Trust Board Meeting: Wednesday 22 January 2014
TB2014.9

<table>
<thead>
<tr>
<th>Title</th>
<th>Education &amp; Training Annual Report</th>
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<tbody>
<tr>
<td>Status</td>
<td>For information</td>
</tr>
<tr>
<td>History</td>
<td>This is the first integrated Education and Training report to be presented to Trust Board</td>
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<tr>
<td>Board Lead(s)</td>
<td>Liz Wright, Acting Chief Nurse</td>
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<tr>
<td>Key purpose</td>
<td>Strategy</td>
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Executive Summary

1. This report provides Trust Board with a summary of issues relating to medical and non-medical education and training including, Doctors, Nurses, Midwives, Allied Health Professionals and Scientists. The report also includes trust wide learning and development.

2. This is the first integrated education and training report and outlines progress during the past year (October 12 – September 13) against key objectives. It highlights the commitment of staff to education, teaching and professional development.

3. There have been notable achievements in improving educational quality, developing partnerships and driving innovation. There are also increasing challenges across all professional groups. These include changes to the commissioning of training and national reductions in income for undergraduate medical education. Key risks have also been identified around the supervision of medical trainees, the provision of teaching space and the impact of service commitments on releasing staff for teaching and training.

4. Recommendation
   Trust Board is asked to receive and comment on the Medical and Non-Medical Education and Training Annual Report, and note the key risks and mitigations.
Education and Training Annual Report

1. Introduction
Education and training are core activities of the Trust with many staff committed to teaching and training our current and future workforce. Education and learning underpins the delivery of safe, compassionate and skilled care. The purpose of this report is to update the Trust Board on the achievements and initiatives in place to strengthen educational partnerships, drive up the quality of education and develop the workforce. The report highlights some of the key issues presented by changes to both the funding and commissioning of training and education. This report focuses on all aspects of education and training in the Trust.

2. Background
The Health and Social Care Act 2012 established a radical programme of reform against a backdrop of economic turbulence. The effect of this is that the NHS will be expected to deliver higher quality care against fiscal tension and reduced funding. Training and education must ensure that doctors, nurses and allied health professionals working in the Trust and community are highly skilled and knowledgeable, which is essential to the quality of service provision.

Professional education and training must respond appropriately to significant changes taking place in healthcare needs and delivery across the UK. These changes include:

- increasing incidence of chronic illness
- rapid advances in biomedical sciences
- an ageing population with increasingly complex health and social care needs
- changes in the demographics and expectations of patients
- changing service models and settings

In addition, a series of high profile national reports have raised concerns about nurse staffing levels as well as support and clinical supervision within healthcare teams. OUH is required to provide high quality placements for student undergraduates and ensure safe supervision of students and trainees, so that they meet the relevant professional standards and regulatory requirements for education and training and graduate with the appropriate skills to provide a safe level of care.

3. Overview
3.1 HE Thames Valley
The Education Outcomes Framework provides the structure for planning and commissioning education and training for healthcare. Health Education Thames Valley (HETV) established in 2013 brings together the workforce planning, education and training commissioning roles of the former South Central SHA and the Oxford Deanery post graduate medical education and training functions. HETV has set out its principles, ways of working, values and behaviours and initial strategic priorities in its document ‘Tomorrow’s People Today’ which outlines the following themes:

- Focus on Culture and Values
- Integrated and Person Centred Care
- Care at Home
- Sustaining and Investing in our Staff
- Harnessing Technology and Innovation
- Improving Training, Quality and Value

Key aims for OUH for the coming year will be working in partnership with HETV to support the development of a workforce fit for the future that:

- delivers high quality patient care
- represents value for money
- reflects strategic priorities
- aligns training numbers and student commissions with future workforce need and demand assumptions

3.2 Education and training objectives
Our objectives and key deliverables reflect the Education Outcomes Framework domains and OUH’s vision in respect of leadership, education and training;

- **Competent and capable staff**: ensure the health workforce has the right skills, behaviours and training, available in the right numbers, to support the delivery of excellent healthcare and health improvement.
- **Excellent education**: promote educational excellence and ensure that education and training reflects the needs of patients, the service and trainees/students/staff, ensuring that they have the right environment in which to learn.
- **Flexible workforce**: promote the contribution of staff at an early stage of their careers to leadership and service improvement. Be responsive to changing service models.
- **OUH values and behaviours**: Develop role models for education and training and promote leadership and engagement of senior staff in delivering the vision of excellent education and training in OUHT.
- **Widen participation.**

4. Governance and creating a learning environment
OUH has a well-developed infrastructure to support the systems and standards through which it controls educational activities and demonstrates accountability for the continuous improvement of quality and performance.

The Medical Director, Professor Ted Baker, has overall responsibility at Board level for post graduate medical education. Postgraduate medical and dental education in the Trust is managed by Dr Peter Sullivan, who is supported by the medical education team. Currently, at Board level, the Chief Nurse has overall responsibility for nursing and midwifery, Allied Health Professionals (AHP) and Healthcare Scientist education supported by professional leads and the practice development and education team. The Director of HR has overall responsibility for Learning and Development.

The education and learning functions of the Trust are monitored through a variety of external sources including the General Medical Council (GMC), Nursing & Midwifery Council (NMC), Health Education England, The National School of Healthcare Science (NSHCS) and Health Professionals Council (HPC). Reports from these accrediting, regulatory and commissioning bodies are reviewed by the Education & Training
Committee and areas of concern or risk are escalated, through the Executive Directors responsible for education, to the Trust Board.

Compliance with CQC essential standards and the NHSLA’s risk management standards related to training and professional development is reported to the Education and Training Committee and the Trust Management Executive, with Divisional Directors responsible for ensuring these standards are met.

The learning environments for all students are quality assured and audited in partnership with the education providers. Action plans are put in place to address any identified issues.

All staff and students working within the Oxford University Hospitals NHS Trust have free access to high-quality library services in Oxford and Banbury. Library services support healthcare practice, management, education, research, lifelong learning and continuing professional development.

Trust staff have access to first class simulation facilities at the OxSTaR hi-fidelity simulation suite housed in the John Radcliffe Hospital. Since 2008 OxSTaR staff have trained over 4000 healthcare professionals from all backgrounds. The aim is to ensure that simulation training is available to all employees in the Trust who may benefit from this form of education.

The current focus is on improving patient safety through effective educational interventions which has led to the development of human factors training for the OUHT in the OxSTaR. Over the past 18 months the centre has delivered over 30 one day human factors courses for multidisciplinary teams from all divisions. They have also designed a modular human factors training programme for the OUHT (the first of its kind) which will allow more efficient delivery of this focused training.

Access to teaching space can be problematic as demand is high. The dedicated education facilities at the Churchill require some refurbishment and rebranding in order to become a focal point for education and training.

5. Summary education programme funding

<table>
<thead>
<tr>
<th>Health Education Thames Valley</th>
<th>2012/13 allocation</th>
<th>2013/14 allocation</th>
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<tbody>
<tr>
<td>Postgraduate Medical (MADEL)</td>
<td>19,339</td>
<td>19,893</td>
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<tr>
<td>Undergraduate Medical Students Clinical Placements (SIFT)</td>
<td>16,771</td>
<td>14,277</td>
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<tr>
<td>Non-Medical (NMET)</td>
<td>4,196</td>
<td>4,362</td>
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<tr>
<td><strong>Total Funding</strong></td>
<td><strong>40,306</strong></td>
<td><strong>38,533</strong></td>
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6. Medical Education

6.1 Activity

There are approximately 800 trainee doctors working at OUHT which constitutes 40% of the medical trainees working in HETV (Oxford Deanery). Of these 205 are Foundation doctors (FY1= 88 and FY2 =117). Core trainees number 463. There are approximately 45
Specialty & Associate Specialists (SAS) doctors and the remainder are Higher Specialist Trainees.

OUHT employs (in conjunction with the Oxford Deanery in some cases): six Foundation Training Programme Directors (FTPDs), 34 other Training Programme Directors, 5 Clinical Tutors, one SAS tutor and one General Practitioner Vocational Training Scheme (GPVTS) tutor.

This year, a Foundation Training Away Day brought all the FTPDs together to discuss lessons learned from the Shadowing Programme and to discuss ways in which improvements could be made to the teaching of FY1 doctors. An action plan was developed which will be the basis for further refinements in teaching in the coming year.

6.2 Educational supervision
Every medical trainee has a named educational supervisor who is selected and appropriately trained to be responsible for the overall supervision and management of a trainee’s trajectory of learning and educational progress during a placement and/or series of placements. The educational supervisor’s role is to help the trainee to plan their training and achieve agreed learning outcomes. He or she is responsible for the educational agreement and for bringing together all relevant evidence to form a summative judgement at the end of the placement and/or series of placements.

There are 406 educational supervisors at OUHT and each is expected to be up to date with both educational supervisor training and equality & diversity training. Currently, about 75% are compliant. Training can be obtained either by classroom training provided by the Deanery or online through a number of licenses purchased from Miad by the education centre.

Educational supervision is one key focal area in which the Trust is required to improve. The Trust has received a grant from HETV to employ an administrator to manage a project designed to streamline the organisation of educational supervision and ensure that all educational supervisors are identified and up to date with both requisite training and engagement with the supervision process. To ensure transparency and gain assurance associated with the explicit time commitment for education activities within job plans, it is envisaged that education supervision may be centralised via the medical education team.

6.3 Clinical supervision for junior doctors
A clinical supervisor is a trainer who is responsible for overseeing a specified trainee’s clinical work for a placement in a clinical environment and is appropriately trained to do so. He or she will provide constructive feedback during that placement, and inform the decision about whether the trainee should progress to the next stage of their training at the end of that placement and/or series of placements.

The Oxford Deanery provides practical pastoral care and support through a variety of mentoring schemes, as well as career guidance and help for “doctors in difficulty”. These can be accessed by trainee doctors through the Career Development Unit (CDU).

6.4 Undergraduate medical education
Undergraduate Medical Education is the responsibility of The Medical Sciences Division of Oxford University. For the fifth successive year Oxford achieved high returns for medicine in the National Student Survey (“NSS”). The response rate (86%) was the highest for all
UK medical schools and the highest for all courses at Oxford (mean 57%). Oxford also achieved the highest satisfaction scores (aggregating all 22 questions of the NSS) of all UK medical schools in 2012, as has been the case since 2008, related to the performance of Oxford graduates, external examinations and postgraduate examinations.

Those Oxford graduates who choose to take USMLE assessments perform at a level comparable to or better than US graduates and substantially better than other international medical graduates. All 75 Oxford candidates passed USMLE examinations at the first attempt, this compares with an international candidate rate of 73% and an American rate of 92%.

Analysis of results from the membership of the Royal College of Obstetrics and Gynaecology demonstrated that Oxford graduates attained the highest pass rates in the country, consistent with previous analyses of postgraduate examinations in internal medicine, general practice and anaesthetics.

During the year substantial progress has been made towards meeting the requirements of Tomorrows’ Doctors 2009. In particular, the introduction of the student assistantship and the introduction of the equality and diversity training have ensured compliance in two areas where the Trust had previously been non-compliant.

Much of the medical student teaching is provided by non-university Trust consultants. Those who have demonstrated a sustained commitment to teaching, training and research are granted honorary senior clinical lecturer status by the University of Oxford.

Considerable work has been done to understand and advance patient and public involvement in the course although more implementation work needs to be done.

The quality management of clinical placements has been enhanced by the introduction of annual reports from partner Trust’s to compliment annual visits. Quality indicators remain positive as indicated above. Almost all graduates are employed and Oxford graduates continue to secure a significant number of academic foundation posts.

6.5 GMC
Following the Francis Report, the GMC required all Hospital Trusts to respond to concerns expressed about patient safety made by trainees in their annual report to the GMC. This year OUHT responded to several “Immediate Patient Safety Concerns” and a number of “Non-immediate Patient Safety Concerns”. The GMC as part of its process of revalidating medical trainees now require real time reporting of any trainee involved in a SIRI or complaint reporting.

6.6 Feedback from junior doctors and complaints
Successive independent inquiries and numerous surveys have highlighted the major difficulties within medical training which have the potential to undermine the future provision of high quality and safe patient care. The GMC, while positive about the overall quality of training, has identified significant concerns about the training environment, especially where it overlaps with demands in the workplace.

The Foundation Trainees Representative Group provides an opportunity for the most junior doctors to feedback directly to management. Issues raised through the ‘Raising
Concerns’ policy of which there have been two in 2013 have been dealt with immediately by the Medical Director and/or Chief Executive.

6.7 Medical induction
All departments now have departmental induction in place. This will ensure a firm and coherent set of standards for local induction. Most departments have a booklet to give to newcomers as part of the induction process. Departmental induction is being audited again this year. Corporate induction is carried out monthly for all doctors beyond FY1 grade according to OUHT Policy.

All new FY1 doctors are provided with a 4 hour interactive e-Induction module to introduce them to Trust procedures. This is undertaken in the week before they take up their posts at OUHT. This has been run for the last 2 years with, on the whole, very good feedback. In the last year the Oxford e-Induction was extended to most of the Trusts in HETV in a sponsored project.

7. Healthcare Scientist Education

Modernising Scientific Careers

7.1 Brief Background: Nationally
Modernising Scientific Careers (MSC) is an ambitious work programme designed to deliver a sustainable NHS scientific workforce equipped to meet the challenges and opportunities of the future delivery of care. The Department of Health published Modernising Scientific Careers: The UK Way Forward in February 2010 detailed the strategy for the development of the NHS scientific workforce and their education and training.

7.2 Meeting Future Service needs
The MSC programme is an enabler for change. The programme ensures that the education curricular and training programmes are integrally linked into technological and scientific advances and into emerging models of care. The MSC programme also aims to ensure that the NHS scientific workforce is trained and structured in a way to allow for future changes in service delivery and to maximise the benefits of potential new scientific advances.

7.3 Modernising Scientific Careers in the OUHT
Careers and training in NHS science in the OUHT have been revitalised by the MSC programme. Training is more consistent and patient focused, allowing trainees at all levels to gain practical and engaging workplace experience as soon as they start, coupled with academic learning. At the request of the Chief Scientific Officer at the DH, the Chief Executive of the OUHT appointed a Lead Scientist (Professor B L Ferry) for the Trust who is leading on the implementation of this programme in the OUHT.

7.4 Scientific Workforce planning and skill mix in OUHT
The MSC programme supports workforce planning by providing a flexible career pathway structure with five clearly defined roles that are applicable to all healthcare science disciplines:

- Healthcare Science Assistant
- Healthcare Science Associate
Associate/assistant - NVQs and foundation degrees or equivalent underpinned by an awards and qualifications framework. OUHT has a number of such scientist trainees:

- **Healthcare Science Practitioner**  
  Undergraduate training for the NHS Practitioner Training Programme (PTP) leads to an approved and accredited BSc honours degree in one of five themes of healthcare science: OUHT has few of these practitioners at present but is in discussion with a number of providers.

- **Clinical Scientist**  
  Postgraduate training for the NHS Scientist Training Programme (STP) will lead to a specifically commissioned and accredited master's degree and certification of workplace-based training following one of seven themed pathways. OUHT has 29 STPs at present in years 1-3 of the training programme and is one of the leading Trusts in the UK in this area of MSC.

- **Consultant Clinical Scientist**  
  NHS higher specialist scientific training (HSST) will be a training programme similar to medical consultant training, leading to medical royal college examinations where these exist and may have a doctoral award. OUHT has no HSST trainees as yet on the new MSC programme but will bid for a number of places in 2014.

### 7.5 Brief Background of Scientists in the OUHT

To effect the above changes, and for the OUHT to remain as a national and world leader in academic healthcare science that embraces innovation and training for all staff, the OUHT recognises that a significant culture change in the training of its scientists is urgently needed. The DH recognises that the OUHT has been a leader, to date, in MSC and it is therefore crucially important that this initiative is successful, both for OUHT, and for the national MSC program. This cultural change is evolving within the body of the healthcare scientist professional group themselves.

### 7.6 Activity of Scientists

There are an estimated 700-750 NHS scientists working at OUHT. Approximately 70 (10%) are trainees. These 70 comprise a mixture of foundation level undergraduate level or Masters level trainees. Of these, 29 are in the STP programme (Masters level) of Modernising Scientific Careers. Currently, there are no higher specialist trainees under the Modernising Scientific careers structure in any discipline of science in the OUHT, although this is planned to develop in the coming year.

### 7.7 Funding for Scientist Education and Training support

The OUHT scientist community does not receive any dedicated funding from the HETV to specifically support scientist education and training. Although the scientists have appointed a scientific director to assist and direct current education and training of scientists in the Trust and to aid in the strategic direction of scientists in the OUHT.

### 7.8 Educational supervision for Scientists

Every scientist trainee has a named educational supervisor who is known to the National School of Healthcare Science (NSHCS). This trainer is selected and appropriately trained to be responsible for the overall supervision and management of a trainee’s planned learning and educational progress during their time in the OUHT. The educational supervisor’s role is to help the trainee to plan their training and achieve agreed learning outcomes. He or she is responsible for the educational agreement and for bringing
together all relevant evidence to form a summative judgement at the end of the training period in the OUHT.

There are approximately 100 scientific educational supervisors at OUHT and each is expected to be current and up to date with both educational supervisor training and mandatory training. Currently, educational training and education for trainers training within MSC is being developed by the National School of Healthcare Science related to the requirements expected for an educational supervisor under MSC. Training can be obtained through the HETV in conjunction with the NSHCS.

The quality of educational supervision provided to scientist trainees is currently under review in order to enable improved outcomes for trainees and has been an issue highlighted at a recent NSHCS inspection OUHT recognises that all Educational Supervisors are identified and up to date with both requisite training and engagement with the supervision process, and this provision is made widely available to scientists.

8. Pharmacy Education

8.1 Activity
OUHT hold the regional education contract to deliver the pre-registration trainee pharmacists and technician training across Thames Valley. There are 23 pre-registration trainee pharmacists and approximately 30 pre-registration trainee technicians commissioned by HETV. OUHT individually trains eight pre-registration trainee pharmacists and nine pre-registration pharmacy technicians.

Three FTE practice educator pharmacists (PEPs) are employed through the pharmacy pre-registration contract to measure quality and equity in the learning environments within pharmacy departments across HETV. One FTE PEP is employed by OUHT.

An annual audit and annual focus groups are completed with trainees and PEPs, to identify improvements and areas of innovation that can be incorporated into the teaching of pharmacy professionals. An action plan is then set for the teaching year.

8.2 Educational Supervision
Pre-registration Pharmacist trainees have a named “tutor” who is responsible for the summative assessment of a trainees’ competence and for declaring their suitability for entering the Pharmacy register. As a minimum the contract holder expects all tutors to have undertaken a new tutor training course prior to or at the commencement of tutoring. Currently OUHT have 8 tutors and 11 out of 12 tutors i.e. 92% of tutors meet this criteria (1 new tutor is in progress). Training is currently provide by London Pharmacy Education and Training (1 day face to face) or via The Pharmacy Training Company (e-learning)

Pre-registration pharmacist technicians have named assessors and the training involves two distinct parts. Work based learning is via a Level 3 Certificate in Pharmacy Services and the Trust is an NVQ centre using e-portfolio for recording evidence and monitoring progress of trainees. Underpinning knowledge is provided by Buttercups Training as a Level 3 Certificate in Pharmaceutical Science and supplemented by in-house study days. Trainees register with the General Pharmaceutical Council at the end of 2 years’ experience on successful completion of their training.

It has been agreed that the Regional Pharmacy Education contract be hosted within the medical structures at the HETV from April 2014. At this point the training of pharmacists
supervising trainees may be required to undertake the same training as the medical educational supervisors.

8.3 Clinical Supervisors
These are experienced qualified pharmacists that provide cover for a speciality area, as well as guidance and training to pre-registration pharmacist trainees while they are on rotation in their specialist area.

There is currently no mandate for these supervisors to undertake any training to deliver the role. Part of the Practice Educators Pharmacists role is to provide training to clinical pharmacists who supervise trainees within their area to ensure consistency and equity in the training approach.

8.4 Induction
Induction training is monitored through the regional pharmacy contract and the trainee survey. 100% of trainees report completing both a Trust induction and a departmental induction.

8.5 Outcomes
100% pass rate for all trainees who sit the registration exam is the norm both across the region and those training at OUHT. This compares favourably with the national pass rate for 2013 which was 77.8%.

Retention of pre-registration pharmacist trainees continues to be one of the highest in England at 59.1% retained within the region vs 48.7% nationally. OUHT retained 6 out of 7 trainees for 2012-13.

8.6 Post-registration Training
All the Trust’s junior pharmacists undertake a Diploma in Clinical Pharmacy provided by Cardiff or Bath University, supported by specialist pharmacist tutors. The Trust also supports continued professional development via the Advanced Pharmacy Framework and working towards membership of the newly formed Royal Pharmaceutical Society Faculty. In appropriate clinical areas, the Trust supports pharmacists to become Non-Medical Prescribers.

The Trust also supports the development of pharmacy technicians with extended roles in Accuracy Checking and Medicines Management, to improve the skill mix within the pharmacy and ultimately improve the patient experience.

9. Nursing and AHPs Education

9.1 Pre-registration commissions across all professional groups

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<tr>
<th>University</th>
<th>Pre-registration programmes</th>
<th>Commission numbers 2013</th>
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<tr>
<td>Oxford Brookes University</td>
<td>Adult Nursing</td>
<td>115</td>
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<tr>
<td></td>
<td>Children’s Nursing</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Midwifery</td>
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<tr>
<td></td>
<td>Paramedics</td>
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<td></td>
<td>OT</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Physio</td>
<td>10</td>
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9.2 Pre-registration students

Oxford Brookes University provides all pre-registration nursing and midwifery education and at any one time OUHT supports circa 400 student nurses and midwives. Following a national workforce planning meeting there has been a drive to address the current shortage of adult nurses. In June 2013 HETV increased the Thames Valley commissions by 100 for the September 2013 and January 2014 intakes. This equated to 9 additional placements for the OUHT in September and a further 9 in January 2014. A further 50 commissions are proposed for September 2014.

Each University programme has an annual review which is attended by the Practice Development and Education team and key leads for each professional group. It provides evidence of module performance and academic standards, external reviewer feedback, quality of student experience, areas of innovation and a detailed action plan for the forthcoming year.

The Learning and Development Agreement (LDA) is the contract between Health Education Thames Valley and the Trust. The LDA outlines the obligations of the Trust and HETV to provide and support education, training and workforce development by providing high quality learning environments. The emphasis is on the Trust to provide appropriate quality, range and numbers of clinical placements for students on commissioned courses, for which the Trust is funded through the MPET (Multi-Professional Education & Training) levy.

The Trust submits a quarterly report against the LDA contract to HETV, using a self-evaluation questionnaire. The evaluations are RAG rated with an action plan to ensure that all standards that are not met are actively addressed; and that best practice and innovation is also shared and celebrated. The Trust also comments on whether the performance of HEIs has been satisfactory through the educational programmes they provide to the Trust.

For 2012/13 the Trust was able to report that it had successfully provided placements across all professions with the numbers, quality and range that were required. OUHT was compliant with 59 of the 62 standard statements. Amber ratings were logged against student experience in two areas, departmental induction for doctors and supervision of Foundation Doctors in surgery as referenced earlier in the report.

Modernising AHP careers will be undertaken in 2014.
9.3 Student Feedback

Within the LDA is the requirement that student/trainee feedback to be collected and shared. Universities feedback the results for each semester via the Practice Education Facilitators (PEFs). The PEFs in turn distribute this information to relevant leads across the Trust.

Matters relating to students in practice placements are agreed through partnership meetings with the HEI providers. These are attended by representatives from practice and the university at relevant levels. Processes and principles are developed and agreed in partnership.

The PEF team have recently instigated multi-professional feedback focus groups across all four sites that are undertaken in a more timely process as the feedback provided by the HEI systems are very delayed. Three key themes that emerged were:

Mentorship: the mentor role was valued by the students but a lack of continuity was highlighted in some areas. Mentors inspired the students however the attitude and approach of some mentors needs to be developed and improved.

Patient experience: students witnessed good practice relating to dignity, empathy, standards of clinical care, communication, and respect. When asked about the improvements that should be made they highlighted speed of diagnostic tests and better communication across professions and departments.

Student experience: students welcomed the support they received and the contribution made by staff to student development. They thought that induction could be strengthened with improved signposting to local facilities and accommodation. Students verbalised the time pressures placed on qualified staff and the impact of this on the level of support they received.

10. Learning beyond Registration

Learning beyond Registration is the education and training funding allocated by HETV for all non-medical staff working in Agenda for Change bands 5-9. Renamed ‘Continuing Professional Development’ (CPD) funding in 2013, it is allocated on a FTE basis for trusts to utilise against a robust training needs analysis linked to patient outcomes, service improvement and the identified education needs of the workforce.

Total allocation for the OUHT is set out below:

April 2013 – March 2014 was £943,440.

April 2014 – March 2015 is £981,988.

The process of bidding for funds is co-ordinated by the Divisional leads and allocated by the Trust Education & Training Committee in the month of December.

Out-turn against contract in 2012/13 was 100%.

The Study Leave Policy & Procedure (July 2013) outlines the Trust’s Educational strategy in relation to study leave for all staff. It includes guidance on the application process, funding, completion of a learning contract and evaluation of training.

11. HETV Investment projects 2013-15

During 2012-13 the Trust raised an additional £1,538,000 through various bids designed to enhance the quality of education and training and innovate. These bids extend across the clinical workforce and are listed below:
12. Excellence in education and professional development

12.1 Interdisciplinary Learning
In June 2013 the Trust piloted a small project between a group of 4th year medical students at Oxford University and 3rd year nursing students at Oxford Brookes University (ten students in total). The aim of the project is to facilitate shared learning and foster an appreciation of a multi-disciplinary approach to effective patient care and professional socialisation, and to enhance communication mutual understanding and respect. The learning is centred on four clinical scenarios using experienced clinical supervisors to develop and facilitate mutual learning. It is hoped to extend the learning to other healthcare professionals and a wider nursing and medical student group in the future.

12.2 Advanced Nurse Practitioners
Senior Nurses are working closely with the Education Centre staff to improve interdisciplinary working between medical and nursing staff in the Surgical Emergency Unit (SEU) where funds from HETV have been granted to employ 12 new Surgical Advanced Nurse Practitioners to work alongside Foundation doctors.

12.3 Preceptorship Programme
Multidisciplinary preceptorship programmes are now running every two months for newly qualified staff across the organisation. This 3 day course focuses on supporting and developing newly qualified staff to enable the progression from student to registered practitioner. As part of the programme staff are supported with clinical supervision in multi-professional groups and undertake a project reviewing the benefits of learning and listening to patient stories.

12.4 Clinical supervision
The policy for the support of all clinical non-medical staff in their workplace through clinical supervision (July 2013) outlines the guidance and actions managers must take to ensure their staff are adequately supported and developed in the clinical workplace. Clinical supervision should be offered to all staff as a means of supporting staff through personal, professional and clinical development. It is a key element of clinical governance, supporting patient safety and the delivery of high quality care. An HETV Investment bid is supporting the implementation of clinical supervision across the organisation in a variety of different formats and approaches.

13. Trust wide learning and development

Clinical workforce bands 1-4

13.1 CSW Academy
The Clinical Support Worker (CSW) Academy was launched in May 2012 and has received positive feedback from CSWs, ward sisters and matrons. The Academy team support:

- CSW recruitment
- CSW induction programme
- apprenticeship frameworks for all Bands 1-4 OUHT employees
- the development of competency frameworks for new and existing staff
- education and training for existing CSWs
- career and progression advice
- the development of new roles
- Work Based Learning assessment for trainee Assistant Practitioners

The Academy is a pilot site for the NSPCC project supporting the introduction of Values Based Interviews (VBI). Initial anecdotal feedback clearly demonstrates the value of this recruitment system and the team has noted how these values are being exhibited within the Induction programme. Patient feedback has highly commended the Trust's CSW training.

A pilot project to support a small cohort of Young Apprentices was launched in the OUHT in September 2012. Apprenticeships, as well as providing developmental opportunities to current staff, can offer opportunities to young unemployed people. Increasing the number of apprenticeships offered within the NHS is a key action point within the HEE mandate. In September 2012 the Academy team successfully bid for funding from Thames Valley Strategic Health Authority (TVSHA) to support 10 Young Apprentices aged between 16 and 18. Six Young Apprentices were successfully recruited into gerontology, microbiology, business development and OHIS. To date four apprentices have completed their programme and have secured permanent positions in the Trust. The Young Apprentices are full time, supernumerary and are paid a salary of £130 per week. In September 2013 funding was secured for a further seven young apprentices.

13.2 Existing CSW programme
A programme of education for existing support workers is due to commence in January 2014 following consultation over the summer with senior nurses and CSWs. This blended learning programme will focus on core aspects of care including advanced communication and customer care skills, pressure ulcer prevention, promoting continence and infection control, supporting a patient with their nutrition and hydration needs. Each aspect of the programme will be accompanied by competencies to achieve in the workplace and will be mapped to the Higher Certificate of Fundamental Care.

13.3 Widening participation programme
The Trust has continued to support a small number of CSWs to move into professional education by offering secondment funding for the duration of their undergraduate programme. This is a route that the Academy team plan to develop as there are now senior nurses within the organisation who have benefited from the development from a support worker post into a secondment funded place at OBU and have returned to the OUHT as a qualified practitioner and proved to be exemplary employees.

A small pilot group based at the Nuffield Orthopaedic Centre have accessed the Open University method of development and a further 5 places have been commissioned trust wide for September 2014.
13.4 Assistant Practitioners
The Academy team provides work based learning support for the development of Assistant Practitioners (APs) within the Trust. The team support clinical areas to identify potential roles within their workforce and design competency frameworks in support of the roles. The preferred academic pathway is for a CSW to attend a two year part time Foundation Degree in Health and Social Care (FD) taught at Oxford and Cherwell Valley College (OCVC) and validated by Oxford Brookes University.

The OUHT now has 43 APs that have completed the FD with a further 21 in training. The Trust also supports the Foundation Degree in Play Specialism and the Foundation Degree in Audiology.

13.5 Developing a dementia awareness programme
The Academy team has been working with the Dementia Steering Group to develop an education programme to help all staff understand the impact a hospital admission can have on a person with dementia. The programme has a tiered approach moving from general awareness training for all, to a specialist level of education for those leading specifically on to dementia care.

Since April 2013 Learning Beyond Registration (LBR) flexible funding has been used to support 428 staff to attend dementia training facilitated by Oxford Brookes University, HETV funding has supported 18 staff on the Worcester University Dementia Leaders Programme and 18 staff on an a ward level programme facilitated by Oxford Health.

All new Clinical Support Workers receive a one hour session on dementia awareness in induction (128 staff since April 2013).

An innovative collaborative learning pilot took place for first year student nurses undertaking programmes in adult and learning disability nursing at Oxford Brookes University and Hertfordshire University, whereby they swopped practice placements for a two week period to gain a greater insight into each other's area of practice.

14. Statutory and Mandatory Training
Over the past 12 months statutory and mandatory training compliance has continued to increase to 77%. Divisions are now tracking high levels of compliance with the Musculoskeletal & Rehabilitation Services meeting the 95% compliance target.

During the first 10 months following the launch of the new learning management system and a competency based approach to training, just under 70,000 on line assessments have been completed. The average assessment time is 15 minutes as opposed to the previous classroom attendance of 1 hour. This equates to 6,807 days or £800,000 savings (midpoint Band 5 average cost); as a result classroom sessions have now been reduced by over 50% and positive feedback from the NHSLA was given due to an outcome focus which support the future anticipated changes to the NHSLA framework.

Other outcomes included:
- Equality & Diversity training has risen from 46% to 82% (2012 staff survey)
- Health & Safety training has risen from 82% to 83%
- Positive feedback from users on the ease of use.

This approach resulted in the OUHT being a finalist in the HSJ Training Efficiency Awards in 2013.
15. Electronic Appraisals Pilot

During 2013 the development and build of a new electronic appraisals system has been completed within the Learning Management System. This development aims to enhance the quantity and quality of appraisals, to ensure that staff leave their appraisals with:

- Clear objectives that are aligned to organisational objectives and Trust values.
- Clear Personal Development Review (PDR) that supports and motivates them to perform to the best of their ability in their role.
- PDRs and objectives reordered and reported electronically.

A pilot has successfully been completed by appraisers and appraises from across the Trust which included: Oncology, The Children’s Hospital, The Centre for Enablement, Horton Hospital, Neurosciences, Cardiology, Trauma, the Assurance Directorate, Estates & Facilities, Emergency Medicine, Therapies and Ambulatory, HR and Microbiology.

Feedback from the pilots has been used to inform the final build of system which will be launched in November 2014.

16. OUH Leadership Development

16.1 OUH Leaders Conference

The OUH Leaders Conference has informed the development of the OUHT Leadership Development Strategy that aims to attract, develop and retain the highest quality leaders that are capable of successfully delivering the organisation’s vision both now and for the foreseeable future; in essence delivering high performance.

This strategy is aligned to the NHS Leadership Academy and the OUHT has a number of leaders now participating in the National Leadership Academy programmes.

The Inaugural OUHT Leaders Conference was launched in 2013. Over 250 leaders attended and 41% of those completed the survey questionnaire.

All Divisions and leadership levels were represented in the feedback. The events received very positive feedback from delegates with:

- 91% of respondents agreed that the Question Time Panel gave them a greater understanding of the organisations challenges and opportunities;
- 92% of respondents agreed that they will change their behaviour as a result of the events;
- 90% of respondents agreed that ‘Living the Values’ gave them a greater insight to how the values can be translated into positive actions;
- 89% of respondents agreeing that they will use LiA as a development tool within their departments;
- 95% of respondents agreeing that other leaders would benefit from a similar event.

17. Sisters’ Leadership programme

A Trust-wide Front Line Nursing Leadership programme ‘Safe in Our hands’ has been designed for Band 7 sisters working in Wards, Critical Care and Theatres. The programme incorporates the recommendations from the Francis Report for developing strong leadership at ward / department level. The aim of the course is to develop senior level
leadership and critical thinking skills to enhance staff development and impact positively on patient care outcomes. To date, 49 staff have participated in the programme with more dates set for 2014.

18. Challenges and risks

- Managing changes in commissioning of training and a reduction in funding for training and education
- Making explicit the time within consultant job plans for training and education
- Maintaining effective learning environments whilst accommodating increased placements
- Improving Educational Supervision across all professional groups.
- Ability to release staff for training across all groups
- Reduction in Service Increment for Teaching (SIFT) and associated mandatory requirement to identify reference costs for the interim submission to HETV by January 14 and summative submission in July 2014
- Developing KPIs that are sensitive markers of educational quality
- Developing education for integrated care across primary and secondary care
- Developing initiatives to link patient safety and professional education. OxSTaR has recently been granted funds by the AHSN in partnership with the QRSTU group in the NDS to develop a Patient Safety Academy in Oxford. This will deliver innovative training materials and quality improvement projects to improve patient safety which will be disseminated across the AHSN.
- Working with HETV as it determines priorities for spending funding on training
- Access to teaching space
- Successful implementation of Modernising Scientific Careers contingent on targeted OUH education and training resources
- Mandatory training compliance

The Education Committee will oversee the associated work plan and assurance framework for the year ahead and report progress to the Trust Management Executive and Board of Directors.

19. Conclusion

Education and training are a priority for the Trust. OUH needs to continue to demonstrate high quality education and training in order to align the Trust’s objectives and strategy with the provision of high quality patient care, enhance its role as an Academic Health Science Centre, drive innovation and attract and retain staff.

20. Recommendation

The Trust Board is asked to note the report and acknowledge the challenges and risks highlighted.

Liz Wright
Acting Chief Nurse

January 2014