	70	81
Students Union	The students' union (association or guild) effectively represents student's academic interests	47	49	61