

Developing Clinical Education and Training Capacity

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Paper D

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To present to the Board through Reconfiguration the investment for Clinical Education and Training at UHL.	
Discussion	To discuss the re-location of Clinical Education and Training to the Victoria Building encompassing a new education and training wing.	
Assurance	To assure the Board that systems and processes are in place, for investment in Clinical Education and Training within UHL	x
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
Recon Committee	26 th Feb 2021	Confirmation of enabling scope
Executive Board – ESB	2 nd Mar 2021	Confirmation of enabling scope
Trust Board Committee		
Trust Board		

Executive Summary

Context

Over the recent years the education facilities at UHL have been repeatedly criticised by medical trainees in the GMC national trainee survey and learners on Apprenticeship Education Programmes. It is becoming increasingly difficult to provide the required mandatory and simulation training to all post graduate health care professionals and students in the current environments. The high clinical service pressure has led to the gradual loss of teaching space near to the clinical areas and the reconfiguration of services has led to an imbalance of facilities at UHL sites, which will be exacerbated further as services move from Leicester General Hospital to the Glenfield and Leicester Royal Infirmary sites.

Three years ago, the Chief Executive requested that we incorporate the clinical education and training facilities into the reconfiguration programme. The capital budget was not increased to support the additional scope, and whilst there was tacit support that the programme would not be able to deliver the ‘whole’ strategy, there was agreement that the programme would look to improve facilities wherever possible within the budget.

As requested by the Trust Board, this paper provides detail on the clinical education (medical) and training (UHL non-medical /non-nursing) facilities that are being provided in

the early stages of the Reconfiguration programme. It reflects the accommodation to be provided at the GH once the PMO office is no longer needed (business case approved by the Trust Board in September 2020); and the early works being undertaken at the LRI as part of the enabling project. This business case will be presented for approval in early summer.

Background

University Hospitals of Leicester NHS Trust (UHL) is a leading teaching hospital that provides an integrated health care service for patients. The Trust's strategy 'Becoming the Best' aims to build an 'enhanced reputation in research, innovation and clinical education' in being a high quality teaching organisation; maintaining the motivation and enthusiasm of staff and attracting and retaining doctors, students, apprentices, nursing associates and other clinical and non-clinical staff.

The need to improve provision has been recognised and escalated to boards over a number of years. This paper describes the two services of:

- Medical Education Facilities Strategy – supporting medical education (Appendix 1);
- UHL Learning and Development Strategy – supporting all other disciplines of clinical and non-clinical UHL workforce (Appendix 2).

This paper excludes nursing education since this is covered by a separate strategy.

Medical Education Strategy

The vision articulated within the Education Facilities Strategy is to:

- Create the highest quality built environment to provide excellent education and development facilities for the entire medical education staff.
- Provide a future proofed estate to meet the needs of our workforce including technological advances and emerging learning techniques.
- Provide the best facilities to enable our highly dedicated teams to be able to both provide and receive the highest quality tuition, direct and indirect learning and simulation
- Bring together the education and training requirements of UHL's workforce so that we minimise the duplication of the estates footprint and technological resources whilst delivering bespoke facilities meeting the needs of our professions.
- Ensure UHL's education and training facilities foster greater sharing, learning and collaboration across our partners.

UHL Training (Learning and Development) Strategy

The vision stated in the Learning and Development Strategy is to:

- Create a competent, caring and capable health and social care workforce that meets the current and future needs of effective, safe, high quality care in support of the patient experience.
- Provide excellent high quality learning and development, to ensure all learning improves the skills, competencies and knowledge of our learners enabling the delivery of ultimate, safe, high quality, effective care to support the patient experience.

Professional Accountability

The Teaching Faculty for Undergraduate Medical Students and Post graduate Doctors is held to account by external inspectors including: The GMC standards for Education (Promoting Excellence); and local education contracts (LDA) which require that the learning environment must meet the learners' needs and that appropriate facilities are required.

The Learning and Development service who manage the apprenticeship scheme have to comply with Ofsted standards for training; these require that the learning environment provides the opportunities for inclusive quality learning that meets the needs and delivery methods of the programmes. In order to provide training for all health care staff both at the Trust and across the wider health and social care community it is essential to provide high quality teaching facilities.

Funding Sources – medical education

There are two main sources of funding streams for medical education and these are under the Learning Development Agreement (LDA) which comes from Health Education England (HEE). There is funding for postgraduate medical education, the Medical and Dental Educational Levy – (MADEL). This supports doctors in training from first year (FY1) to end of training (Specialty Trainee 8/ST8) so each doctor in training has income from HEE associated with their post. This income should support 50% of the trainee's salary and there is also a £12,400 placement fee to support their educational activities.

The second stream of funding which also comes in through the LDA is the Service Increment for Teaching (SIFT) funding. This is for undergraduate medical students on a 5 year course at the University of Leicester which includes clinical placements in UHL. There is currently an income stream of £9.7m which supports CMGs and Consultants who have responsibilities for medical student placements in UHL. We can identify the money for

Consultants who are Clinical Teachers in each CMG; the remainder is incorporated into CMG budgets.

Funding Sources – learning and development

A central training budget is allocated on an annual basis for non-clinical workforce development. Income generation is created through the Prince's Trust programmes and the trust apprenticeship levy; and income comes with being awarded contracts from the Education and Skills Funding Agency (ESFA).

Questions

1. Why is this paper being presented to the Trust Board before the scope of the programme has been signed off?
2. What is in the scope of the reconfiguration programme for these services?
3. What education and training facilities will the Reconfiguration Programme provide?
4. What extent will the reconfiguration programme deliver the education and training strategies?
5. Are any embedded facilities provided in the clinical areas being delivered by the programme?
6. How much capital is allocated to these areas within the programme?
7. How is the education and training element of the reconfiguration programme being governed?
8. What are the opportunities to fully deliver the clinical education strategy in the future?

Conclusion

1. **Why is this paper being presented to the Trust Board before the scope of the programme has been signed off?**

This paper is being presented to the Trust Board before the main programme scope is approved owing to the timing of the enabling business case. This enabling case is phase one of the move of services in order to clear the Knight Street Campus. The scope of this case necessarily impacts on education training and research facilities on the LRI site. The scope of the enabling scheme has been determined by the need to vacate facilities in order to prepare the Knighton Street area for demolition. In developing the solution, the opportunity to create a cost effective dedicated training and education facility has been taken.

2. **What is in the scope of the reconfiguration programme for these services?**

The reconfiguration project team have been working with Medical Education Department and UHL People Directorate to look at optimising the capital allocated within the Reconfiguration envelope. The Reconfiguration programme is responsible for re-providing any areas that are impacted by the changes i.e. clearing of Knighton Street Offices (KSO), Knighton Street Out-Patients, the Undergraduate Centre and clearing of the Leicester General Hospital, all of which will require re-provision of both Clinical Education and UHL Training. In doing so the aim is to optimise the capital for maximum impact.

3. **What education and training facilities will the Reconfiguration Programme provide?**

Once it had been identified that the Undergraduate Centre (in negotiation with the University of Leicester) and HR Training (KSO) were affected by the clearing of the LRI site, this then triggered a wider conversation which re-ignited the idea that the Victoria Building is used to create a training and education facility. Well placed at the entrance to the site from the city, this would raise the visibility of education and training within the trust, and provide a prominent dedicated building. The two Nightingale Wards (Rogers and Oliver) will provide the new locations for Clinical Education and UHL training (as part of the People Directorate).

LRI

The benefit of identifying the Victoria building for Medical Education and Training on the Leicester Royal site, is that it ensures an improved facility with direct links to the Clinical Skills Building; and expands on the investment that came out of the Learning Development Agreement for the Library Service in Odames. This facility will also address the criticisms from external agencies and the General Medical Council Survey. The opportunity to move Post Graduate Education as well as the Undergraduate Facilities will see a purpose built facility in what is the oldest building (1771) on the LRI site. This will mark an historic opportunity, which has also been embraced by Leicester City council's Head of Conservation, to remind new Medical Students and Doctors in Training of the origin of the NHS on the Infirmary site. The building will be sympathetic in its refurbishment with the layout of the Nightingale Wards being retained. The building will therefore have a stronger identity as it becomes the Clinical Education and HR Training facility.

The provision of undergraduate teaching will be delivered in the Robert Kilpatrick Clinical Skills Building and the Clinical Skills Unit / Clinical Education Centre in the Victoria Building.

This LRI solution will be delivered as part of the early enabling project in 2022.

GH

Expansion of the Clinical Education and training facilities at Glenfield and an investment into the PMO Building will see an opportunity of investing in an empty but structurally sound building to give it longevity. This Business Case was approved by the Trust Board in September 2020. By maximising the investment in education facilities and a short term Programme Management Office, this will be transformed into a modern high tech interior with state of the art audio visual equipment. This will also embrace the Clinical Education Strategy/IT Strategy and the vision of education for Medical Students/Doctors in Training and Nursing staff to work in a multi-disciplinary way within one learning environment.

Once the LGH closes and both medical and clinical staff move to Glenfield there will be a higher demand and a greater strain on both Simulation and Clinical Education. The service being delivered from the LGH Clinical Education Conference Centre, which in itself brings income into UHL, will then be provided from the new Education facility at GH at no additional cost since it is now run virtually. This will see the delivery of in-house training for both practical and surgical training, and continue to be offered to external candidates; enhancing UHL's excellent teaching reputation.

4. **Are any embedded facilities provided in the clinical areas being delivered by the programme?**

The reconfiguration programme will also be providing an MDT room within each of the new build generic wards provided across the programme. These rooms will be embedded space that will also be available for teaching and education purposes.

5. **How much capital is allocated to these areas within the programme?**

At this stage, a capital budget of £3.5m has been allocated within the programme.

The cost plan for the enabling project at the LRI, reflecting the scope of the new training and education facility in the Victoria Building, has identified a budget of £2m. The facility at the GH will be provided for a budget of £1.5m.

6. **How is the education and training element of the reconfiguration programme being governed?**

The governance and design around this element of the programme is managed through a monthly Clinical Education and Training Delivery Working Group. This consists of interested parties from Clinical Education, Nursing Directorate and the People's Directorate. The Senior Responsible Owner for this project is Mr Mark

McCarthy - Director of Clinical Education. This scheme forms part of the Enabling Project Business Case which is managed through the Enabling Project Oversight Committee.

The Enabling Project Oversight Committee reports into the Reconfiguration Committee.

7. What are the opportunities to fully deliver the clinical education strategy in the future?

The programme will continue to do everything possible to improve facilities within the budget allocated, and this will be confirmed when the scope is presented for approval. There are also other funding sources which may support change:

- The funding allocation that is provided through the Learning Development Agreement which comes into each of these services has not been used to undertake this initial reconfiguration of services but maybe available at a later stage.
- Future improvements and delivery of the full strategy could be managed with further investment in clinical education and would enhance the provision of an excellent/state of the art education service. Consideration of the future use of some of the Medical and Dental Education Levy (MADEL) and the Serviced Increment for Teaching (SIFT) should be made to further improve the Clinical Education facilities.

Input Sought

We would welcome the Trust Board to:

- **Discuss** the content of this paper
- **Confirm** whether this provides assurance that the Reconfiguration programme has optimised the opportunity to invest into Clinical Education and Training within the limited budget available in the early stages of the programme.

For Reference:

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

1. Quality priorities

Safe, surgery and procedures	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Yes]

2. Supporting priorities:

People strategy implementation	[Yes]
Investment in sustainable Estate and reconfiguration	[Yes]
e-Hospital	[Yes]
Embedded research, training and education	[Yes]
Embed innovation in recovery and renewal	[Yes]
Sustainable finances	[Yes]

3. Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required. Part of individual projects.
- How did the outcome of the EIA influence your Patient and Public Involvement? Part of individual projects.
- If an EIA was not carried out, what was the rationale for this decision? N/A at this stage

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?	X	PR 7 – Reconfiguration of estate
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: [TBC]
- 6. Executive Summaries should not exceed **5 sides** [My paper does not comply]



UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
EDUCATION FACILITIES STRATEGY – TEACHING
FACILITY FOR UNDERGRADUATE MEDICAL STUDENTS
AND POSTGRADUATE DOCTORS



Medical Education Facilities – Undergraduate, Post Graduate and Clinical Skills Centres

CONTENTS

1. Purpose	Page 3
2. Drivers for Change	Page 3
3. Background	Page 3
Postgraduate	
Undergraduate	
RKCSB	
4. Funding	Page 5
5. Vision - Medical Education Strategy	Page 6
6. Current Configuration/Proposal	Page 7
Leicester Royal Infirmary – Postgraduate	
Leicester Royal Infirmary – Undergraduate	
Leicester Royal Infirmary – Clinical Skills Centre – Victoria Building	
Leicester Royal Infirmary – Robert Kilpatrick Clinical Science Building (RKCSB)	
Medical School/Undergraduate Perspective	
Glenfield Hospital – Postgraduate	
Glenfield Hospital – Undergraduate	
Glenfield Hospital – Resuscitation Training Room	
Leicester General Hospital – Postgraduate	
Leicester General Hospital – Undergraduate	
Leicester General Hospital – Resuscitation Training Room	
Conference Service and Facilities	
Simulation Facilities	
7. Benefits of Implementing	Page 12
8. Actions	Page 13

1. Purpose

The purpose of this strategic document is to set out our proposals for creating new and fit for purpose Education Centres and facilities, that will enhance the learning experience and environment at the University Hospitals of Leicester (UHL) over the next five years and beyond; and will accommodate changing learning environments and an increasing number of medical students and doctors.

The scope of this strategy will cover the following:

- Undergraduate Centres – on three sites
- Postgraduate Centres - on three sites
- Clinical Skills Accommodation on three sites – including the Robert Kilpatrick Clinical Science Building and the Victoria Building on the LRI site
- Conference Service based at the Leicester General Hospital but covering three sites
- Simulation facilities currently available at UHL and what is required.

2. Drivers for Change

The main drivers for change are:

- Lack of space and outdated facilities which are based on the three hospital sites of UHL
- Confirmation of monies for the reconfiguration project to support clinical education strategy development
- Relocation of clinical services from a three site to a two site model
- To ensure that facilities portray an excellent teaching and learning environment and UHL becomes a more attractive proposition as a 'Teaching Hospital' for medical students and doctors in training.
- Identification of an area to host both postgraduate and undergraduate teaching bringing a more cohesive learning environment and experience
- An opportunity to identify outdated technology and ensure new technology replacement that is future proof i.e. video links and virtual teaching
- Demand for UHL clinical staff to be better equipped through ongoing training to support patient care and safety

3. Background

University Hospitals of Leicester NHS Trust (UHL) is a leading UK teaching hospital that provides an integrated healthcare service for patients. The Trust strategy - 'Becoming the Best' – aims to build an 'enhanced reputation in research, innovation and clinical education'.

In being a high- quality teaching organisation, it is important to maintain the quality and safety of patient care, maintaining the motivation and enthusiasm of staff and attract and retain students and new, high-quality staff to the organisation.

In order to provide training for all healthcare staff, it is essential to provide adequate facilities for education and training including: lecture theatre facilities, training rooms, teaching clinic rooms, simulation facilities and adequate administrative space for education functions. Increasingly trainees are attracted to training environments with excellent facilities for essential simulation training and this in turn is an important factor in recruitment and retention.

The GMC standards for training (Promoting Excellence) and local education contracts (LDA) require that the learning environment must meet learner's needs and that appropriate education facilities are provided. Over recent years, the education facilities at UHL have been repeatedly criticised by medical trainees in the GMC National Trainee Survey. It is becoming increasingly difficult to provide the required mandatory and simulation training to all

postgraduate healthcare professionals and students in the current environments. The high clinical service pressure has led to a gradual loss of teaching room space near to the clinical areas and the reconfiguration of services has led to an imbalance of facilities at UHL sites which will be exacerbated further as services move from Leicester General Hospital to the Glenfield and Leicester Royal Infirmary site.

Increasingly, education is being provided electronically, with on-line and e-learning materials. The University of Leicester will now base most of the new curriculum on iPad technology. It is essential that an adequate information technology infrastructure is available to support online and e-learning packages including access to computers and Wi-Fi internet access. UHL has provided an excellent point of clinical care resource with 'Up-to-Date' and this is now on all UHL desktop computers and also provided as a mobile application platform. In recent years, the Trust has invested in the Odames Library at the Leicester Royal Infirmary and has supported a development of a patient clinical skills unit in the University of Leicester's, Robert Kilpatrick Clinical Skills Building, which has enhanced undergraduate medical education.

Postgraduate

As a provider of secondary care UHL employs over 15,000 members of staff –there are around 800 funded training posts for doctors in training. Our facilities are used in the delivery of local, regional and national education to all medical and surgical specialities.

- FY1 and FY2 are the first and second years of training following completion of their undergraduate degree. This forms the bridge between medical school and specialist/general practice training. Foundation Year 1 (FY1) and Foundation Year 2 (FY2) have to complete 30 hours CPD through mandatory teaching in order to progress through their annual review of competency progression (ARCP) and this is provided at the Post Graduate Education Centres.
- Following on from this they will become Core Trainees – (IMT in Medicine), (CT) this is the core level training following successful completion of FY2 and this is required to enter higher specialty (except for those choosing to do either GP specialty training or a 'run through programme' who will immediately become a Specialty Trainee).
- Specialty Trainees – (ST) – Once doctors have completed their foundation programme and core level training they are able to apply to specialty training. This will determine the particular areas of medical expertise they will pursue during their careers.
- In addition the Trust employ Trust Grade Doctors who are employed for service provision and who are not funded for training– (TGD) there are currently approximately 180 working at UHL in non-training grade posts. Trust Grade Doctors are essential because the current medical workforce capacity cannot meet the ever-increasing demand of healthcare and provide good quality training at the same time. This capacity has been challenged by reductions in junior doctors training numbers and the redistribution of training posts across specialities and geographical locations as well as by changes in junior doctor working patterns. The department of education is responsible for supporting the Trust Grade Education Programme and this group of doctors attend regular teaching sessions, courses and meetings in the Education Centres.

Undergraduate

Medical students undertake a five year course as a minimum and spend some of their time in the trust on clinical placement ('clinical blocks'). At any one time there are 187 University of Leicester medical students on placements within UHL and these may be first, (very early clinical experience placements) third, fourth or fifth year students. This number is set to increase considerably. UHL gets approximately 240 medical students at any one time, however, this is set to increase to over 500 over the next three years, with further expansion potentially occurring

thereafter.

Ensuring good education facilities is an important factor in maintaining the Trust's profile as a major Teaching Hospital, showing its commitment to education and training of all healthcare professionals and will allow UHL to attract and retain high quality doctors and other healthcare professionals to train and work in Leicester.

Existing education facilities and proposed requirements are detailed in the contents of this strategy.

Robert Kirkpatrick Clinical Skills Building

The Robert Kilpatrick Clinical Science Building (RKCSB) stands separately to the UHL Education Centre and Undergraduate Centres on the LRI site. Historically this has always been a University of Leicester Medical School run building which is leased from UHL.

4. Funding

Postgraduate Funding

There are two main sources of funding streams for medical education and these are under the Learning Development Agreement (LDA) which comes from Health Education England (HEE). The LDA is split into four quarterly returns and also reflects any additional funding for new educational work streams/ incentives.

There is funding for **postgraduate medical education**, the Medical and Dental Educational Levy – (MADEL). This supports doctors in training from first year (FY1) to end of training (Specialty Trainee 8/ST8) so each doctor in training has income from HEE associated with their post. This income should support 50% of the trainee's salary and there is also a £12,400 placement fee to support their educational activities, as shown in the table below. Currently all MADEL funding goes directly into the Clinical Management Groups (CMGs) and is used to support 100 % of the trainee's salary.

Current MADEL Funding via the LDA 19/20

Grade	Whole Time Equivalent	Salary Support (£M)	Placement Fee (£M)
FY1	103	£1.5	£1.2
FY2	98	£2.2	£1
ST1-3	122	£2.6	£1.5
ST3+	329	£8.1	£4
GP Support	40	£1	£0.5
Total	692	£15.4	£8.2

Undergraduate Funding

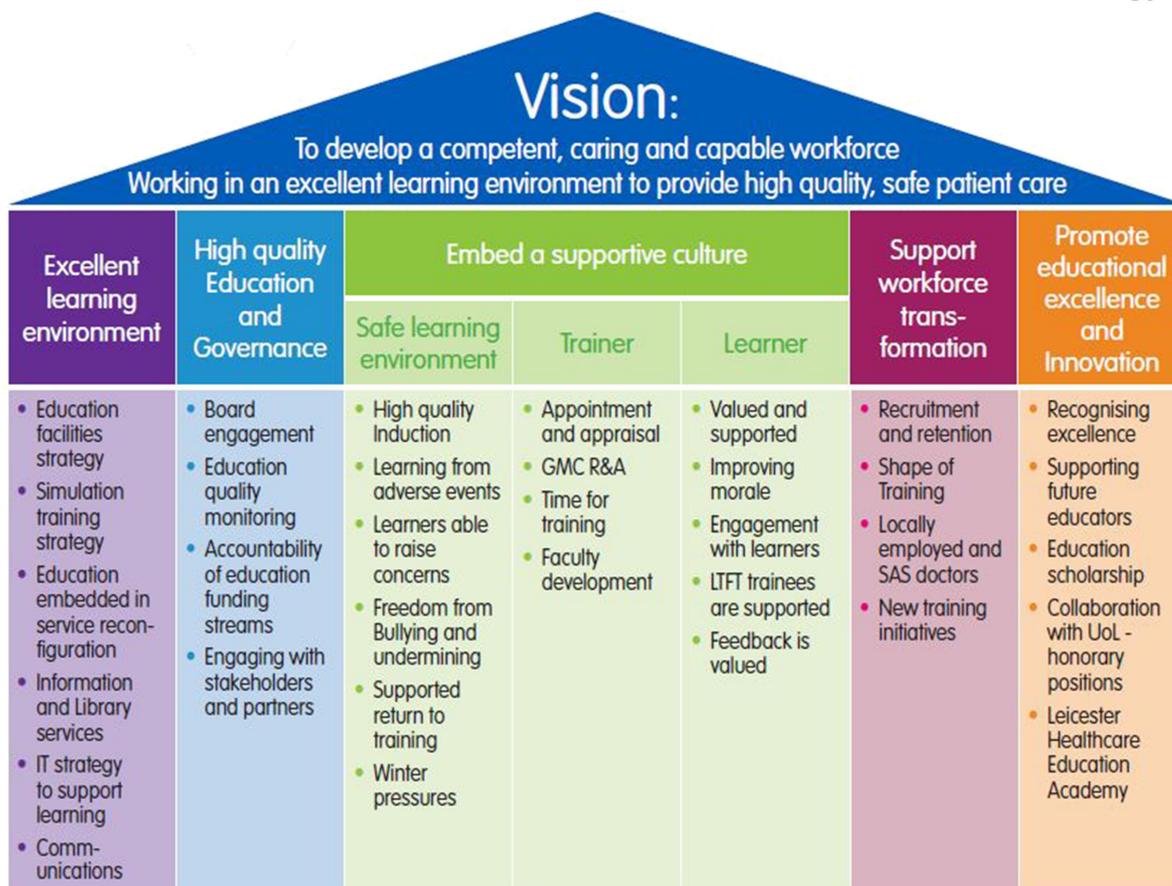
The second stream of funding which also comes in through the LDA is the Service Increment for Teaching (SIFT) funding. This is for **undergraduate medical students** on a 5 year course at the University of Leicester which includes clinical placements in UHL. There is currently an income stream of **£9.7M** which supports CMGs and Consultants who have responsibilities for medical student placements in UHL. We can identify the money for Consultants who are Clinical Teachers in each CMG, but the remainder is incorporated into CMG budgets.

As a result of new University of Leicester curriculum, there will be a rise 60% rise in Medical Students from 187 to 297 working in placements around the Trust over the next four years. There is money that comes in through the Learning Development Agreement to support medical students but our education facilities are not representational of this.

There is also additional funding for students who come to UHL to enable them to cover the specialties not delivered in other areas.

As the number of students increase and increased educational activity will not currently be matched, there needs to be a release of funding from the Trust or CMGs to provide this service or an identified increase from HEE through the LDA

5. Vision – Clinical Education Department – Medical Education Strategy



The Vision is:

- To create the highest quality built environment to provide excellent education and development facilities for the entire medical education staff. This will drive the delivery of outstanding patient care, improve the working lives of our staff and support the recruitment, development and retention of staff.
- To provide a future proofed estate to meet the needs of our workforce including technological advances and emerging learning techniques. The solution delivered should meet our existing and emerging needs from 2020 onwards and should continue to be fit for purpose in to the 2030s and beyond
- To provide the best facilities to enable our highly dedicated teams to be able to both provide and receive the highest quality tuition, direct and indirect learning and simulation
- To bring together the education and training requirements of UHL's workforce so that we minimise the duplication of the estates footprint and technological resources whilst delivering bespoke facilities meeting the needs of our professions.
- To ensure UHL's education and training facilities foster greater sharing, learning and collaboration across our partners.

6. Current Configuration and Proposal

Leicester Royal Infirmary current facilities

Library

The Odames Library is now located in the Victoria building and is an excellent facility having been part of a new build training one of the old wards in the Victoria Building into a new library facility

Post Graduate Facilities

On the LRI site in the Jarvis Building there is an Education Centre with the following provision,

- Lecture Theatre accommodating 166 people.
- There is a large foyer area which can be split into two rooms- Lounge 1 – accommodates 20 people – Lounge 2 – accommodates 20 people standing
- The Leslie Lewis room is suitable as a small meeting room but also has several computers for training.
- CJ Bond Room- accommodates 50 people
- Teaching Room 2 – accommodates 20 people
- Teaching Room 1 – accommodates 12 people
- Stanley Tipton Room – accommodates 12 people
- Kenneth Brown Room – accommodates 8 people
- Administrative/Centre staff
- There is a main reception with three desks for Centre staff
- A further office with four desks which accommodates staff who are involved with education and HEE projects including a Trust Grade Administrator, Study Leave Co-ordinator and a Return to Training Administrator.
- There is no access to disabled facilities in the Centre. The current facilities would not conform to DDA requirements

The Education Centre is also the base for the Education Departments' Senior Management Team. There are seven offices for staff, including the Director of Medical Education, but this is not sufficient to accommodate all staff. There is network availability but the infrastructure for staff facilities is not suitable (lighting, windows, ventilation, kitchen and toilet facilities are all poor).

Proposal

As a minimum the above facilities need to be replicated, however, the new educational facilities needs to embody changes within medical education by creating multi-purpose and multi-functional spaces that can future proof the new facilities to any reasonable changes and be able to incorporate social distancing measures. It is imperative that the new facilities seek to house all undergraduate and postgraduate administrative staff and educational activities in the same space.

There is a need for improved provision of lecture theatre facilities, increased number of and improved formal teaching rooms/common areas and these will all require audio-visual equipment installation and video conferencing. With new technology this would mean we could link any teaching/training that is taking place to other sites thereby reducing cross-site travel and the associate impact on clinical services. Our new facilities must conform to DDA requirements.

There are no facilities for surgical skills courses in the current education centre and this will be essential in the new facilities as we provide surgical skills courses to national and international candidates. Included in new facilities we

will need a room for fresh tissue preparation and storage, and an area that is designed for teaching adjacent to the preparation and storage area. Trainees will require 24 hour access to this facility.

Undergraduate facilities

There is a small Undergraduate facility in a pre-fabricated structure which will be demolished as part of the first phase of the LRI re-configuration. There are four teaching rooms within the current facility each accommodating 20 students, these rooms can be opened up to accommodate 40 students.

Proposal

The facilities demonstrated above will need replicating. Accommodation will also need to be identified to the Undergraduate team. One Managers office and office space for five administrative staff that are currently in temporary accommodation in the Odames Library.

In order to plan around what facilities are needed at this site there would need to be a greater understanding of the timescales for moving services from Leicester General Hospital to the Leicester Royal site; this would have an impact on how many trainees/medical students would be moving onto each site.

Leicester Royal Infirmary – LRI – Clinical Skills Facilities

Victoria Building – currently hosts all the national resuscitation courses for UHL staff and external candidates and this includes income generating courses:

- Advance Life Support
- Paediatric Advanced Life Support
- MOET Course
- Advanced Trauma Life Support

Due to the development of the University of Leicester's Nursing and Midwifery course – all UHL training including simulation has now been moved to the Victoria Building. The consequence of this is all other CMG UHL clinical training can no longer be hosted in this area. i.e. Dietitians/mandated paediatric courses etc.

Victoria Building has a reception area for two administrative staff – there is a small office for four clinical staff, a 36 seat teaching room, four further teaching rooms each with the capacity for 12 candidates, there is a meeting/training room for 10 candidates and a technician's room.

This is also home to the eALS medical student courses of which there are 5 run annually with a cost to UHL of 20K a year; currently we do not receive funding for these. It is anticipated that there will be an increase in demand for these courses over the next five years.

Robert Kilpatrick Clinical Sciences Building – Clinical Skills Unit Level 1 - (RKCSB)

Due to the increase in medical students and the development of the Nursing and Midwifery courses – This has displaced all UHL clinical skills and simulation training to the Victoria Building. This space is now reserved purely for UoL courses.

Year 1, Year 3 and Year 5 medical students are trained in clinical skills and simulation in this area, in addition the end of block formative and summative examinations are also held in the area during the academic year.

Payment is made via the LDA which supports staff and consumables. We are unsure as to the additional finance or costs which may occur as the student numbers increase.

There are staff offices for nine tutors, an office for the senior facilitators and a further office for the skills centre manager. There is a technicians/store room. There is a teaching room for 24 candidates and a further teaching room for 13 candidates. Practical simulation is carried out in an area with four bays of four beds. The technicians have a small area with a sink and further storage.

Clinical Skills/Undergraduate Perspective

There are existing facilities on the ground floor of the (RKCSB), which is used to meet the demands of the medical students clinical skills training. However, with the development of the Nursing and Midwifery course there will be an addition of 400 nursing and midwife students in the next two years, and this will place an increasing demand on this facility.

The new medical undergraduate curriculum requires increased simulation based education (SBE) in more of the academic years which will also need to be accommodated.

We currently have a lack of control over booking any part of the ground floor of the RKCSB as this is managed by the UoL non-medical school administrative team.

Proposal 1: *The creation of an education facility on the LRI site would enable the delivery of postgraduate and undergraduate education requirements but also add “impact” and give visibility and credibility to UHLs Teaching Hospital status. Such a facility would support recruitment of healthcare professionals to the organisation.*

Glenfield Hospital (GH) – Postgraduate

GH has a small but reasonable quality Postgraduate Education Centre, however, as the UHL reconfiguration strategy progresses, the existing facilities will quickly become inadequate to host education meetings and seminars.

- On the first floor there is a lecture theatre which holds 102 people which can be pushed back to make a large open space –
- Seminar Room 1 – accommodates 16 people
- Seminar Room 2 – accommodates 25 people
- Seminar Room 3 – accommodates 25 people – 2 and 3 can be combined to make one room for 50 people
- Five shared offices which accommodate both Education and Corporate Medical staff
- On the ground floor there is Lounge 1 – which accommodates 16 people
- Reception area – Centre staff and the Foundation Programme Co-ordinator

This centre hosts a number of training sessions which require a direct link to endoscopy/theatres. Due to the lack of technology infrastructure this has proved challenging and portable/temporary solutions have had to be implemented and it is envisaged that a new solution should be built into any reconfiguration. There is not enough storage space within the centre to store large/valuable pieces of equipment, which are constantly being moved to make space for day to day activities.

As with the LRI a minimum of the above facilities need to be replicated, however, the new educational facilities needs to embody changes within medical education by creating multi-purpose and multi-functional spaces that can future proof the new facilities to any reasonable changes. It is imperative that the new facilities seek to house all undergraduate and postgraduate administrative staff and educational activities in the same space.

As services move around the trust with the reconfiguration project, there will be a bigger cohort of trainees at GH, therefore there is a need for improved and larger lecture theatre facilities, increased number of and improved formal teaching rooms/common areas and these all require audio-visual equipment installation and video conferencing. With new technology this would mean we could link any teaching/training that is taking place to other sites– thereby reducing cross-site travel and the associated impact on clinical services.

There are currently no facilities for surgical skills courses in the current education centre and this will be essential as we provide surgical skills courses to national and international candidates. Included in new facilities we would need an area dedicated to the use of and storage of fresh meat tissue products specifically used for basic surgical skills courses and colon courses. This would also need a room which is designed for teaching adjacent to the preparation and storage area.

Glenfield Hospital (GH) – Undergraduate

There is an Undergraduate facility, which is separate to the Postgraduate Centre which currently provides four rooms of capacity of 20 and can be opened up doubling the capacity. A small waiting/reception area is located at the front of the facility. This centre is located a considerable amount of distance away from the main hospital and does not have toilet/disabled facilities. It would be more effective and in keeping with the vision of homogenising the two services to re-house the undergraduate facilities with postgraduate facilities on this site.

Glenfield Hospital (GH) – Clinical Skills

The Resuscitation Officers have access to a small training room to deliver resuscitation training the GH staff.

Proposal 2: Scope the need for education facilities at the GH site following reconfiguration of services to GH.

Proposal 3: Liaise with LPT who also have a need for improved facilities and there may be opportunity for a joint development.

Proposal 4: Embed training facilities in the planned care centre development (information provided by Department of Clinical Education)

Leicester General Hospital (LGH) – Postgraduate

This Postgraduate Education Centre which is connected to the main hospital by a link corridor is currently the only one that provides facilities for surgical skills:

- Seminar Room C adjacent to the Centre across a court yard, are used primarily by the Education Centre. Within these facilities there is a kitchen for preparing fresh tissue products, fridge/freezer storage area and area for using fresh tissue products.
- Seminar Room D – Is a clean teaching room adjoining the surgical skills lab.
- Lecture Theatre which accommodates 116 people
- Seminar Room A accommodates up to 30 people
- Seminar Room B accommodates up to 10 people – both these rooms can be separate or a wooden partition can be opened to make one large room
- There is an office with 2 desks for the Conference Service
- A front reception which has three desks and accommodates centre staff and visiting education staff.

Under the long term re-configuration plans to reduce the number of acute sites, this will result in all postgraduate trainees being relocated to the remaining two sites. As a direct impact of this the education centre at the LGH will no longer be required, though the facilities will need to be re-provided according to work force demands.

Leicester General Hospital (LGH) – Undergraduate

The Undergraduate Centre is a Lecture Room which is based at the front of the Hospital and is used for Undergraduate teaching, which can accommodate 30 students. Currently above the Lecture Theatre there is one office for the undergraduate administrator, and a resource room. Additional capacity will be required for this on the LRI and GH site to accommodate the services and therefore the medical students who will be moving with the reconfiguration of services. This should be factored into the vision of one education centre for postgraduate and undergraduate on each site.

Leicester General Hospital (LGH) – Clinical Skills

The Resuscitation Officers have access to a room and office in one of the porta cabins outside of the main hospital building. This space is sufficient for the needs of the site based Resus officers, there should be an area for the resus team to stay on the LGH site until all clinical services have been relocated.

Conference Service and Facilities

The conference service, comprising three members of staff is based at the Leicester General Hospital. The team provide services across all three sites and external venues (where UHL facilities are not appropriate to accommodate larger conferences). This is an income generating service which supports a Conference Manager and an Apprentice whilst surplus funding supports the growth of the clinical education centres.

In the past few years UHL courses both internal and external has generated an income of 250K and is held by the Course Directors in separate accounts.

There are currently plans to increase the service and the changes associated with the reconfiguration project would be an ideal opportunity to maximise the commercial opportunities, defined in the business plan, that this service offers.

As the Trust moves to a two site model this service and staff members should be relocated to the GH as the most conducive site available – unless an alternative option is identified as an outcome of the back office reconfiguration project

Proposal 5: Work with the reconfiguration team to find suitable accommodation for the Conference Service working through a defined business plan to maximise the commercial opportunities

Simulation Facilities

The Executive Workforce Board approved an inter-professional UHL Simulation Training Strategy in June 2015 but no additional facilities have been provided for this purpose.

The demand for simulation training is increasing and places significant pressure on the Clinical Skills Unit environment and the ability to achieve contractual obligations to Health Education England working across the East Midlands (HEE) Leicester Medical School and De Montfort University. Currently UHL does not have sufficient dedicated simulation facilities. It would provide a central point from which to base undergraduate multi-professional undergraduate and postgraduate simulation education/training. A centrally facility would be preferred and a collaborative work force with Consultants who have identifiable simulation PAs within their job roles would enable the simulation agenda to move forward.

The ideal would be to create a dedicated simulation environment to place UHL at least on an equitable level with neighbouring partners (Northampton, Derby and Nottingham). This would provide UHL with a flexible simulation centre to co-ordinate and deliver simulation based education at a multi-disciplinary level. Consideration will need to be given to provision of simulation facilities on LRI and GH sites and the balance of 'in-situ' v 'in centre' simulation activities.

Funding opportunities from the LDA should be based on the need of the medical trainees and UHL and should be determined by the key stakeholders responsible for medical training and the delivery of Simulation Based Education (SBE). In order to give an illustration of the types of facilities we should be providing for the SBE at UHL an example is provided below:

- 24hr access endoscopy and laparoscopy practice rooms – surgical trainees
- 24hr procedural skills training room
- A wet lab to facilitate the rehearsal of suturing and surgical procedures on animal and human tissue. At present surgical trainees have to travel to centres in the West Midlands for this training.
- Immersive room/VR space – these require similar amounts of space so could double up.
 - Immersive Room – These rooms facilitate the projection of a 360 degree image on 4 walls, creating an immersive environment. Touch sensors can be incorporated so that should an area be touched the image being projected would respond. An example might be that innately the candidates are in theatre, with the environment projected on the walls, they push on the doors leading out of theatre and the scene automatically changes to the theatre recovery or ITU. Scenes can easily be created through filming on a 360 degree camera so realistic representation of actual hospital environments can easily be created. Such an area can be used to recreate virtually any environment to give more fidelity to a scenario that might not be normally conducive to a simulation lab or are relevant to specialist areas e.g. Day rooms, outpatient clinics, labour rooms, gyms, dialysis units etc.
 - VR Space – Virtual Reality (VR) is becoming more prevalent in medical training. Learners enter the interactive virtual environment using a PC and a VR headset. VR can be used to deliver fully interactive scenarios where doctors have to treat patients in a virtual world to provide detail anatomical overlays to assist in understanding of conducting surgical procedures. Such equipment drastically reduces the cost of delivering SBE and means individuals can participate at a time that is convenient to them (once a learner is familiar with equipment no faculty are required to run a course) and they can repeat, rehearse with it as frequently as they wish. However VR does require a room with space as the candidates will have to walk around in their virtual environments.
- Theatre simulation lab at one site in the trust – This would consist of a simulate theatre environment with a human-patient simulator and cameras; a debrief room large enough for 15 people; and AV to watch the simulation; and a control room from which to operate the manikins and oversee the running of the simulation.
- 2 x Clinical Simulation rooms – This would consist of a simulation lab that represents a generic clinical area with a human patient simulator and cameras, which could be adapted with props; a large debrief room for 15 people and AV to watch the simulation; and a control room to operate the manikin.
- Training room – 4 rooms that can be used flexibly for the delivery of procedural skills training or classroom based teaching.

7. Benefits

It is essential that UHL improves facilities for education and training to meet the requirements of the regulators and HEEM. UHL has previously received poor ratings from trainee doctors in the GMC and UHL Trainee Survey regarding education facilities and this may impact on recruitment and retention of staff at UHL. The benefits of implementing these proposals would be to develop facilities which impact and identify the Trusts commitment to providing excellence in education and training.

A development in the RKCSB building in partnership with the UoL would bring together existing undergraduate education facilities, Clinical Skills Unit and other clinical education facilities within the LRI site.

This also highlights the need to work closely with our academic partners and possibly Leicestershire Partnership Trust (LPT) to scope and develop appropriate facilities on the GH site following service reconfiguration.

8. Actions

- **Proposal 1:** The creation of an education facility on the LRI site would enable the delivery of postgraduate and undergraduate education requirements but also add “impact” and give visibility and credibility to UHLs Teaching hospital status. Such a facility would support recruitment of healthcare professionals to the organisation.
- **Proposal 2:** Scope the need for education facilities at the GH site following reconfiguration of services to GH.
- **Proposal 3:** Liaise with LPT who also have a need for improved facilities and there may be opportunity for a joint development.
- **Proposal 4:** Embed training facilities in the planned care centre development (information provided by Department of Clinical Education)
- **Proposal 5:** Work with the reconfiguration team to find suitable accommodation for the Conference Service producing a defined business plan to maximise the commercial opportunities



Appendix 2

University Hospitals of Leicester NHS Trust

Training Room Strategy

for

- UHL Apprenticeship and Development Centre
- Learning and Development Team
- IT Clinical System Training Team
- Core Training Team



UHL Learning & Development Training Facilities;
Leicester Royal Infirmary, Leicester General
and Glenfield Hospitals



Contents

..... 1

Background 3

Purpose 4

Drivers for change 4

Funding 5

Vision 5

Current Configuration 8

 Leicester Royal Infirmary – Knighton Street Offices 8

 Leicester General Hospital – Training & Development Centre 10

 Leicester General Hospital – Desmond Suite 11

 Glenfield Hospital – Ivydene Building 11

Current Provision and Utilisation 2019/20 12

Draft Initial Facility Proposals for Learning and Development and the UHL

Apprenticeship and Development Centre 14

Benefits of Implementing 16

Actions 17

Risks 17

References 17



Background

University Hospitals of Leicester NHS Trust (UHL) is a leading UK teaching hospital that provides an integrated healthcare service for patients. The Trust strategy - 'Becoming the Best' – aims to build an 'enhanced reputation in research, innovation and clinical education'.

Being a high quality OFSTED inspected teaching organisation it is important to maintain the quality and safety of patient care, maintaining the motivation and enthusiasm of staff and in attracting and retaining learners and new, high-quality apprentices and staff to the organisation.

In order to provide training for all healthcare staff, both at the Trust and across the wider health and social care community, it is essential to provide not only adequate facilities for education and training but good quality facilities. This should include training rooms, IT teaching rooms, break away rooms and adequate administrative space for training and education functions. Increasingly learners are attracted to training environments with good facilities for apprenticeships and continuing professional development, and this, in turn, is an important factor in recruitment and retention.

The OFSTED standards for training require that the learning environment provides the opportunities for inclusive quality learning that meets the needs and delivery methods of the programmes. Wheildon (FE Weekly) noted in November 2019 that the common themes in OFSTED reports included the requirements to create an environment that allows the learner to focus on learning, learning environments that provide adult learners with a calm and purposeful learning environment, learning environments that bring a positive experience and ensure learners are safe. Wheildon goes on to note that enhancing learning environments brings positive experiences and education establishments, such as the Trust, would be well placed to deliver innovative provision. OFSTED requirements expect the UHL Apprenticeship and Development Centre to support the needs of the employers. Learners come to the Centre from a number of employers and having facilities across the three sites meets these needs.

The Learning and Development department is also Quality Mark and Matrix accredited with an application in for Fair Train accreditation. The department has a long established partnership to deliver Princes Trust programmes and is the Trust's hub to welcome and run the weekly Corporate Induction which is the new starters



first touch point for learning at UHL. All of these require standards for the learning environment to be of quality and well maintained.

Over recent years, the training facilities at UHL have come under a degree of criticism from learners, external inspectors and staff. There is currently a risk on DATIX noting the poor facilities. Investment in the training rooms has been low, with the exception of the Nursing Associate programme which runs out of the Learning and Development OFSTED accreditation. It is becoming increasingly difficult to provide the required flexible learning in the current environments to meet the learners needs across the health and social care community. The high clinical service pressure has led to a gradual loss of teaching rooms for the Learning and Development department including classrooms and an IT room at the Glenfield.

Increasingly, education is being provided electronically, with live on-line lessons and e-learning materials. The End Point Assessor Organisations are moving to e-assessment options across a range of technology and programmes and it is essential that an adequate information technology infrastructure is available to support online and e-learning packages; including access to computers – with relevant programmes and software on, and reliable, quick, Wi-Fi internet access.

Purpose

The purpose of this strategic document is to set out our proposals for creating new Learning and Development Education Centre/s and enhancing the learning experience at UHL over the next five years; providing a multipurpose learning environment that supports nationally accredited education, mandatory training and clinical system training.

Drivers for change

The main drivers for change are:

- Outdated and inappropriate facilities that UHL currently have at the Leicester Royal Infirmary
- Identification of monies for the Reconfiguration Programme across UHL
- Demolition of Knighton Street Offices (Part of Reconfiguration Programme)
- Demolition of Ivy Dene Cottage
- To align the quality learning environment provision across apprenticeships and remove disparity in training facilities between Learning and Development Centre learners.



- Closure of the Leicester General Site and probable demolition of Training & Development Building (part of Reconfiguration Programme)
- Training & Development training and educational facilities on each site need to be bought into the same area to create a more homogeneous approach to Learning, Development and Education; keeping a small multipurpose learning zone at Glenfield to support health and social care employer and learner needs.

Funding

The Learning and Development Service is a core service embedded within the Trust to support education and training of staff. It manages the spending of the organisations central training budgets for non-clinical Workforce Development Learning. Manages the contracts and spend for the Trusts apprenticeship levy of £2.5million per annum, and has elements of income generation that occur through delivering the Princes Trust programmes and awarded contracts from the Education and Skills Funding Agency (ESFA) to deliver apprenticeship education programmes as a main provider. Further details of income for this can be found below.

The national apprenticeship programmes were established by the Government in 2017/18 during the launch of the levy. At present the Centre brings in an income of £750,000 per annum for these services through Learning and Development (33%) and Nursing Development (66%). There are currently 233 apprentices in learning with the Centre (66 L&D 132 ND) and 58 (100% L&D) who have recently graduated.

Since the change in the levy rules in 2019/20 there are now 7 health and social care employers who send their learners to the UHL Apprenticeship and Development Centre. The Centre is already becoming an established education facility for the Leicester, Leicestershire and Rutland community and this is a great area for growth. It would be fair to say that the culture of developing staff through an apprenticeship education programme has taken a while to 'warm up' at the Trust, and recruitment freezes in 2018/19 prevented the appointment of qualified staff to deliver a broader portfolio, however as other learning funds reduce it is expected that apprenticeships will continue to grow, and income generate, especially now qualified staff are in post. It is expected that CMG's use apprenticeship education programmes to develop their new and existing workforce.

Vision







Learning and Development:

To create a competent, caring and capable health and social care workforce that meets the current and future needs of effective, safe, high quality care in support of the patient experience.

UHL Apprenticeship and Development Centre:

To provide excellent high quality learning and development, to ensure all learning improves the skills, competencies and knowledge of our learners enabling the delivery of ultimate, safe, high quality, effective care to support the patient experience.

Excellent Learning Environment	Support Employer Workforce Needs	High Quality Learning	Embedding a Safe and Supportive Culture			Effective Governance Arrangements	Promoting Learning Excellence
			Safe Learning environment	Centre Staff	Learner		
Training Facilities Strategy	Network of health and social care employers	Education and Training performance and quality monitoring	High quality induction	Appointed in line with NHS recruiting guidelines	Valued and supported as a whole person and for core learning	NHS provider network engagement	Recognising excellence
Training and Education embedded into Service reconfiguration	Attraction engagement strategies and activity	Engaging with stakeholders and partners	Able to raise concerns	Local Centre/ L&D induction	Improved confidence and morale	Professional and employer Network Engagement	Organisation and attendance at annual graduation and awards ceremonies
IT strategy to support learning	Programme development and offering	Achieving quality standards e.g. Quality Mark, MATRIX accreditation	Wellbeing checks and enrichment support	Regular annual appraisals	Engagement with learners	Board / senior level engagement	
Library facilities			Able to learn in an environment free from bullying and undermining	Regular safeguarding training and mandatory training	Learners feedback valued	Accountability of education funding streams	
Communications		Evaluating the impact of training on learners	Supported during returns from breaks in learning	Continued Professional Development identified and supported		Education quality performance and monitoring	
		New training initiatives		Centre training identified and supported			
				Staff feedback valued			



Current Configuration

Leicester Royal Infirmary – Knighton Street Offices

The 3 story building is also occupied by various departments e.g. Amica, HR. The training provision is primarily based on the ground floor.

The building is accessed by the main front door which is on a switch key lock and is set to either Day or Night. Day switch will allow the doors to be automatically opened via internal/external buttons. Night access restricts the building to code access only however if you push the door hard enough it will open. The Day / Night door access is primarily managed by the Learning and Development Admin staff.

Security patrol the building across a 24 hour period; this was requested following several incidents with non-hospital staff found in the building, this has increased since the new ED facility opened. This still happens and security staff have been called on a couple of occasions.

Signing in for guest lecturers and visitors to the Centre can be found in the L&D admin office on the Ground Floor. This is an OFSTED requirement.

Ground Floor

- There is an external door towards to rear of the building which has a coded key pad lock
- There is an internal door by the kitchen area that can be closed in the evening but this only offers extra protection to some offices if lone working. During the day despite it being a fire door it needs to remain open due to the toilets and kitchen the learners' access being the other side of it. Investment to change the door configuration due to it being in KSO was declined
- There is no reception area so it is impossible to monitor who enters or leaves the whole building or department however there is a visitor sign in log for Centre work to meet OFSTED requirements
- In most of the training rooms and offices staff can no longer control room temperature in the room as radiator valves no longer work and reliant on facility staff to manually turn on and off twice a year. However when it is too hot there is limited relief from this other than one of the few mobile fans
- 3 notice boards (OFSTED information and training information plus health and safety information) and a certificate display for training accreditations



- Technology in training rooms is limited and below educational expectations. There are only a limited number of power points to plug laptops into
- Excessive noise is also a problem for all the training rooms. This can impact not only on the learning experience in that room but can impact on other training rooms or staff working in nearby offices
- The area has hand gel pumps fitted to walls for students to use and there is access to a limited kitchen and limited toilet facilities for student use.
- A TV screen is positioned in the main corridor which displays the daily room schedules. This supports signposting of staff and visitors in the absence of a reception area.

Enabling a quality learning environment with good facilities for learners is key for OFSTED.

Rooms

- 1 x administration office with room for 4 desks which holds 5 x desks, 6 x permanent staff
- 9 training offices which house between 1 and 3 permanent LRI based training staff plus there is a small hot desk in one of the rooms. Learners often visit this building and these rooms for 121's in the training offices
- IT Training Room 1; x 7 PCs, projector and printer. The room is used to deliver both clinical systems training, apprenticeships, examinations, ICT City in Guilds Level 1 programme and can be used to complete self-study and mandatory training
- IT Training Room 2; x 8 PCs, projector and printer. The room is used to deliver both clinical systems training, apprenticeships, examinations, ICT City in Guilds Level 1 programme and can be used to complete self-study and mandatory training
- Beech Training Room accommodates 36 cinema style. PC, TV, Screen, lectern and promo stands (typically used for inductions, masterclasses, training courses and presentations)
- Oak Training Room accommodates 10 around small tables
- Ash Training Room accommodates 15 around small tables. PC, TV, Screen and lectern.
- Cedar Training Room accommodates 25 around small tables. PC, TV, Lectern and screen
- Storage Rooms x 2 for training and career resources and training stationery (NB – one office currently has lockable unit for secure storage of valuable video and camera equipment)
- Dedicated photocopier room which also stores copy paper for training resources



- Kitchen – has water dispenser, one large fridge, toaster, kettle and microwave. This facility is not adequate for the number of learners and staff using the same area. The room is not a good state of repair, cleanliness or decoration. The door to the kitchen is a fire door however more injuries have occurred when it is closed due to the size of the room and scalding issues than when it is left open
- Toilets - Female x 2 cubicles and 1 sink. Male x 1 urinal and 1 x cubicle and sink. Disabled toilet x 1 with sink and disabled alarm (which is manned by the admin office). None of these are in a good state of repair or decoration. They are not adequate for the training provision when we can have circa 100 people in the department in a day as well as permanent staff working in the area.

Level 1

Chestnut Training Room x 1 hot desk and is also used as a meeting room, 121 coaching room and for career counselling. OFSTED regulated files are securely stored in locked cabinets in this room to enable inspection and audit.

Leicester General Hospital – Training & Development Centre

The small single story building houses just the Learning and Development Team. This is good from an OFSTED security and visitor regulation/sign in point of view. The building is accessed from one main key operated door.

Rooms

- A reception/office area which has 2 x permanent training staff
- 3 notice boards (OFSTED information and training information plus health and safety information) and a certificate display for training accreditations
- 1 x training manager office for 1 permanent manager and lockable filing cabinet
- 1 x training office with 3 permanent training staff (1 vacant position) and the departmental photocopier for contracts, lockable learning files storage and learning materials. Learners often visit this building and these rooms for 121's in the training offices
- Holly Training Room; this training room is able to be split into two rooms to support break away sessions however due to the noise levels and the confined space this option is not often used. The room accommodates 18 and is equipped with a PC, TV and TV Screen
- There are no hand gel machines available for learners or visitors
- IT Training Room x 8 PCs, projector, printer and cupboards for storage of stationary. The room is used to deliver both clinical systems training, apprenticeships, examinations, CT City in Guilds Level 1 programme and can be used to complete self-study and mandatory training



- Tiny kitchen facility with water dispenser, fridge, microwave and toaster. This is not an adequate space for the number of learners and staff using the facilities
- Toilets – Female x 1 cubicle with in-house sink. Male x 1 cubicle, no urinal, in-house sink
- Technology in training rooms is limited and below educational expectations. There are only a limited number of power points to plug laptops into
- Disused disabled toilet due to no alarm.

Leicester General Hospital – Desmond Suite

Situated on the first floor, by ward 11 the IT room is also used to deliver clinical system and can be used to complete mandatory training and apprenticeship training. There is a key code on the main door and a door bell on the main door with a direct door release. There are no hand gel machines available for learners or visitors.

There are other teams and departments working in that area which means it is important training only occurs with the door shut to reduce noise disruption. The room has a wall of windows and is extremely hot in the summer and training sometimes needs to be moved to alternative room on hot days. This is not a good use of staff time away from their working areas. With this room being isolated from the core training departments it is hard to manage and staff effectively and efficiently.

IT Desmond Room

- 1 x IT Training room which has 9 PC's, projector and printer. The room is used to deliver both clinical systems training and can be used to complete apprenticeships and mandatory training
- Kitchen – shared communal area with kettle, fridge and microwave
- Toilets – Female x1 in-house sink. Male x1 in-house sink.

Glenfield Hospital – Ivydene Building

A two storey self-contained building is also a base for other teams and departments. Learning & Development is based on the ground floor across a number of co-located rooms. The main door has individual doorbells for teams to notify them of visitors & learners. This helps to support the safe access and sign in requirements for OFSTED. There are no hand gel machines available for learners or visitors. A recent Estates survey has been undertaken to look at possible change of use for the whole building however no suitable co-located area could be found on Glenfield for the Learning and Development Team. The department has lost training rooms in both the main building and Mansion House previously.



The IT Training room is a prefab unit which has no sound proofing. The IT room has an air con and heating unit due to the cold and heat variable temperatures the prefab unit has.

Rooms

- 2 training offices on the ground floor to house 4 permanent training staff. Learners often visit this building and these rooms for 121's in the training offices
- Notice boards (OFSTED information and training information plus health and safety information) and a certificate display for training accreditations
- IT Training Room x 9 PC's and projector, printer. Key coded access. The room is used to deliver both clinical systems training, apprenticeships, examinations, ICT City in Guilds Level 1 programme and can be used to complete self-study and mandatory training
- Kitchen - communal area for the whole ground floor with kettle, fridge and microwave
- Toilets – Female 1 at front of building, 1 beside the IT Training Room, Male 1 beside IT Training Room. 1x disabled opposite IT Training Room. NB – the two toilets beside the IT Training Room – you can hear someone in the toilet!

Current Provision and Utilisation 2019/20

All IT Training Rooms provide classroom training in both clinical and non-clinical applications to staff across UHL, Alliance and wider health and social care employers e.g. LPT, Kettering, Lincoln, Loros, CCG , Peterborough satellite sites for UHL.

Clinical systems training includes a number of applications used across the organisation, mainly Patient Centre and HISS, and last year reached over 2400 learners booked their training via HELM.

Other non-clinical training is also delivered to learners for example Apprenticeship IT Functional Skills Initial Assessments, Training and Exams (exam body conditions have to be followed), self-directed and directed apprenticeship study days. The rooms are also used to deliver masterclasses in e.g. Excel, to develop Princes Trust learners and are available to support compliance for mandatory training and academic submissions. It should be noted that not all programmes or usage is recorded on HELM such as Princes Trust delivery and other programmes offered through Learning and Development. This is for a number of reasons including the fact that the learners are not all from UHL and do not all have HELM accounts.



IT Training Rooms are utilised by other departments for IT training e.g. Pharmacy, Informatics, IM&T, and many more. It is envisaged the requests to use these room will increase as the new Electronic Patient Record (EPR) UHL wide system will be introduced and the increased focus of self-directed and blended learning following the pandemic which saw learning through technology sharply increase.

Classroom based training rooms across UHL which have been noted in this report are primarily used to teach learners on Apprenticeships, Princes Trust programmes and to deliver core Trust training e.g. Appraisals, Sickness Management, Recruitment, Self-care, Preparing for Your Retirement, The Job Hunt, Being Interviewed, Assertiveness etc. The rooms are also used to support classroom based delivery sessions from the Organisational Development Team, HR teams as well as the wider organisation or external providers e.g. there are 16 external training provider contracts for apprenticeships and to reduce the travel expense spend for the Trust the provider is asked to deliver on site wherever possible.

The largest teaching room, Beech, is used weekly to hold the corporate induction for new starters. New starter's first impression is Knighton Street offices.

All Utilisation figures for teaching room below are out of a total of 261 available days in 2019 at the point of collation.

In summary it is clear to see that the rooms are heavily utilised;

- Ash Room, Knighton Street Offices - 247 days utilised from 261
- Beech Room, Knighton Street Offices – 251 days utilised from 261
- Cedar Room, Knighton Street Offices – 258 days utilised from 261
- Oak Room, Knighton Street Offices – 253 days utilised from 261
- Holly Room, Training & Development Building - 130 days utilised from 261.

It is important to further break this down to understand the utilisation for training and training related meetings/coaching etc. for just the L&D Team. The rooms are still very well utilised and this is without the OD and other departmental training bookings for training delivery (not meetings).



Room Utilisation by Days / Usage / User across 261 working day sample for 2019			
LRI Training Room	No. of Bookings	% Total Room Utilisation	% Utilisation for Training and Training Related Standardisation Meetings etc.
Ash	247	95%	77%
Beech	251	96%	68%
Cedar	258	99%	73%
Oak	253	97%	77%
General Training Room	No. of Bookings	% Total Room Utilisation	% Utilisation for Training and Training Related Standardisation Meetings etc.
Holly	130	50%	49%
Glenfield Training Room	No. of Bookings	% Total Room Utilisation	% Utilisation for Training and Training Related Standardisation Meetings etc.
N/A	N/A	N/A	N/A

Draft Initial Facility Proposals for Learning and Development and the UHL Apprenticeship and Development Centre

The Learning and Development Department require a training hub on each of the Trusts core sites to support the learners on that site and also the health and social care wider workforce to access the training function nearest their organisation.

To this effect the provision of facilities at the General and Glenfield are deemed to be just satisfactory and at the minimum size and standard that would be acceptable. If premises were removed co-joined facilities of a similar size and configuration would be needed.

The LRI facilities need to be upgraded or renewed; the training staff office space needs to be co-located to the training classroom and IT rooms to ensure learners are safe, supported and staff time is used most effectively.

There needs to be sufficient toilet and kitchen facilities to support both learners and staff (including disabled facilities). Water fountains should be accessible and ideally access to vending facilities for food and hot drinks.



There would ideally be a common room area for learners to relax and take a break between sessions or while waiting for exams.

COSHH guidelines need to be followed in kitchen and bathroom areas (or indeed the whole centre) to align to OFSTED requirements; a lockable cupboard for any COSHH regulated items will need to be in place and access to this controlled. These will be subject to an inspection by the Trust Health and Safety representative at least on an annual basis.

There needs to be sufficient notice board space to enable a combination of health and safety, OFSTED information and good news/information/marketing to be displayed. These notice boards should be in line with fire regulations.

There needs to be hand gel available for learners and visitors to cleanse their hands and wipe able keyboard covers to prevent the spread of infection to meet OFSTED requirements

There must be a secure entry point into the learning environment, sufficient space to welcome large groups of 50+ and accommodate their signing in and a visitor book to enable OFSTED regulations for safeguarding to be upheld.

There needs to be sufficient secure storage for training materials, marketing materials, pull up stands, desk boards, career information, filming equipment etc. that will be needed.

There needs to quiet classroom spaces that are versatile in use / size to accommodate groups of 5 – 65 to the capacity required; break away rooms or areas and places for private learner 121 discussions and information, advice and guidance counselling on careers and learning. Classroom space needs to include an electronic white board, lectern, PC, speakers and overhead projector. They should also include technology to hold video conferencing to allow cross site training to occur.

The rooms will need to have adequate ventilation and temperature controls to increase or decrease temperatures according to the needs of learners in each room.

The windows will need appropriate blinds to ensure the lighting is correct.

The lighting will need to be sufficient for effective learning and changeable to enable use of technology in the classroom.



There will need to be a stable and strong internet connection to enable access to both the internet and intranet, Trust Wi-Fi in classrooms for both learners and trainers.

There will need to be adequate charging ports located under protected flooring to prevent trailing wires whilst allowing access to charge devices during learning.

Tables will need to be collapsible and with wheels to change the usage of the classrooms quickly. Chairs will need to be light and easily stackable.

Ideally there will be a laptop safe for learner devices to be stored in securely between sessions.

IT training rooms will be fitted with up to date equipment and software including access to an electronic white board, lectern, PC, speakers and overhead projector.

Rooms and décor need to be finished to a standard at least equivalent to the Alfred Hill building which houses the Nursing Associate Apprenticeship Programme. At OFSTED inspection the Learning and Development team who hold the accreditation to be a main training provider for the Trust will be inspected on their 12+ accredited programmes (Apprenticeships, screening qualifications and City in Guilds qualifications). If the facilities for the Learning and Development team's fall short at OFSTED inspection on the grounds of them not being a suitable or safe learning environment, then this is likely to impact on the Nursing Development team's programme also. If delivery is stopped at inspection by OFSTED due to facilities being inadequate in Learning and Development then this will also cease the Nursing Associate programme until the situation is resolved by the Trust. Both teams run from the sole main provider accreditation.

Benefits of Implementing

It is important that UHL improves facilities for education and training to meet the requirements of the regulators and that they are of good quality to support the attraction of employers from across LLR. UHL has previously received poor comments from inspectors and learners regarding training facilities and this may impact on recruitment and retention of staff at UHL as well as the wider health and social care system. The benefits of implementing the proposal would be to develop a facility with impact that would identify UHL as a centre committed to providing excellence in education and training. A development would bring together existing UHL Centre and core training facilities, undergraduate education facilities, Clinical Skills Unit and other clinical education facilities within the LRI site. This proposal also highlights the need to work closely with our partners and possibly Leicestershire



Partnership Trust (LPT) to scope and develop appropriate facilities on the GH site following service reconfiguration.

Actions

- Develop a business case for proposal
- Scope detailed requirements for Learning and Development and UHL Apprenticeship and Development Centre
- Work with UHL reconfiguration team

Risks

- Carefully assess the impact of service reconfiguration on education and required facilities
- Cost – may exceed the budget and there may be some compromise – if other areas also overspend
- Project teams non understanding of the educational facilities impact on teaching and workforce needs
- Inappropriate areas being offered as an alternative.

References

FE Weekly November 2019

https://feweeek.co.uk/wp-content/uploads/2019/11/Edition-296-digi.pdf?mc_cid=b66f6e3d73&mc_eid=04811d9473