

Multi-professional Education Update: June 2016

Author: Director of Medical Education & Assistant Chief Nurse

Sponsor: Medical Director and Chief Nurse Trust Board 2 June 2016

Trust Board paper M

Executive Summary

Context

The University Hospitals of Leicester NHS Trust is a leading UK teaching hospital and the Trust strategy "Delivering caring at its Best: Our 5 Year Plan outlines the aim to enhance our reputation in research, innovation and clinical education. The Trust aspires to develop a more multi-disciplinary approach to education and training where appropriate and to work closely with our academic partners.

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

Feedback from Quality Management Visits and the University of Leicester student satisfaction survey indicates that we can improve UHL as a learning organisation. In particular, the retention and recruitment of medical students and junior doctors. The establishment of a strong learning culture and a well-supported training environment with good facilities will support UHL's care delivery and patient safety by delivering a well trained and motivated workforce.

Questions

1. How do we best prepare across the Trust for the GMC visit on 25th October 2016
2. How do we engage with services to enhance the learning culture in UHL to promote teaching and training, improve outcomes in GMC Trainee and other surveys and improve engagement with medical students and Foundation doctors?
3. Do we have workforce plans in place to address potential impact of Broadening Foundation and other potential Foundation vacancies that may impact on patient care and quality of training ?

Conclusion

The General Medical Council will visit UHL as part of the East Midlands review. This is a very important visit for the Trust and UHL's reputation as a teaching hospital. It is important to prepare robustly for this visit in collaboration with HEE-EM and Leicester Medical School. A great deal of communication is required to prepare for the visit and to ensure the CMG's to be specifically reviewed, are engaged and well prepared to enable us to demonstrate that we are promoting a learning culture across UHL that prioritises quality education as a fundamental part of providing high quality patient care. The preparation required is of a similar nature to the CQC visit.

Input Sought

We would welcome the Trust Board's support for:

1. Ensuring an effective communication strategy to prepare for the GMC visit
2. Ensuring CMGs are engaged in the process and adequately prepare in partnership with the Department of Clinical Education.

For Reference

Edit as appropriate:

1. The following objectives were considered when preparing this report:

| | |
|---|---------------------------|
| Safe, high quality, patient centred healthcare | [Yes /No /Not applicable] |
| Effective, integrated emergency care | [Yes /No /Not applicable] |
| Consistently meeting national access standards | [Yes /No /Not applicable] |
| Integrated care in partnership with others | [Yes /No /Not applicable] |
| Enhanced delivery in research, innovation & ed' | [Yes /No /Not applicable] |
| A caring, professional, engaged workforce | [Yes /No /Not applicable] |
| Clinically sustainable services with excellent facilities | [Yes /No /Not applicable] |
| Financially sustainable NHS organisation | [Yes /No /Not applicable] |
| Enabled by excellent IM&T | [Yes /No /Not applicable] |

2. This matter relates to the following governance initiatives:

| | |
|------------------------------|---------------------------|
| Organisational Risk Register | [Yes /No /Not applicable] |
| Board Assurance Framework | [Yes /No /Not applicable] |

3. Related Patient and Public Involvement actions taken, or to be taken: [Insert here]

4. Results of any Equality Impact Assessment, relating to this matter: [Insert here]

5. Scheduled date for the next paper on this topic: [Trust Board 8.9.16]

6. Executive Summaries should not exceed 1page. [My paper does comply]

7. Papers should not exceed 7 pages. [My paper does not comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 2 JUNE 2016

REPORT BY: Mr ANDREW FURLONG, MEDICAL DIRECTOR
JULIE SMITH, CHIEF NURSE

REPORT FROM: PROFESSOR SUE CARR, DIRECTOR OF MEDICAL EDUCATION
ELEANOR MELDRUM, ASSISTANT CHIEF NURSE

SUBJECT: UHL MULTI-PROFESSIONAL EDUCATION REPORT

This multi-professional education report has been produced by the Director of Medical Education and Assistant Chief Nurse

Being a high-quality training organisation is important in maintaining the quality and safety of patient care, maintaining the motivation and enthusiasm of staff and in attracting new and high-quality staff to the organisation. There is an explicit understanding that structured, properly supervised training is essential to enable all healthcare professionals to contribute to excellent patient care throughout their careers and develop into clinical leaders.

Learning culture and environment

- ***Embed a positive learning culture for all healthcare professionals at the heart of the organisation to ensure the development of a competent, caring and capable workforce***

Two LiA initiatives have been launched – for medical students and for trainee doctors (Medics Into Action) in each UHL CMG.

Response to Medical Student Listening in Action Forum

1. The joint University/UHL group addressing the actions required to respond to concerns raised by the student LIA. Several “quick wins” have been achieved including: student name badges, protected Wednesday afternoons for extracurricular activity and student access to DATIX system. The longer term actions include:
 - Recruitment of student mentors – e-mail requests sent to UHL Consultants to take up this voluntary role to improve engagement and student support during 3 years of their clinical training
 - Communication about actions completed to student body

Other actions improving the learning culture in UHL:

- Second round of Honorary University title awards in recognition for UHL Consultants contribution to the University
- Engaging Consultants and CMG’s in supporting and valuing training and education as a means to drive high quality care and support recruitment and retention of staff in training posts. The use of the clinical teacher role and the investment in this role from the University will help address the undergraduate issues and clear guidance has been issued for Consultant job planning to ensure recognition of roles in postgraduate training

- Transparency in CMG education funding *income* has been achieved but there is further work to ensure transparency of expenditure to enable delivery of excellent education outcomes.
- **Ensure the development of high quality clinical learning environments**

Education Facilities:

The RKCSB patient unit is open and hosted Feb 2016 medical student examinations successfully (removing the need to use UHL outpatient space). A joint UHL/UoL operational group has been convened to manage this space.

A multi-professional educational facilities strategy has been agreed and a Steering group is being convened to progress a proposal and business case

Educational governance and funding

Governance: Quality monitoring:

General Medical Council will visit UHL as part of the East Midlands review **on 25th October 2016.**

This is a very important visit for the Trust and UHL's reputation as a teaching hospital. The report of the visit is published and may impact upon recruitment and UHL's ability to host trainee and medical student placements. The visiting team will visit HEE-EM and Leicester Medical School and we are working closely with both organisations to prepare for the visit.

The visiting team will review:

- Foundation Training
- Core Medical Training
- General Internal Medicine
- Acute Medicine
- Anaesthetics
- Gastroenterology
- Cardiology

We are required to provide a large amount of data to the GMC about learning culture, learning environment, quality and governance of medical education and training in UHL. The visiting team will also be informed by GMC National trainee and trainer surveys. This visit will require significant input and preparation from the areas to be visited and support from the CMG Education Leads will be essential. It will also be important to communicate effectively about the visit to all trainees and trainers in the Trust (as with the CQC visit preparation)

GMC recognition of trainer database will be submitted in July 2016 - current figures for UHL are – 79% recognition

| | CHUGGS | CSI | ESM | ITAPS | MSS | RRCV | W&C | Overall |
|--------|-----------------|----------------|----------------------|------------|---------------|-------------|-----------------|---------|
| May-16 | 76% | 77% | 68% | 79% | 88% | 73% | 84% | 79% |
| | Gastro-67% | Imaging- 89% | A&E- 100% | ITAPS- 79% | Breast-100% | Renal- 66% | Women's- 96.5% | |
| | Gen surgery-79% | Pathology- 67% | Care of Elderly- 64% | | Maxfac-100% | Resp-58% | Children's- 80% | |
| | Haem 67% | | Dermatology- 50% | | ORD-100% | Cardio- 88% | | |
| | Oncology-64% | | EM- 83% | | Plastics-100% | Vasc- 80% | | |
| | Urology-73% | | ID- 100% | | ENT-63% | | | |
| May 20 | Pall care 100% | | Metabolic- 54% | | T&O-97% | | | Page 2 |
| | | | Neuro- 66% | | Ophth-68% | | | |
| | | | Rheum- 86% | | SEM-100% | | | |
| | | | Stroke- 71% | | | | | |

Non-Medical

Reductions in workforce development funding for 2016/17 from Health Education England impacting on contracted and flexible Learning Beyond Registration

Health Education England working across the East Midlands (HEE-EM) received a 40.9% reduction in funding for Workforce Development for 2016-17. This has resulted in a reduced allocation of funding for the East Midlands who will receive 6.9 million pounds for 2016/17 compared to 11.7 million pounds in 2015/16. A similar percentage reduction (i.e.40%) has subsequently been applied by HE-EM for the funding for health and education providers across the East Midlands who deliver post-registration education and training as part of the Learning Beyond Registration (LBR) contract.

The Learning Beyond Registration contract (LBR) provides the opportunity for registered healthcare professionals (excluding doctors and dentists) to access a wide range of educational activity to develop the knowledge and skills of practitioners in specialist practice and mentorship.

HEEM has LBR contracts with twelve education providers across the East Midlands with the contract subdivided into 'Lots'. Each lot consists of a range of modules with different costs attached. For example:

- Lot A – level 6 Degree level modules
Cost of modules range from £250-£700
- Lot B – level 7 Masters level modules
Cost of modules range from £500-£1500
- Lot C – NCORE National Centre Of Rehabilitation non-accredited education
Cost of courses / modules range from £50 - £1500
- Lot D – Accredited Mentor qualification
Cost ranges from £450-£550

The overall reduction in the LBR contract for UHL for 2016/17 cannot be confirmed until the LBR expenditure for Q4 of 2015/16 is released by HE-EM but it is likely that the amount of LBR funding for Lots A, B, C and D will be approximately 20-28% less compared to last year (table one).

However, it should also be noted that whilst some 'Lots' have reduced in value, a new 'Lot' has been developed for Masters level modules supporting Advanced Clinical Practice, for example non-medical prescribing. This funding will be ring fenced and can only be used for registered nurses or therapists developing their roles as Advanced Practitioners.

In order to monitor the expenditure of LBR funding, organisations in the East Midlands will, for the first time, will be given a notional allocation value for LBR modules and have the responsibility to 'purchase' education within their budget from education providers across the East Midlands. Tables two and three confirm the 2016/17 notional allocations for UHL, expenditure to date and the remaining allocation.

The devolvement of LBR funding to organisations, albeit notional, will increase the accountability of organisations, including UHL, in ensuring that limited funding is used appropriately to support workforce

development priorities as opposed to working with a system where education provision was given on a first come first served basis.

Table one: Average Usage of LBR Portfolio by Leicestershire Trusts 2013-2015

| Organisation | 2013/14 | 2014/15 | 2015/16 | 2016/17 Allocation |
|--------------|----------|----------|--|--|
| UHL | £633,678 | £542,257 | Awaiting Q4 reconciled data from HE-EM | £390,027 Reduction of approx. 28% based on 2014/15 contract |
| LPT | £329,612 | £304,762 | Awaiting Q4 reconciled data from HE-EM | £201,278 Reduction of approx. 34% based on 2014/15 contract |

Table two: UHL Notional Allocation of LBR Funding 2016/17

| Lot | Lot A B C D | Lot Ba (NEW) | Total |
|--|-----------------|-----------------|-----------------|
| 2016/2017 LBR Allocation | £254,682 | £135,344 | £390,027 |
| Allocation used April - June 2016 | £55,340 | £8,544 | £63,884 |
| Allocation remaining for 16/17 | £199,342 | £126,800 | £326,142 |
| Total No of staff allocated LBR funding | | | 110 |

In addition to the reduction in the contracted LBR, the 'flexible' LBR component previously available to registered healthcare staff to support specialist education and training that is not commissioned in the East Midlands, has also been removed. The funding paid for very specialist areas of education. For example, advanced practice for paediatric and neo-natal nursing, dietetics, radiology reporting and ultrasonography. The allocated funding utilised by UHL varied from year to year based on the Trusts Training Needs Analysis (TNA) but was not an insignificant amount usually averaging £70,000 - £100,000 per annum. Alternative, albeit reduced sources of funding are being identified to support these training needs.

Further work is needed in conjunction with a range of education providers and HEEM to identify opportunities to mitigate the risks of a reduction in LBR funding. Some of our specialist nurses, therapists and clinical education teams possess exceptional knowledge and expert teaching skills that will support an increase in our portfolio of in-house delivery of accredited education.

It is perhaps too soon to quantify the size of the risk after only two months of the new process. Careful monitoring of the contract and its limitations will therefore be maintained with concerns and risks where

they exist, being reported to the UHL Executive Team and HEE-EM via the Local Education and Training Committee (LETC).

Medical Education and Training Issues in UHL: May 2016 Update

a) Health Education England - East Midlands HEE-EM

Interim Cardiology visit

Following the 2015 HEE-EM quality management visit (reported in November's report) a Royal College external assessor visited Cardiology and confirmed the adverse findings of the HEE-EM report. Following this, a detailed action plan was developed, CMG Education Lead appointed and actions put in place to address concerns. HEE-EM undertook an Interim re-visit in April and were impressed with the progress made to improve the education and training environment but had some concerns about the sustainability of the improvements that have been put in place due to the reliance on a full complement of middle-grade and Trust grade doctors.

The visiting team stipulated in the report that Management and the Trust's Executive Team should continue to fully support the Department in the changes being made and that education roles should be re-instated in Consultant job plans. Other requirements included:

- Department should work with medical staffing and the JDA to understand the challenges to producing a timely rota and how these will be overcome and ensuring adequate
- Consultant support in clinics and on CDU at night.

Leicester Medical School visit 2016 (2015 visit report)

In 2014, UHL received gold stars and 2 silver stars in the Universities Key performance Indicators. This year the Trust have moved from silver to gold in the area of 'quality control of Undergraduate Medical Education'.

The report also commended the Trust Education team on their work on:

- Identification and allocation of placement funding in CMG's,
 - Recognising clinical teachers, educational leadership and educational administration team.
 - The report acknowledges the collaboration between UHL and the Medical School to complete the building and refurbishment of a new Simulation and Patient Unit within the Clinical Sciences Building.
- A need for joint working to improve staff support and development was acknowledged and that development of a student mentor scheme would improve student support (as above in LIA section).

Governance: Ensure education resources are accountable and deliver required education outcomes across the Trust

Medical Funding:

A reduction in medical student numbers (as a consequence of reduced national training places and introduction of the new curriculum), will have a financial impact on UHL (First indications reported approximately £2 million – 16% reduction in 2016/17) and there are ongoing discussions about the commissioning of student exams in the region with UHL acting as the main exam provider.

1. Workforce issues

- ***Create an environment where excellence in education supports enhanced recruitment and retention of the healthcare workforce in UHL***

Foundation posts

1. Health Education England "Broadening Foundation" will affect 21 UHL Foundation rotations in August 2016. Sixteen alternative F1 posts were accepted by the Foundation School, which allowed UHL to retain the posts within UHL but many of these posts will no longer deliver patient care in acute areas and will be in non-acute specialties. This will impact upon ward cover and rotas, and CMGs were urged to plan alternative workforce solutions to cover for this over the previous years

2. Foundation vacancies. There are additional concerns this year that there will be Foundation post vacancies from August 2016 because there are fewer trainees on the reserve lists for posts across the UK. Nationally there has been a reduction in applications for Foundation posts because UK Medical Schools took in 200 less students 5 years ago when the rules around overseas students changed. There are only 45 students on UK reserve lists compared to last year's 352, leaving a potential gap in NHS staffing. They anticipate 200-300 gaps nationally. It is thought that East Midlands will be disproportionately affected as EM is not a popular region and trainees who have accepted posts here will move into vacancies in more popular regions.

Some of these FY1 LAT's may not actually start with their full registration as their registration is not due until the end of Aug or early Sept.

Redistribution of Core training posts

HEE-EM aims to achieve a more equitable distribution of core and specialty trainees across East Midlands (using per Consultant episode/admission or per population numbers) starting in 2017. HEE-EM agreed to transition the changes, evaluate impact on recruitment and support the development of alternative workforce solutions e.g. Physicians Associates, Advanced Nurse Practitioners etc. HEE-EM have now confirmed that UHL will gain 4 core surgical training posts and 2 medical posts.

GP posts

Vacancies in GP training schemes have an impact upon uptake of hospital training places. International Medical Graduates (IMG) on a visa are now allowed to apply for GP training which may help Leicester as recruited IMGs as Trust grades may go on to GP training.

When considered together - changes in Foundation, Core and GP training numbers will be extremely challenging and create significant issues for clinical service in UHL and impact of quality of remaining training posts.

Non -medical

Create an environment where excellence in education supports enhanced recruitment and retention of the healthcare workforce in UHL

Advanced Clinical Practice

The MSc in Advanced Clinical Practice has been validated by De Montfort University supporting a Leicestershire wide education solution for the future development of Advanced Clinical Practitioners (ACP). UHL was commended on the partnership working and persistence in commissioning and developing the programme alongside the university and Leicester Partnership Trust.

In-house Delivery of Degree Level Education.

The delivery of 'in-house' degree accredited modules (Nutrition and Chemotherapy) by the UHL Education and Practice Development Academy over the last 12 months have been very successful. Out of 34 registered nurses, only one has failed. Additional modules are being developed to increase the portfolio with some commencing in October 2017 (Frail Older People, Neonatal high dependency and ITU x 2 modules and Surgical Care).

Listening into Action (1): New model to support mentorship' Facilitating Learning in Practice'

A 'Facilitating Learning in Practice' (FLiP) Model to support an alternative 'coaching' approach to mentoring student nurses has been developed as part of the wave six Listening into Action. The model is based on a process developed by the University of East Anglia in collaboration with local practice partners in 2014. The LIA project included Student Links and Managers from across UHL and representatives from Leicestershire Partnership Trust (LPT) and De Montfort University (DMU) to gain a greater understanding of how the model could be adapted within the local health community.

The FLiP Project has recognised the huge benefits that can be gained using a coaching style of mentorship to support students to gain confidence and increased autonomy within their practice. Whilst the original project aims to increase the available capacity for students by undertaking this model on every shift and thus increasing the number of students to be allocated to an area, it has been decided locally to enhance the usual mentoring process as a learning experience rather than something which occurs on every shift.

Four ward areas have been identified to commence the roll out of the project, two adult and two child, students will begin practice from the 6th June and it is anticipated that they will experience a FLiP day each week supported by coaches who have been prepared for their roles by the project team, consisting of a Practice Learning Lead and the Clinical Placement Facilitators. A programme has been devised starting on the 26th May to ensure that coaches have the necessary skills and understanding around the principles of coaching to be able to confidently support students using this method.

Listening into Action (2) : Exploring the feasibility of reintroducing the Senior Staff Nurse role into UHL

In 2004, the introduction of the Agenda for Change combined clinical pay grades D (Staff Nurse) & E (Senior Staff Nurse) to a single pay banding losing the title of senior staff nurse through the introduction of a Band 5 role Staff Nurse. AS of December 2015, there are 1392 Band 5s in UHL at mid-point of the pay-scale and above in UHL with 305wte Band 5 vacancies

With the challenges around recruitment and retention of qualified nurses UHL senior nurses have been debating the reintroduction of the Senior Staff Nurse role following a recent surge in the re-introduction of the title at other Trusts (without any other initiative or package alongside the title).

- A Modified Pulse Check was sent out to all via e-mail to all band 5 staff nurses at midpoint and above (N= 1392) with a response rate of 213 (15.3 %)
- Key points identified:
 - 85% nurses consider themselves as a Senior Band 5
 - 28% are considering looking for employment outside of UHL
- Key themes from pulse check:

Although there was support for the re-introduction of the Senior Staff Nurse Role it was clear that not all Staff Nurses wanted the title. The more powerful message was that band 5 nurses wanted increased recognition and value for their contribution in addition to clear clinical development opportunities and career pathways and if the title was re-introduced these initiatives needed to be part of the package.

The title of Senior Staff Nurse will be re-introduced in December 2016 alongside a new package of development opportunities and clearer career pathways for Band 5 nurses. The Director of Nursing at Health Education England has offered the support of her team to work with UHL on this initiative over the summer.

Key priorities and next steps

1. Recognising the need to improve UHL learning culture and environment and address issues raised by students and trainees in National surveys (and forthcoming National Trainer survey) us
2. Prepare for GMC visit on 25th October 2016
3. Progress UHL multi-professional education facilities strategy
4. Consider and address the impact of reconfiguration of clinical services on training of all healthcare professionals
5. Plan for the impact of the loss of medical posts and vacancies that will pose a significant threat to UHL's ability to provide high quality training and to attract and retain medical staff.
6. Demonstrate improved education outcomes, quality control of training delivered and accountability for funding we receive for education and training at CMG level.
7. The need to develop an education plan to support new roles in the Trust e.g. increasing numbers of Trust Doctors, Physicians Associates etc.
8. Work with local Universities to maximise our potential in educational innovation, scholarship and research as a "USP" for Leicester and as a means to enhance recruitment and retention of local trainees