

Annual report 2011 - 2012



Training and development

Foreword

This has been another excellent year for education and training in the Trust. We are increasing the numbers of staff at every level who are able to take up educational opportunities to broaden their skills and competencies and to help them further their career. The Trust's innovative and flexible approaches have continued to ensure that we have highly competent staff consistently delivering high quality care.

We have continued to further develop our partnerships with other education providers including Southampton University and Southampton Solent University, and we have managed to bring additional education funding into the Trust to further benefit our staff, through successful bids.

Finally, our leadership development opportunities are also expanding and we have increased the number of internal courses we run as well as supporting staff to attend regional development programmes.

All of this activity is continuing towards improving our patients' care and experience and retaining and attracting new staff.

I hope you enjoy reviewing our successes this year.

Judy Gillow

Director of Nursing / Executive Lead for Education

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Training and Development annual report 2011 - 2012

This year has been another successful year for the Trust and education and learning. Our successful bid to become a Foundation Trust prompted the department to review our branding to ensure staff, students and external customers recognise the services we provide and the opportunities available to them. We want to ensure we are a high quality, customer-focused department. Thus, whilst retaining our multiprofessional and cross-disciplinary ethos (the integrated part of IDEAL), we have changed our name and rebranded with new purple corporate colours to Training and Development. Our brand is very much in keeping with the new Trust corporate identity and we worked closely with the communications team to make this happen.

So although we have a new name we continue to aspire to and deliver excellent educational outcomes. The external environment has been very turbulent with ongoing uncertainties raised by the MPET (Multiprofessional education and training levy) review, which has the potential to reduce significantly the educational income to the Trust. This was combined with the White Paper on the future structures of education which proposes the formation of employer led LETBs (Local education and training Boards) from April 2013 with the demise of the SHA.

The Trust and representatives from our department have contributed to the stakeholder events, which are informing these developments, and our chief executive is a member of the shadow LETB board. Whilst the final structures, footprint and functions are not yet clear there will be undoubted opportunities in an education infrastructure which is employer led, not least in promoting a more streamlined approach to workforce development and education as a joined up activity.

This year has seen a plethora of awards and recognition of the high quality of education and training we provide. The diversity in this report reflects the huge spectrum of education and learning which takes place each year. We know our staff appreciate this, by individual feedback and continued good results via the staff survey which put us in the top 20% of Trusts for education and learning in several areas. The Trust, through the Vocational Skills Centre, won the Large Employer of the Year and the overall Employer Recognition Award from Southampton City College. Tracey Graham led a team which produced a patient information DVD, filmed and edited by learning support, which won a national award, (the Thrombus Innovation award in 2011) which beat off high profile competitors. In training and development the team celebrated the success of Carrie Hamilton who is the simulated patient lead, winner of the Hospital Heroes 2011 Education and Training Award which was sponsored by the University of Southampton. The first cohort completed a year in the clinical academy, delivering 14 projects across the organisation whilst developing their own leadership talents. This brings to fruition the aspirations of the CEO who conceived and then championed the idea some time ago. There are many more successes detailed in the pages which follow.

We have excellent working relationships with our partner HEI organisations particularly the Universities of Southampton, Solent and Portsmouth and we continue to work constructively with them as we aim to be part of a developing academic health science network which is co-terminus with the evolving LETB. We also have worked constructively with the FE sector and other Trusts, a notable success being the collaborative leadership events around diabetes which should improve the experience and outcomes of patients as their care pathways are redesigned and improved. With the launch of the major trauma centre we have led the way in trauma education hosting a number of training events for our own staff and the trauma network, with outstanding feedback, which underpins this key development for our Trust and the wider region.

Once again I wish to acknowledge the huge contribution of all the team in Training and development who do a fantastic job day in and out in supporting and furthering educational opportunities for all staff across the Trust. Similarly we are a high-performing, educationally-driven organisation where it is difficult to find any corner where education and learning is not happening on a daily basis. It is a great place to learn.

Jo Mountfield
Director of Education

Departures



Chris Granger
Vocational Training Manager



Liz Keeping
Vocational Training Manager



Adrian Dance
Contracts Co-ordinator



Sherron Fensome
Receptionist



Bruce Marshall
Management & Interpersonal Skills Practitioner

'Chris and Liz' (as they were often jointly referred to) retired in June 2011 after running the Wessex NVQ Centre at SUHT for over 10 years. They helped to evolve this from being an NVQ Centre to become the Vocational Skills Centre with a broader remit for supporting the development of staff in Bands 1-4. They both had extensive clinical experience, Chris having worked for many years here as a Nursing Auxiliary/SHCA (having completed her NVQ Level 3 through the NVQ Centre) and Liz in a variety of registered nurse roles in different organisations. They both had strong personal commitment, drive and enthusiasm to ensure the NVQ/apprenticeship students achieved high quality qualifications and many of these students have gone on to further their careers within the Trust and beyond. The career paths for 3 of these former students has now led them to work in the Vocational Skills Centre to build on the excellent work that has gone before.

Adie has returned to very 'active duty' in marine security off the African coast, Sherron has taken up a post as medical secretary in Interventional Radiology here at UHS and Bruce has hung up his flipchart pens for good and is enjoying an active retirement, busy with golf, guitar and grandchildren (possibly in that order) to name but three ways he's filling his time!

Arrivals



Christine Ball
Learning Support Receptionist



Mel Collett
Receptionist



Nikki Collings
AHP Education Lead



Jo Hitchings
Learning support officer



Liz Taylor
Management & Interpersonal Skills Trainer



Mimi Njunga
Course Administrator



Nicki Scammell
Contracts performance co-ordinator



Sue Evans
Clinical Tutor

Nicola Cross, Training Co-ordinator

Simone Walker, Training Co-ordinator

Training and Development delivers QUALITY

Evaluating the impact of Training and Development

In January 2011, members of Training and Development attended a workshop with Hedda Bird from ROI, a company that helps develop evaluation and impact tools.

Since the workshop, the Education Quality Team has developed an education day course evaluation, which will be used for all teaching that occurs in Training and Development. This approach enables evaluations from courses to be undertaken electronically, merged and reported on. The reports can be at course level, merged to cover several deliveries of the same course or merged to give an overall report of all the courses run in Training and Development. The education quality team is now being approached by divisions with regards to using the same approach. The tool is also being used to evaluate external courses, for example university programmes.

The other aspect of the project is to develop an IMPACT evaluation tool. This has been developed to demonstrate impact of education and training on patient care. This requires an initial assessment using the tool by the member of staff and their manager and is then repeated at intervals (for example it is undertaken repeatedly in the Foundation Degree in Health and Social Care where the programme runs over more than a year) or by undertaking one impact assessment after a period of time (for example, two months after completion of a competency based clinical skills programme).

This is a developing project and one that it is anticipated will be disseminated across the organisation as a single approach to both evaluating courses and assessing the impact of education in practice.

Q	I	P	P
✓	✓	✓	



Education Quality Group

The Education Quality Group (EQG), previously the Work based Learning Group was set up in 2006 to support the development of all students within UHSFT and reports to the Education Strategy Group. Since this time the group has supported a number of Trust and SHA wide initiatives which relate to the capacity and capability of the organisation to support learners as well as promoting inter professional and improving the quality of learning.

The EQG has over the course of 2011-12 expanded its remit and increasingly looked to support wider aspects of learning and development for all staff. This has led to work to develop work streams such as

- Developing an Education Quality Framework with reporting metrics
- Peer review of teaching
- Wider understanding of undergraduate medical education
- Evaluation – both of programmes and the impact of learning in practice
- Supporting the development of the new Southampton Solent University and UHSFT Health and Social Care Foundation Degree

Q	I	P	P
✓	✓		✓

Modernising Scientific Careers

Practitioner Programme Development with University of Southampton and Portsmouth

Together with various departments in the Trust, the Healthcare Scientist (HCS) Education Lead and the Learning Environment Lead (LEL) have supported the introduction of two programmes, one in Cardiac-Respiratory Healthcare Science, the other in Audiology at the University of Southampton and the Life Sciences (Pathology) programme at the University of Portsmouth. Both have been particularly involved in supporting the quality of placements across a wide area in the Trust and advising the SHA on placement capacity and supporting the departments in placing these new student groups.

Q	I	P	P
✓	✓	✓	

Scientist Training Programme

The HCS Lead has supported the various HCS disciplines in ensuring bids for trainees were placed and with teething problems within the new programmes. UHSFT took 2 students in 2011 and will take a further 9 across a range of disciplines including Fertility, Biomedical Imaging, Medical Physics and Physiology in September 2012.

Q	I	P	P
✓	✓	✓	

Trust Mentoring Scheme

We provide all new medical consultants and senior appointments (Band 7 upwards) with the offer of a mentor as part of their induction; currently about 50% of people take advantage of this opportunity. Evidence shows that mentoring helps improve the quality of a mentee's contribution because it accelerates the process by which they become more effective, more self-confident, more focused and yet at the same time more contextually aware. Mentors also benefit from exposure to the latest thinking on their area of speciality, which many mentees have covered in their training, and from the process of joint learning.

Q	I	P	P
✓	✓	✓	✓

Allied Health Professions Preceptorship

Across the range of professions allied to health, specialities have now devised and implemented preceptorship schemes, where newly qualified entrants into the Trust are supported to achieve basic competencies and build confidence in their first year of practice. The next phase of this project is to link into the Trust-wide evaluation project in order to assess the impact on practice for the individual clinicians and for the wider services in which they work.

Q	I	P	P
✓		✓	✓

Medical Photography

2011/2012 saw a 5% increase in the number of patients seen for medical photography, compared to 2010/11. This comes despite a lower FTE departmental headcount in the year. Medical photography continues to provide a core part of the patient's treatment record, particularly in areas such as dermatology, where these visual records provide an important reference point during the diagnosis and treatment of UHS patients.

Q	I	P	P
✓		✓	

Electronic and Printed Media

Learning Support has continued to invest in the electronic media services alongside the physical printing services we can offer. 2011/12 saw a video produced by Learning Support win a Thrombus Innovation Award. This runs alongside the many non-award-winning videos which the team have produced to support staff and patient training and development. In addition to this, Learning Support has continued to offer a printing service for posters, documents and business cards to staff and students in a cost-effective and timely manner – with all areas showing an increase in output from the previous financial year.

Q	I	P	P
✓	✓	✓	

Research

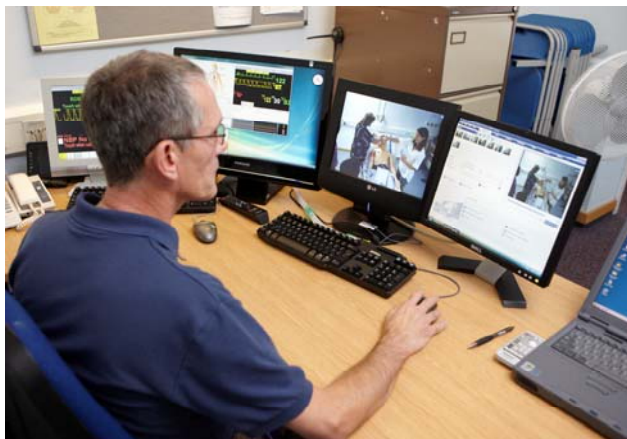
During the year a project exploring how clinical skills prepares medical students for their FY1 year has been undertaken with very favourable findings.

Q	I	P	P
✓	✓		

Simulation equipment

Clinical Skills supports interviews for the Trust and the Deanery with provision of simulation equipment and simulated patients.

Q	I	P	P
✓	✓		



Attendance at skills training

Over 85% of staff booked onto courses attend which, given the pressures within the Trust, is a significant achievement.

GP Education Unit

The GP Education Unit is currently involved in a number of education research projects; it had a delegation of 3 attending the Ottawa International Medical Education Conference and 4 will be attending the Association of Medical Educators in Europe conference later this year in Lyon. The Unit boasts publications in 3 of the main peer reviewed Medical Education Journals and the Associate Dean for Southampton was awarded an Honorary Professorship at the University of Winchester for the Unit's achievements in medical education research and faculty development.

Q	I	P	P
✓	✓	✓	

Medical Appraisal and Revalidation

John Stubbing is the Appraisal and Revalidation Lead for the Senior Medical Staff (Consultants, Associate Specialist doctors, Staff Grade and Specialty doctors). This is a strategic, managerial and educational role. The education and training undertaken over the last 12 months has taken the Trust's number of appraisers trained in enhanced medical appraisal up to 85, a sufficient number to appraise all the senior staff in the Trust. The training days have outlined the ideas behind the new enhanced appraisal and its role in revalidation, has educated the appraisers on how to assess supporting information presented by the appraisee, and has, with the help of Caroline Nesbitt from the Leadership team, helped the appraisers learn to deal with difficult appraisal discussions. Top-up training has been delivered to a standard set by the SHA to the appraisers and further Appraiser Development Days are set for the September/October period to look at latest developments, writing meaningful personal development plans and further issues around the appraisal discussion.

Q	I	P	P
✓	✓		

Specialty training

UHS continues to work to meet the challenges of running regional tertiary services alongside secondary care for the local population. The complexity of much of the clinical work makes it ideal for more senior trainees but sometimes more difficult for our more junior doctors. This year saw an improvement in our GMC trainee feedback in many areas, particular mention going to the paediatric surgeons who also won a regional education award having been nominated by their trainees. We have done less well in some surgical specialties as senior trainees focus on their theatre experience and more junior staff are less supported on the wards. Training and Development are working with the clinical divisions to look at new ways of working to improve the support for junior trainees.

Q	I	P	P
✓			

Foundation Programme

As for the more junior specialty trainees, foundation training at UHS is busy and can be complex. In recognition of the need for additional support for this group, both in pastoral care and education programme management, we have appointed a third foundation tutor to work alongside the existing programme directors, Brian Flavin (FY1) and Susie Tanser (FY2). Sue Evans joined us in April 2012 and

will take a lead in redesigning the education programme as we embark on the new Foundation curriculum. She will focus on the quality of training experience in the areas that get less favourable feedback.

Q	I	P	P
✓			

SAS

Wagih Moussa continues to work on the quality of support and career development for 41 SAS doctors in the Trust. This year, Wagih has been supported by Adel Aziz in undertaking a detailed review of all aspects of educational activity in this group. They have organised a rolling education programme which has been very well received and many have taken advantage of some additional funding that Wagih was successful in securing from the Deanery.

Q	I	P	P
✓			

Undergraduate Education

As the Faculty of Medicine works on a new curriculum to start in 2013, UHS is working to develop a quality monitoring system to monitor medical student placement quality. To minimise duplication of feedback collection and reporting we are working closely with the Faculty of Medicine to get this process right for all stakeholders, including the SHA. A Quality Assurance Visit took place in March. Our undergraduate leads worked hard preparing for the visit, in particular gathering data from colleagues about their involvement in undergraduate education.

Q	I	P	P
✓			

Health Service Library

A training session on **Library Access to E-journals** is now part of the Trust's Training and Development programme and sessions are included in the Rolling half-day offer.

<http://www.uhs.nhs.uk/Education/Coursebookings/Personaldevelopment/LibraryaccesstoE-journals.aspx>

The Library has bought 2 new e-journals available via NHS Athens: **Nutrition in clinical practice** and **JPEN Journal of Enteral and Parenteral Nutrition**.

The Library has arranged to have a copy of SPSS 17.00 installed on an NHS PC in the Library. The Trust has a licence for a limited number of concurrent users – having access in the Library allows more people to use these licences e.g. when they are doing clinical audits. (Quality and Productivity)

Q	I	P	P
✓			

Training and development promotes INNOVATION

Pre Registration Nursing and Midwifery graduate curriculum

Nursing students who are on the new graduate curriculum commenced their first placement on 16th January 2012. This new, innovative programme has been developed in partnership with Trusts across Hampshire and the IOW and started with an initial consultation session with senior staff.

One particular innovation to the programme is the introduction of the new grading in practice tool, which will contribute 50% of the final degree classification that students receive. This increases the emphasis on achievement in practice and provides a focus on the values and professional behaviours as well as clinical skills. The skill of our mentors will be key in assessment and further updates are in place to support this development and education leads have attended a session so they can offer further support in partnership with link lecturers.

The Skills Strategy Group, led by the University of Southampton Faculty of Health Sciences, has agreed the skills that will be taught over the course of the new graduate programme as well as establishing principles with which they are applied in practice. **Required skills** are core to the programme and must be achieved with **desirable skills** being addressed at a local level. Students are encouraged to undertake any clinical skills if they are a component of the core skills activities for that placement and they have underpinning knowledge. The mentor must also be competent to undertake the activity.

Activities that are considered to be a post qualifying skill only or which are agreed locally that students should not undertake need to be made explicit. This also applies if the mentor is not competent to undertake supervision (for example if they have not undertaken the post qualifying course) – if this is the case the student can undertake the clinical practice with another member of staff.

Q	I	P	P
✓	✓		

Development of new Foundation Degree with Southampton Solent University (SSU)

January 2012 saw the first intake of 18 staff from UHS starting as students on the new Fd in Health and Social Care. This Foundation Degree has been developed collaboratively between UHS and SSU and is the first health-related Fd that SSU has offered. This Fd is not only employer-led but employer-designed. The course has core and option units, which can be studied and certificated individually or as a complete Fd. The unit approach will support the development of Assistant Practitioners in all clinical specialities and professional groups. This course is being seen as ground breaking within South Central SHA and other Trusts are looking to start students on this course in 2012/13 and work collaboratively with UHS and SSU to expand the optional units available. This Fd will enable the Trust to increase the number of Associate Practitioners as part of a cost effective workforce plan and still deliver a safe and efficient service to our patients.

Q	I	P	P
✓	✓	✓	✓

Solent Collaboration Programme

We are working with our partners from Portsmouth Hospital, Solent NHS Trust and the SHIP Cluster on developing collaborative leadership and service development for our clinicians around key care pathways such as diabetes and dementia. The SHA has supported the programme with funding for workshops run by the Institute of Improvement and Innovation and other providers.

Q	I	P	P
✓	✓	✓	✓

E-learning development

Building on a highly successful 2010/11, Learning Support has continued to invest in team development to offer comprehensive e-learning training packages for soft skills, IT systems and competency updates. Combined with the implementation of the National Learning Management System the team delivered a variety of courses, which in their electronic delivery method, ensure high quality learning is available consistently at any time of the day or night.

Q	I	P	P
✓	✓	✓	

ECG training

As a result of a risk review we have revised the approach for ECG training. We have developed skills training to teach staff to perform 12 lead ECGs using simulated patients, which is more appropriate and effective than simulators.

Q	I	P	P
✓	✓		

Income generation

Income generation from non-UHS staff using clinical skills has grown over the year.

Q	I	P	P
		✓	

External exams

Clinical skills facilities have been used for external exams by the College of Emergency Medicine, the College of Paediatrics and the College of Cardiothoracic Surgeons. In addition clinical skills have hosted mock exams for many postgraduate courses. The feedback from external clients has been extremely positive.

Q	I	P	P
	✓	✓	

Medical School Special Interest Groups

These continue to grow with enthusiastic support from clinical skills. These groups are led by committees comprising medical students and mentored by staff from skills. These include the Surgical Skills Society, Basic Life Support in Schools (over 700 children trained this year), Teddy Bears Hospital, Anaesthetics and Intensive Care Special interest group, the Paediatric Trauma group and Saving Babies lives.

Q	I	P	P
✓	✓		



Physical assessment

Physical assessment courses have developed and are used by a range of nursing staff which are very well evaluated particularly as staff can utilise their skills on simulated patients to try out their new techniques.

Q	I	P	P
✓	✓		

Collaboration with Portsmouth University

Staff from clinical skills have worked closely with a simulation project across the region to exchange facilities with Portsmouth University. Students from Portsmouth attended a two-day course at UHS in January and medical students will attend two days using simulation facilities at Portsmouth.

Q	I	P	P
✓	✓		

GP Education Unit

Linguistics, Diagnostic and Intervention – The Clinical Skills Assessment, part of the licensing exam for General Practice, which involves simulated patients and GP interactions, has highlighted that international medical graduates sometimes have difficulty communicating with patients. The GP Education Unit has identified a number of international medical graduates who fall into this category and we have run small groups of 1 – 3 facilitated by a Programme Director and an actress who has undergone classical training. The process involves analysing the communication and giving specific individual exercises to work on. The evaluation of this is currently being written up and will be published in one of the Education Journals.

Q	I	P	P
✓	✓		

Peer review

This year we have designed an easy to use Peer Review Postcard, a tool for staff to provide peer feedback on both classroom and clinical teaching. We have previously struggled to meet this aspect of the Learning and Development agreement and hope this will encourage staff to seek feedback on their teaching. Our aim is for this also to be available in App form, but will launch the idea in a paper postcard form initially.

Q	I	P	P
✓	✓		

Better Training Better Care

Training and Development supported the divisions in preparing bids for this MEE initiative. UHS was successful in being shortlisted for 2 projects looking to provide multispecialty senior support for junior trainees in both Orthopaedics and Oncology, two areas which found it challenging to provide high quality inpatient care. Unfortunately we were not awarded the funding but we continue to explore ways to improve patient care and education.

Q	I	P	P
✓	✓		

STOP IT

Jo Mountfield (Director of Education) has been leading this development of a workshop aimed at supporting multiprofessional clinical teams to address bullying and undermining behaviour in their departments. Liz Donovan (Director of medical education), Suzanne Cunningham (Consultant Midwife) and Steve Harris (Acting HR Director), all from UHS are part of the design team and faculty. This initiative is being undertaken in partnership with Wessex Deanery and being evaluated by Solent University.

Q	I	P	P
✓	✓		

Neonatal Simulation suite

This year has seen the birth of a Neonatal Simulation Suite based in Princess Anne Hospital. The team led by Helen Fielder (Consultant Neonatologist) and supported by Training and Development, Clinical Skills and Wessex Deanery, developed this innovative facility. Equipped with both high fidelity equipment and simple learning aids this facility allows for groups to train together and also for staff to practice procedures just prior to undertaking them on patients. Regional education programmes are being developed by Helen Wilson, an SHA Sim fellow.

Q	I	P	P
✓	✓		

Health Service Library

Wider Healthcare Team librarian Mina Shaibatzadeh is liaising with librarians from Solent University to provide resources and Library search skills support to the students on the new Trust led modular Foundation Degree in Health & Social Care. The Library has a new Plasma screen for publicising events, library resources and services. Clinical Support librarian Ric Paul and colleagues have produced a sequence of current clinical stories (from Behind the Headlines) and pictures of Southampton to intersperse with library information slides to encourage readers to look at an ever-changing display.

Q	I	P	P
✓	✓		

Training and development improves PRODUCTIVITY

Career Support

Externally we have continued to develop links with local schools/colleges to promote the wide range of NHS careers and to provide information, advice and guidance on employment entry points based on educational pathways. We have represented the Trust within the Solent EBP, Southampton Junior University and Healthcare Science networks aiming to raise the Trust profile as a local employer.

Internally, the career support team has continued to offer support and guidance to staff and managers in a number of key areas: providing guidance throughout consultations, providing advice on supporting staff with learning difficulties/provision of dyslexia assessments and support in the workplace, providing information on career options/progression routes to support development of IPRs.

Q	I	P	P
		✓	

Introduction of Onefile (on-line NVQ/QCF portfolio)

This year the Vocational Skills Centre (VSC) has introduced a web-based NVQ/QCF portfolio that enables staff undertaking their NVQ/QCF awards on line rather than using a paper based portfolio. This change has allowed students to upload evidence onto the system at any time of the day or night and the assessor can access this work at any time too. This has reduced the need for students to bring evidence files into the workplace. Audio and digital images can also be uploaded enabling them to maximise evidence collection opportunities, for example recordings of discussions between assessor and student or photos/videos of students following the hand washing policy, which reduces the need to write all of their evidence. The system allows for real time monitoring of progress, feedback to students and assessors and messages to be sent within the system.

Q	I	P	P
✓	✓	✓	

Partnership working with Southampton City College

The VSC continued to build on partnership working with City College to enable more of our Bands 1-4 staff to undertake apprenticeship and NVQ/QCF training. In addition a sub-contract arrangement with the college has allowed the VSC to access apprenticeship funding from the Skills Funding Agency which it would otherwise not have been able to do. This funding supports some salary and operational costs of the centre too and enabled more UHS staff to undertake clinical apprenticeships through the VSC.

Q	I	P	P
✓		✓	

Revised Trust induction programme

Training and development are constantly evaluating the effectiveness of Trust induction to welcome new employees into UHS and provide them with the information they need to settle quickly and safely into their jobs. The programme has been amended to increase the focus on making new employees feel that they have joined a "great" organisation with welcome speeches delivered by John Trewby and Mark Hackett, linking in to expectations of the individual and of UHS. Additional information on support available for the new employee is included. The afternoon focus on statutory and mandatory training is supplemented by a session on expectations, code of conduct and professional standards for all nursing staff including housekeepers, HCAs and associate practitioners.

Q	I	P	P
✓		✓	



Implementation of the National Learning Management System

UHS has worked to develop a 'flexible learning' culture and previous years have seen the usage of e-learning course delivery increase year on year. However, to date, despite the process of learning electronically, it has still been supported by a manual paper-driven system. December 2011 saw the first cohort of UHS staff given access to the NHS National Learning Management System (NLMS) which is directly linked to a member of staff's Electronic Staff Record (ESR). This will ensure that a member of staff's learning record is instantly updated as they complete an online course – removing the need for paper based certificates and the administration process involved in updating the staff member's learning record.

Q	I	P	P
✓	✓	✓	

Tutor team changes

The year started with Liz Donovan joining the DME role alongside Sue Hill. In September, they undertook a review of tutor roles looking, where possible, to re-focus on areas of most need and concern. With this in mind, and recognising the pressures of workload, Sue Evans was appointed to share the load of the Foundation team. The need for a tutor for 'Less Than Full-Time Training' seemed less pressing given that most LTFT trainees work in slot-share posts and so this, along with overseeing study leave, was taken up by the DMEs.

Q	I	P	P
		✓	

Study leave on-line

It is hoped that, as this system comes on-line, the enormous amount of admin time currently taken up by study leave will be reduced. Major changes to the process will be introduced once the workings of the on-line system is clear.

Q	I	P	P
		✓	

Induction and Statutory and Mandatory training recording for junior doctors

Alongside the major review of statutory and mandatory training, a re-design of the induction process has been undertaken and will be rolled out before the end of 2012. The aim is to reduce repetition and increase the efficiency of recording this activity, undertaken by the Training and development team.

Q	I	P	P
		✓	

Clinical Academy

Cohort one completed their Academy year in February, delivering their fourteen work-based projects and having grown with the year of leadership development opportunities, evidenced by our first use of before and after impact evaluations. Enthusiastic and appreciative of their Academy opportunity, their efforts were showcased in an end-of-year conference, which was well received by the audience of both internal and external colleagues.



Q	I	P	P
✓	✓	✓	

Ward Leaders' Development Programme

Cohort one finished their two-year leadership programme which is specifically for nurses & AHPs working at this level, focusing on developing practical applications in real situations. As well as being very well evaluated, better leadership 'in vivo' is reported – currently anecdotal, which we are now endeavouring to capture more usefully via impact evaluations.

Q	I	P	P
✓	✓	✓	

Clinical Skills

The more robust TNA continues to enable planning and delivery of training for more appropriate groups. Where required, training tailored to the needs of staff groups has been delivered. Life support courses in Clinical Skills continue to be heavily subscribed. A dedicated team of course directors and administrators head enthusiastic faculties for ATLS, APLS, EPLS, NLS and GIC with yet again over 25 courses taking place over the last year.

Q	I	P	P
		✓	

Undergraduate clinical skills

All 3rd year medical students attend mandatory skills training in Clinical Skills during their surgical, medical, O&G and paediatric placements covering a wide range of skills in small groups. All students go through 'objective, structured clinical examinations' (OSCEs) in 3rd and 5th years hosted by Clinical Skills. In addition, all 2nd years are assessed in OSCE examinations as part of MIP2. All 1st years attend an afternoon of very practical First Aid training. In the absence of Bolderwood, there is now an increased use of Clinical Skills by students who used to attend practical sessions on the Bolderwood site.

Q	I	P	P
✓	✓	✓	✓



Health Library Service

Librarians have done literature searches for clinicians, providing them with information to improve and develop services in palliative care, patient discharge, tumour ablation, therapeutic hypothermia and minimally invasive plate osteosynthesis in the treatment of fractures.

The library has developed an online article request service for articles not available in the UHS e-journal collection. Library members can make requests on-line from work or home, and in a few days receive a PDF from the University e-journal collection or a link to an article from the British Library

Q	I	P	P
✓		✓	

Training and development supports PREVENTION

Career support

The Career support team has continued throughout the year, to offer information, advice and guidance to both individuals and the business to support those staff given 'at risk' status and/or notice of redundancy. The focus has been to retain staff knowledge and experience by identifying opportunities and linking up plans across the Trust.

Q	I	P	P
			✓



Statutory and Mandatory Training

In 2008 the Trust implemented ESR – a national system which holds staff information. Training activities can be collected as part of the system through Oracle Learning Management (OLM).

Since that time there have been significant developments in the way statutory and mandatory training has been recorded. Quality processes have been developed with regards to recording data, reporting and highlighting issues around compliance. Reports are available in organisational breakdown on a monthly basis to enable education leads follow up non-compliance. Compliance audits of sampled topics and staff are undertaken on quarterly basis. Trust-wide compliance broken down by topic and staff-group are also provided on quarterly basis to enable subject leads reporting based on ESR information.

In January 2012 a significant review of statutory and mandatory training was undertaken by Training and Development with subject leads. Changes leading to simplifying the requirements were agreed and are currently being implemented from March 2012.

Q	I	P	P
			✓

Trust Mentoring Scheme – Overseas Doctors

We have developed an information pack for overseas doctors to aid the process of familiarisation with the NHS, including all regulatory and statutory agencies (such as the Care Quality Commission), the relationship between different health providers and the role of the Royal Colleges and BMA. This will help to reduce the risk of incidents caused by a lack of cultural awareness.

Q	I	P	P
✓			✓

Medical careers support

The Medical education careers team, lead by Antonia Calogeras has continued to provide support for individuals as well as running workshops for Foundation doctors and working with medical students to run a series of career drop-in sessions. Our particular focus is helping juniors to clarify what is important for them in their career decisions and then to support them in the application process.

Q	I	P	P
			✓

Doctors in Difficulty (DID) work

This year has seen considerably fewer doctors requiring support from the Training and development team. The Deanery Professional Support Unit has, however, provided expert input for a number of our trainees. Antonia Calogeras, Jo Mountfield and Liz Donovan all manage cases for the PSU as well as working with doctors within UHS.

Q	I	P	P
			✓

Foundation programme

The Foundation team work hard to support our most junior doctors as they make the transition from student to doctor. An extensive induction and ongoing programme designed to support their clinical learning as well as their professional and leadership skills aims to have doctors capable of delivering a high-quality service safely at UHS. As with last year, Brian Flavin and the team organised a regional Foundation conference giving them the opportunity to present audit and patient safety projects.

Q	I	P	P
✓			✓

Report from division A

Introduction

2011 has seen a continuing high focus on education and training with multi-professional research being a particular highlight. The education team works together to deliver education on a multitude of levels, from the statutory and mandatory agenda through to complex specialist training required as a result of the diversity of care delivery within Division A. The progress made on the education agenda was highlighted at the last Education Performance Review. The division has an Education Plan for 2012/13 which includes implementing the training agreed in the TNA programme.

Quality

- In the recent Staff Attitude Survey, we scored significantly better than the Trust average in 8 areas – of which the following relate to education and training: on the job training in the last 12 months, Personal Development Plan agreed within the last 12 months and satisfaction with opportunities to use skills
- Ward D3 won the Mentor of the Year award supported by the University of Southampton School of Nursing and Midwifery for the mentorship and support of learners ensuring they are fit for practice, purpose and award.
- Steady improvements in statutory/mandatory training across all care groups and the recording on OLM. Medical staff make up 25% of the division staff numbers and there is a significant issue in capturing the training that has taken place. Training and Development are looking at further ways the process can be improved. Improvements in consultant medical staff training are expected as part of the revalidation process. The division has agreed the top 6 priority areas for 2012, continuing these from 2011 and robust action plans are being implemented across the division to improve these areas in conjunction with the new training matrix.
- A Multi-Professional Critical Care Trauma programme has been rolled out over the autumn and winter 2011. Over 100 staff including senior nurses, doctors and physiotherapists attended to ensure evidenced-based clinical skills and trauma knowledge is current and able to meet demand. As the major trauma centre (MTC) becomes reality, consideration is being given within critical care to staff support and pastoral care and the training required to manage this appropriately and effectively
- A review of the junior doctor training 'confirm and challenge' programme of December 2011 has shown progress particularly in surgery and haematology. Critical care consultant support has become a hot-spot but following this rating and the report process, appropriate steps are being followed within the set time lines.
- The QAE visit for undergraduate medicine gave generally positive feedback.

Q	I	P	P
✓	✓	✓	✓

Innovation

- Development of Assistant Practitioners (APs) throughout the division has been a strong work stream over the past year with surgery and cancer care leading the way. Two candidates from surgery and one from cancer care are just about to start the Foundation Degree. This is being further developed in all intensive care units and has become an innovative national model. A cohort of band 4 surgical scrub trainees has started in theatres to increase the number of staff able to undertake minor procedures.
- Advance practice has been a focus for development with a new advanced nurse practitioner (ANP) for urology recently appointed. Plans are in place to develop both nursing and radiographer advanced practice in cancer care.

Q	I	P	P
✓	✓	✓	✓

Productivity

- In the operating theatre department funding has been secured for two training places for the Advanced Scrub Practitioner Role.
- Cancer care manages the Sage and Thyme training - a communication skills model aimed at training staff to manage distress, emotion and fears in others.
- Several research projects are being undertaken across the division which enhance clinical care e.g. enhanced recovery programmes in surgery in which fluid management therapy is a key feature.

Q	I	P	P
✓	✓	✓	✓

Prevention

- Education in End of life care and implementation of the AMBER care bundle which aims to prevent unnecessary readmission is being rolled out.
- Review and audit of anti-emetic prescribing in cancer care with an education programme put in place. Improving anti-emetic prescribing and arranging for “prompts” to be added to prescribing schedules has enabled this to be improved.

Q	I	P	P
✓	✓	✓	✓

Report from division B

Introduction

Division B's educational approach is geared to achieve the Trust strategic objectives: Trusted on quality, Delivering for taxpayers and promote Excellence in health care. By understanding the current economic downturn and allied to the government's QIPP agenda, the pressure on the divisional senior management team was to create a system to ensure the resources are used efficiently, and education and training is provided whilst structural changes (matron at care group levels) or new processes (admission teams and offices) are implemented.

Division B Education Group is a sub-group of the Divisional Clinical Governance Group and is meeting quarterly. The structure is advantageous as it uses a well established network and maximises attendance; the links are maintained through divisional reporting and governance structure. The Divisional Head of Nursing Fiona Hoskins with the educational leads, Jane Hazelgrove and Anca Neacsu, assure achievement of educational outcomes required by the division.

Quality

Statutory and mandatory training has been delivered through various methods face-to-face, e-learning or in clinical practice locally. Additional training has been accessed during rolling half days (RHD), organised centrally, and in particular attended by medical staff. Statutory and mandatory training has continued to be delivered as planned sessions for nursing staff and equally delivered locally to respond to departmental needs and minimised disruption to service (Table 1).

Table: 1

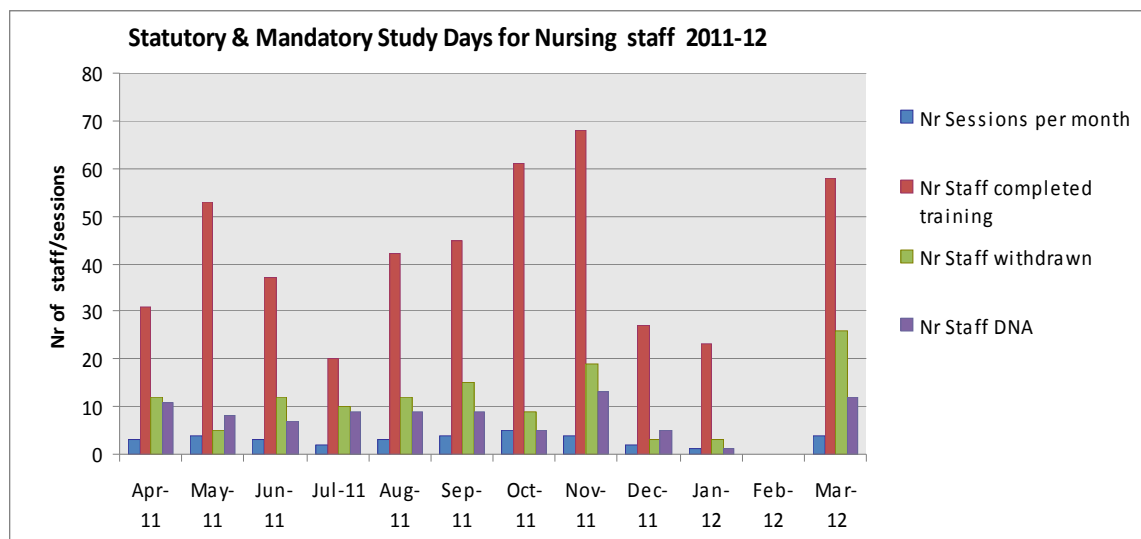
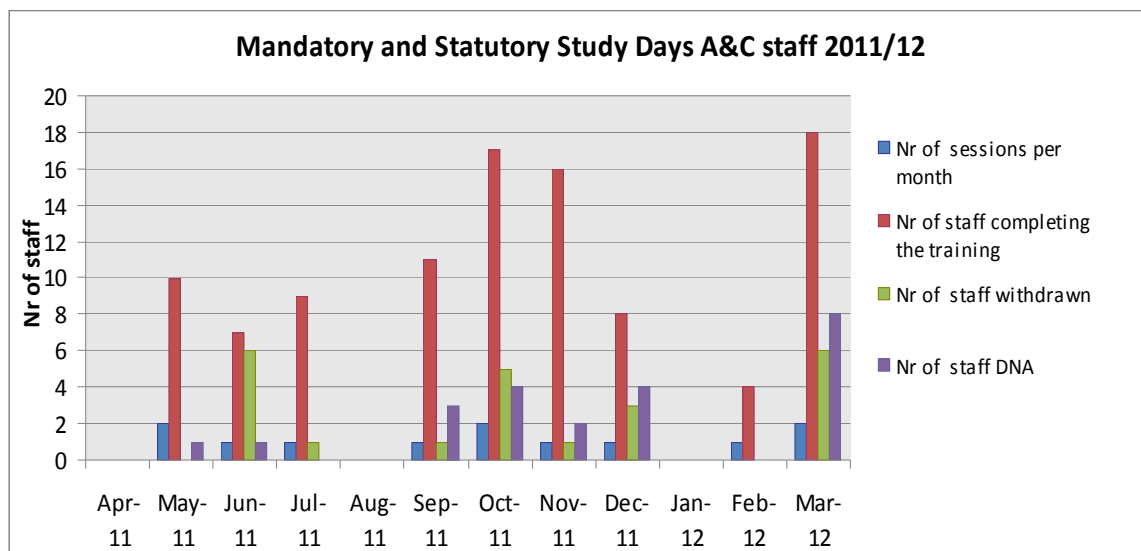


Table: 2



For non-medical staff, the statutory and mandatory sessions were also delivered in a planned manner and having decreased training for periods of peak activity (Jan, February) prevents the depletion of workforce during peak holiday (August) (Table 2). For medical groups of staff this training has been also organised locally and accessed centrally by RHD.

Recording of statutory and mandatory training has improved considerably since Q2 when the entire division started to record training exclusively on OLM (Oracle Learning Management). The divisional network of OLM operators was instrumental in implementing this change.

Nursing Mentorship

Division B has a robust mentoring system in place. Mentors are compliant with NMC regulation. During last year mentors had to undertake a mentorship update as grading in practice has been introduced in the new curriculum September 2011. The first placement intake started on 16 January (Q4) and it has been uneventful. Students were well supported by mentors. As per Table 5, there is a deficit of 3 sign off mentors to become compliant (green) on RAG rating system, and envisage achieving this in quarter Q1/2.

Table 5 – Nursing and Midwifery Mentors

Care Group	Active Buddy Mentor	Active Qualified Mentor	Target for Sign Off Mentors	Sign-Off Mentors
Emergency Dept	17	72	9	9
Medicine & Elderly Care	20	40	63	60
Ophthalmology	7	109	8	41
Radiology	51	259	\	175

Students in Division B

Student nurses' induction continues to be delivered by the division. This is an established and recognised process. It is envisaged that student nurses' induction will be reviewed in the near future to ensure that resources are used effectively and duplication is avoided. Student evaluations were very positive and these were disseminated to the division. Appropriate steps have been taken to improve where highlighted.

Students in Ophthalmology

In orthoptics and out patients the presence of audiology pre registration students from Southampton University has generated a new challenge.

Medical students are training twice a year in February and October. This is well evaluated by the students. This training is undertaken by the medical staff, allied health professionals, and the nursing staff. This successful programme has been also highlighted at the QEV meeting (March 2012), awaiting the visit report.

Students in Radiology

The department underwent a learning environment audit during Quarter 4 and once again successfully passed the test, proving that radiology offers a proactive and safe learning environment for all our students.

Radiology is offering an increasing number of clinical placements within radiography for elective students. A recent success was the collaboration with Human Resources to develop a clinical placement programme for international students. Last year we played hosts to German and French radiography students. We have received encouraging and positive feedback from all the students expressing how much they have learned as a result of working in the UK.

Band 2 Study Days

Band 2 study days were well attended and positively evaluated. The divisional commitment to developing Bands1-4 is central to improving care and developing a knowledgeable workforce.

Q	I	P	P
✓	✓	✓	✓

Innovation

Nursing

Two diabetes conferences were organised during May and September 2011. The first event was highly oversubscribed and it was a real success. A second conference has been organised and since these two events were so popular, a further event has been organised for the following year. The events have a multi-professional approach to management of care of patients with diabetes, exploring pharmacological and clinical processes, raising awareness of risk associated with treatment and socio-psychological effects on patients and families who experience this condition.

Based on the non-ward based staff review, the education team has worked clinically one day per week until 31 March 2012. This had an impact on staffing levels and a reduction on agency costs. Equally this has been beneficial to each members professional update increasing their credibility and acting as role models.

MOP WBL – A medicine of older person work based module has been developed in partnership with Southampton University. This has been created to recognise the existing expertise within the division and maximise the resources. The first intake commenced in August 2011, having a total of 5 applicants. From the total number of applicants 3 of them submitted, and two of them had applied for deferral, presently awaiting results. A total of 10 places has been incorporated on the TNA for 2012/2013.

Medical High Care Training is needed to develop staff's high acuity skills. One area become a respiratory ward (D5) and another has been created (F8) to meet the capacity demand. Staff have been trained by using simulation to support the transition in conjunction with other operational interventions, for example, rotation of staff to support the skill mix in the new area.

The Emergency Department has a dynamic approach to innovative education and has been involved in leading projects regarding trauma or vulnerable groups (clients' substance misuse, domestic violence, abuse) and presented related work, research or audit findings at numerous events or conferences for example, National Clinical Human Factors Conference at Nottingham in March 2012.

Ophthalmology - There were new developments in the unit as follow:

Band 4 training in eye outpatients commenced in January 2012. Progress will be evaluated and reported regularly. Nurse led clinics in glaucoma monitoring and optometry have been proven effective and improved patients' care/pathway. Staff rotation to all areas ensured maintenance of up-to-date skills and the latest developments in each area, including undertaking the eye course at Bournemouth University. This course is well evaluated and the pass rate remains high, which demonstrates staff commitment and desire to undertake further study and to develop themselves.

The radiology department held a successful study day in January entitled: Cold Case Chillers - Forensic Science and Imaging. This was very successful, with over 100 delegates from around the country attending. We were able to acquire international experts from forensic anthropologists and chemists to police and radiographers discussing intricate and fascinating aspects of forensic science. The feedback from the delegates was highly positive.

Q	I	P	P
✓	✓	✓	✓

Productivity

NQN – training of newly qualified nurses has been changed since 2009 through introduction of a preceptorship programme. During 2011-12 a total of 24 staff has undertaken the programme. This has been instrumental in supporting NQN to develop their skills and knowledge to empower them in their professional role and increase staff retention.

Emergency Department

To maximise the learning impact and team efficiency in ED there is a structured local training which is delivered as a monthly trauma course: Trauma Intermediate Life Support (TILS) for the past 12 months. This course is delivered in partnership with the simulation suite. The course includes an overview and understanding of pre-hospital events and making the link with receiving trauma patients in the ED. The principles of trauma paradigm are tested and human factors examined and scrutinised throughout the course. Generally there are between 6 and 12 candidates per course. This is a multi-professional approach having representatives from ED Nursing, ODPs and radiographers etc.

Ophthalmology Medical

The ophthalmology department is a recognised centre for its regional teaching and has a high presence at national and Wessex regional meetings. Research is an integral part of the department with a strong presence at two national meetings, an example of this work being around eye retrievals. Involved in regional teaching. Various teaching at all Wessex sites.

Departmental Teaching:

- Tuesday corneal teaching (Consultant Lead) 8:15-9:00 am corneal teaching
- Weekly 17:30-18:30 retinal teaching (consultant delivery)
- Wednesday (am) 2 weekly Glaucoma teaching
- Friday afternoon there is consultant lead teaching, with examination of patients and/or outside speakers.

Radiology

The Reporting Radiographer Advanced Practice programme progressed a step further last year with the successful funding for three radiographers to undertake a Masters programme in clinical reporting. When qualified, radiographers will be able to report x-ray images such as appendicular reporting in ED. In addition to improving the skill mix, the aim is to improve reporting turnaround and patient service as well as being cost-effective.

A radiography module has been completed for the newly developed Foundation Degree, a project involving Training and Development and Solent University. One member of staff from radiology has already enrolled and we are keen to encourage further staff this year to take up this educational opportunity.

Q	I	P	P
✓	✓	✓	✓

Prevention

IPLU

The division has been hosting several IPLU groups, having diverse topics for improvements or audit during autumn and spring. The latest groups' projects in February/March 2012 have been of tremendous interest and meaningful for the division as described in Table 6.

Table 6

Division B IPLU Projects Q4-2011/12				
Facilitators / Assessor	Co facilitators	Care Group	Division	Project Topic
Meriel Chamberlain	Sarah Needle Jill Young	MOP	B	Audit of Length of Stay
Claire Smith	Katie Ord	Medicine	B	Audit of transfers on AMU
Diana Agacy-Cowell	N/A	Pathology	B	Blood Transfusion
Anca Neacsu	N/A	Medicine	B	Evaluation of ANTT Implementation Project

Ophthalmology

The ophthalmology team continues to have dynamic leads from infection prevention in all areas, and has developed rigorous ANNT training and recording in all clinical areas

A multi-professional teaching programme lead by the registrars has been developed whereby once a month at lunchtime there is a teaching session taken from a presentation at the audit meeting. This has resulted in improvement on recognising corneal infections and being able to commence the correct treatment at an early stage

Radiology

Radiology is a geographically wide and varied department, consisting of many sub-departments and specialities. Communication and cascading of information can be haphazard. To improve this situation, an information communiqué, the Radiology Bulletin, has been established on a quarterly basis, and concerns news and views about educational matters, for example, upcoming courses, reminders about mandatory practice and articles about technique and other issues. This has been successfully embraced by many staff, and can be found on radiology's own section of the local intranet for ease of access at any time of the day.

Pathology

A blood tracking system has been rolled out to the Trust after being introduced in cancer care during 2010-11. There are additional benefits as the new system can also be used to correct sample labelling at the time of venesection preventing potentially fatal sample transposition errors. The final touches are being done in terms of some remaining training and some printing equipment to be installed.

Q	I	P	P
✓	✓	✓	✓

Contributors to the report:

Anca Neacsu, Education Lead

Divisional Education Team

Ophthalmology Mr H. Parvez & Rosemary Sharp, Practice Educator

Bruce Armstrong & Emma Tabenor, ED Education Leads

Mal Marston, Radiology Education Lead

Report from division C

Introduction

Year on year there is visibility across division C that our first class services are testimony to the delivery of the highest quality education programmes. Albeit with the national contraction of resources within healthcare, there is unquestionable assurance that education within the division goes further, safely pushing back and blurring professional boundaries, integrating human factor training and critical and anticipatory thinking which ultimately drives high productivity and prevents and manages risk throughout our services. The achievements outlined below signal a strong, confident and positive educational ethos and reflect division C's commitment and compliance with UHSFT strategy – The 20:20 Vision.

Support Services Care Group

Therapy Services

The MSc in Management and Leadership in Health and Social Care

This MSc pathway has enabled a senior therapist to improve the administration processes in musculo-skeletal therapy. This has improved patient experience, enhanced income and activity monitoring with CAMIS and augmented productivity (LEAN).

Q	I	P	P
✓		✓	

The Injection Therapy Post Graduate Module

Several of our clinical specialists have completed this module which enables them to use steroid injections in orthopaedic clinics. This provides higher levels of efficiency and frees up medical staff and consultants to see patients with more complex needs.

Q	I	P	P
✓	✓	✓	

Respiratory MSc module

Undertaking the respiratory MSc module prompted several clinical audits to evaluate the quality of care provided for acutely unwell patients. It enabled cascade of training to all physiotherapists to recognise the deteriorating patients, assisted in reducing length of stay, and improved patient experience and patient safety.

Q	I	P	P
✓	✓	✓	✓

Audiology Services

The OAE (otoacoustic emissions) and ERA (evoked response audiometry) Course

Attending the OAE and ERA course in Harrogate in May 2011 facilitated the updating of staff in evoked response audiometry testing and in the latest procedures, for example, using tone pip ABR (auditory brainstem response) rather than click ABR which is frequency specific and provides better information for diagnosing hearing loss.

Q	I	P	P
✓	✓	✓	

The Kristina English Counselling Course

Two staff members have commenced the 'Kristina English Counselling Course'. This is a 6 week course and supports staff in their counselling skills, improves their practice of individualising care and promotes a more patient-centred approach.

Q	I	P	P
✓	✓	✓	

The Department team building away day

Members of the team attended a department team building away day. The outcomes from the day helped to identify areas that would lead to improvement in sharing ideas, good practice, overall communication, respect and friendship within the department.

Q	I	P	P
✓		✓	

Pharmacy

Laminar Flow Training in Pharmacy

New equipment, laminar flow, was installed to prepare the provision of parenteral nutrition. The Technical Services team and the Pharmacy Training team worked together to deliver a comprehensive

training programme during the shutdown period and this enabled the new equipment to become fully functional in a timely manner.

Q	I	P	P
✓	✓	✓	✓

United Kingdom Clinical Pharmacy Association Update Days and Conferences

Many pharmacists attended, or contributed teaching to, the United Kingdom Clinical Pharmacy Association update days and conferences. This showcased the work that the department is undertaking at both a local and national level and developed new clinical skills for staff to improve patient care.

Q	I	P	P
✓	✓	✓	✓

Developing Education and Practice Supervisors Project

Senior training staff are involved in this regional project to improve the standards of education supervision and training in pharmacy. Two pharmacists and five pharmacy technicians have completed the 'Practice Supervisors Course' to enable them to be more efficient in delivering training and identifying staff in difficulty. Two more staff are currently undertaking the course.

Q	I	P	P
✓	✓	✓	

Dietetics

Enhancing Clinical Placements

Two of our dietitians have attended the 'Enhancing Clinical Placements' training provided by the University of Surrey, to enhance the quality of experience for our dietetic students.

Q	I	P	P
✓		✓	

Paediatric Dietetic Modular Course

Two paediatric dietitians have attended the 'Paediatric Dietetic Modular Course' endorsed by the British Dietetic Association'. This has enabled them to enhance their knowledge of specialist areas of paediatrics, contributing to quality of care, service productivity and patient safety.

Q	I	P	P
✓			✓

Child Health care group

Child Health

Large and Diverse Prospectus of Education

Child Health has successfully developed a large and diverse education prospectus that facilitates trained and untrained nursing staff to achieve their statutory and mandatory training, addresses a broad range of clinical skills and clinical practice developments (e.g. advanced respiratory care, non invasive ventilation, paediatric diabetic study days, training to support introduction of PEWS, review of skin care products) and supports the development of a paediatric VIPs score.

Q	I	P	P
✓	✓	✓	✓

Preceptorship and Widening Participation

Preceptorship is given high priority across Child Health and a programme of monthly study days is well attended. The introduction of a Foundation Degree curriculum and the development of the Assistant Practitioner competencies is another key component of the education agenda and is an ongoing important initiative for the care group.

Q	I	P	P
✓	✓	✓	✓

PICU

Multi professional combined learning programme

The multi professional combined learning programme for all new staff continues, with positive feedback from all staff.

Q	I	P	P
✓	✓	✓	✓

Equipment passport

We have introduced an equipment passport in line with NHSLA3 recommendations for all nursing staff.

Q	I	P	P
✓	✓	✓	✓

Women and Newborn Care Group

Maternity Services

Practical Obstetric Multiprofessional Training - PROMPT

Interprofessional working is central to the ethos of obstetric and maternity care and the introduction of PROMPT is proving to be highly successful. By attending PROMPT health professionals gain both theoretical knowledge and practical skills in realistic simulated environments.

Q	I	P	P
✓	✓		✓

Medical Devices Training

Our medical device training is now fully established and is available to all staff. The medical equipment representatives continue to support our training days and our programme has been commended as one of the best in South of England.

Q	I	P	P
✓			✓

Department of Neonatal Medicine and Surgery

Supporting Midwives to Administer Intravenous Antibiotics to Infants on the Postnatal Wards

A programme of support and training by the neonatal education team, enabling midwives to administer antibiotics to infants on the postnatal wards, rather than requiring mums and babies to visit the unit, has recently been completed. This is a clear indication that care is taken to a higher quality level when teams work closely together and collaboratively challenge entrenched routine ways "of how things are done around here".

Q	I	P	P
✓	✓	✓	✓

Working Learning Together across the Care Groups

There are excellent examples of collaborative sharing and learning together across the Neonatal and paediatric intensive care unit teams. On a monthly basis the teams join to undertake patient reviews or to update on research. Simulation training is another example of learning together; these programmes are being rolled out across both sites with high-level multidisciplinary contribution and participation.

Q	I	P	P
✓		✓	✓

Widening Participation

Progress continues on the neonatal widening participation programme with indisputable success. Approximately 70% of our neonatal nursery nurses have expanded their roles to work in high dependency care as Assistant Practitioners. The new stratagem of recruiting band 3s to enable the AP initiative has also proved successful. Together both new staff groups have added value and provide a new and refreshing perspective to our services.

Q	I	P	P
✓	✓	✓	✓

Breast Imaging

Two band 5s are progressing well with their mammography certificate (one of which was funded by Training and development). They are due to finish in August and will then work autonomously as mammographers.

Q	I	P	P
✓	✓	✓	✓

Post Graduate Certificate in Biopsy Taking

The department is pleased to report that a member of the team has passed her postgraduate certificate in biopsy taking (image guided) and is on a pathway to be our first consultant mammographer.

Q	I	P	P
✓	✓	✓	✓

Widening Participation

Expanding and taking forward the roles of lower bands is integral to our services and currently a band 2 is being developed as an Assistant Practitioner and will undertake the Foundation Degree in due course.

Q	I	P	P
✓	✓	✓	✓

Gynaecology

Colposcopist Training

Gynae services have forged ahead with the development of the nurse colposcopist; a senior nurse will qualify shortly and undertake her own clinics and patient case load. A second nurse is due to start this training later in the year.

Q	I	P	P
✓	✓	✓	✓

Medical Imaging

In the early pregnancy clinic a second senior nurse has completed her PGC in medical imaging and both nurses now have their own scanning lists.

Q	I	P	P
✓	✓	✓	✓

Statutory and Mandatory Training Across Division C

An essential contribution to this year's report is the change to recording statutory and mandatory training onto the OLM system. To date there has been active communication and engagement with the OLM team and education teams across the division. There is, undoubtedly, visible improvement and it must be noted that the efforts expended by all have been truly worthwhile. We now have assurance that statutory and mandatory training is a priority across the division.

Conclusion

Division C is firm on its commitment to the ethos that world class high quality education and training is the underpinning key to a world class service. It is therefore unsurprising that the shaping and enrichment of our services stems from dynamic education programmes that are proactive, responsive and modern, perceiving apparent challenges as golden opportunities to take quality patient care to the next level and beyond.

Contributors to this report were from Helen Perry (Gynaecology), Anne Cato,(Maternity), Julie P Martin (Support Services), Jenny Bull (PICU), Chrissie Wilkes-Holmes (Child Health), Helen Creedon (Neonatal Medicine and Surgery).

The division C report was co-ordinated and written by Helen Creedon and Carla Hartnell for division C.

Report from division D

Introduction

Within the last year, division D has continued to strive for excellence in training and development whilst also responding to new challenges and initiatives launched as part of ongoing modernisation of service delivery. A number of core components continue to be delivered to ensure consistency in quality.

Quality

Specialist education continues to be delivered as part of programmes run within the workplace. For neurosciences and trauma & orthopaedics, these work based learning courses receive academic accreditation, whilst it is the aspiration of CV&T to emulate this achievement. This education equips staff with specialist and more detailed knowledge and skills whilst also opening opportunities towards achievement of graduate status.

Q	I	P	P
✓	✓	✓	✓

Innovation

Innovation has been central to equipping staff with the skills and knowledge to respond to the exciting development of the trauma centre. Acuity days and workshops have been run to lay the foundations for registered nurses and healthcare support workers across the division. T&O have also received training on escalation and the use of SBAR by experienced emergency consultant staff. SBAR communication tools have been reviewed and updated across the division in support of this education.

Modernisation of the workforce requires innovative ways of thinking and training. As such, the division has been eager to support the launch of the new foundation degree for assistant practitioners by supporting 5 candidates from the workplace on this educational opportunity. Part of this course is the facilitation of work-based learning, which will contribute 40 academic credits for each year of the two-year course. The division is working hard to develop exciting work-based opportunities and competencies that will aid the assistant practitioners' learning and ensure they are fit for practice at the end of the foundation degree.

As well as contributing towards the development of career progression for bands 2-4, the division has also been successful in utilising innovation grants to forward the development of advanced nurse practitioner roles. Currently there are a number of advanced nurse practitioners and nurse practitioners completing the independent non-medical prescribing course, which will facilitate developments such as follow-up clinics in the outpatient department.

Q	I	P	P
✓	✓	✓	✓

Productivity

Newly qualified nurses enter the profession both excited and a little daunted by their new role as a registered nurse. There are many areas of knowledge and skills that they need to learn in order to become fully effective within the team and able to respond to patients in an individual and empathic manner. To assist the acquisition of these knowledge and skills, the division runs a yearly preceptorship programme that consists of care group specific days and core divisional days. Clinical supervision aids transition and peer support is gained during completion of this course. When time allows, clinical educators work alongside these nurses to help with application of theory to practice and assist with the development of competencies such as oral drug administration, patient assessment and recognition of the deteriorating patient.

Staff induction is a generic requirement for all staff groups to ensure patient safety and integration into the working environment. Division D has developed a local induction checklist to guide all staff members through the process and ensure that they are signposted to relevant training. A pilot of this checklist for medical induction has had a positive impact, with staff feeling welcome and aware of what to expect. Compliance with mandatory training has also been improved.

Q	I	P	P
✓	✓	✓	✓

Prevention

Prevention is supported through the delivery and monitoring of statutory and mandatory training; a persistent challenge within today's increasingly complex health care system. Mandatory study days are

run on a monthly basis for nursing and clinical support staff whilst other opportunities such as service reduction education days are utilised to address the needs of other staff groups.

Monitoring is supported by the maintaining of individual learning logs and it is these logs and OLM that assist in identification of individuals with ongoing training requirements. Additional practical sessions such as BLS and practical moving and handling have been offered following close observation of compliance figures and identification of high risk training areas.

Q	I	P	P
✓	✓	✓	✓

Training and development finances 2011 – 2012

CIP for 2011/2012 - £271,000

Budget	Recurrent	Non-recurrent	Comments/ risks
Flexibles	£133,000	£0	The budget was £583,681. We assumed an average ten doctors per year at a salary of £41k p.a., the budget would need to be £410k. Allowing 10% for contingency we felt able to put forward £133,000 for recurrent CIP.
Leadership	£50,000	£77,000	Reduces development opportunities and leaves little contingency if education funding reduces in future years.
Running costs	£0	£11,000	Expected pay slippage (a post held for part of the year by Wheatsheaf staff at no cost to the Trust) we were able to give up £11k as non-recurrently.
<i>totals</i>	£183,000	£88,000	<i>total CIP £271,000</i>

2010/11 HQ HR review

The staff review of 2010/11 increased savings for the Trust in 2011/12 due to the full-year effect of the reduction in costs. Savings in 2010/11 were £104,837 but with a full-year effect of £178,547 an increase for 2011/12 of £73,710.

Year-end balance

The table below shows the year-end position of the Training and development budgets, positive values show underspends and negative ones overspends.

Training and development budgets 2011/12

cost centre	budget	revised annual budget	expenditure April to March	variance
930044	Flexible Trainees	£455,661	£129,299	£326,362
930063	Med Ed. Foundation Prog.	£15,718	£8,750	£6,968
930072	SIFT	£185,943	£143,508	£42,435
930073	(IDEAL) Leadership	£10,600	£145,668	-£135,068
930074	Clinical Skills	£259,766	£255,324	£4,442
930076	Wessex Med. Library	£283,985	£307,977	-£23,992
930079	(Postgrad Ed Centre) Medical Education	£565,703	£538,325	£27,378
930080	GP Education - pay & travel	£234,959	£232,156	£2,803
930081	Junior Doctors Study Leave	£293,849	£185,883	£107,966
930082	Wider Team Study Leave	£50,000	£7,608	£42,392
930083	GP Developments	£0	£6,796	-£6,796
930362	(ILA) Bands 1 to 4 Education	£193,042	£70,153	£122,889
930365	(LBR) Learning Beyond Registration	£233,565	£209,517	£24,048
930367	Wessex O&G Training Fund	£16,500	£10,879	£5,621
930394	Dept. Running Costs	£1,231,768	£1,460,549	-£228,781
931289	Child Protection Training	£25,581	£20,287	£5,294
totals		£4,056,640	£3,732,679	£323,961

Several of the budgets overspent in order to provide educational support and services to UHS staff in the knowledge that this would be offset by underspends elsewhere.

Major overspends as follows:

- Running costs - caused by negative value in the budget to balance out all education budgets at budget setting and costs of Vocation Skills Training staff whose pay is covered from the underspend in Bands 1 to 4.
- Leadership – The Clinical Academy costs were also met by this budget as central funding was not provided. The overspend is partly covered by underspends in the Wider Team's Study Leave.
- Library – surplus funding from slippage in the Medical Education budget was provided to the library to increase its electronic medical journals for the year.

Underspend:

- Flexible Trainees - lower number of supernumerary trainees making use of this scheme.
- SIFT – funding for training room upgrades delayed.
- Doctors Study Leave – despite promoting and inviting extra claims.
- Bands 1 to 4 – SHA funding for Vocational Skills team whose expenditure caused some of the overspend in the running costs budget.

Financial benefit to the Trust

The table below shows the breakdown of the total financial benefit of £668,212 to the Trust including CIPs, headcount reductions from 2010/11 and year-end balances.

source	benefit	
	recurrent	non-recurrent
CIP	£183,000	£88,000
2010/11 HQ HR review FYE increase for 2011/12	£73,710	£0
Year-end balance of Training and development's budget	£0	£323,502
<i>totals</i>	<i>£256,710</i>	<i>£411,502</i>

Education data 2011/12

Internal courses for UHS staff

The following table shows the courses that were booked through OLM, the UHS learning management system, and the numbers of staff who completed.

Category	Course Name	Completed in 2011/12
Customer Relations	188 Complaints (Handling of)	1984
	188 Conflict Resolution	720
	188 Customer Care	1405
	188 Equality & Eliminating Bullying & Harassment	1367
Customer Relations Total		5476
Health & Safety	188 Equipment	1252
	188 Fire	5143
	188 First Aid HSE	33
	188 Hand Hygiene	3680
	188 Hazardous Substances	1650
	188 Health & Safety	296
	188 Health Care Associated Infection Root Cause Analysis	2
	188 Incident Reporting	1810
	188 Infection Prevention & Control	3028
	188 Moving & Handling Practical - Patients and Loads	1431
	188 Moving & Handling Theory	2286
	188 Moving and Handling Link Study Day Classroom - (Division B Use Only)	30
	188 Office Safety (IDEAL USE ONLY)	19
Health & Safety Total		20660
Induction	188 Foundation Year 1 Doctors Induction (IDEAL USE ONLY)	50
	188 Generic Doctors Induction (IDEAL USE ONLY)	188
	188 Generic Doctors Induction (IDEAL USE ONLY)	1
	188 Generic Induction for Consultants, SPR and Returning Drs (IDEAL USE ONLY)	35
	188 Local Induction (Local Delivery)	149
	188 Nursing Auxiliary Induction (IDEAL USE ONLY)	49
	188 Trust Induction (IDEAL USE ONLY)	620
	188 Trust Induction (Newly Qualified Nurses) (IDEAL USE ONLY)	71
Induction Total		1163
Informatics	188 Basic IT Skills Training Need Assessment	780
	188 Data Protection	52
	188 eCAMS (Inpatient) - Admissions Only	147
	188 eCAMS (Inpatient) - Clinical Record Tracking Only	159
	188 eCAMS (Inpatient) - Discharges Only	127
	188 eCAMS (Inpatient) - PMI Part 1 Only	381
	188 eCAMS (Inpatient) - PMI Part 2 Only	187
	188 eCAMS (Inpatient) - Theatres (Advanced)	17
	188 eCAMS (Inpatient) - Theatres (Basics)	54
	188 eCAMS (Inpatient) - Transfers Only	106
	188 eCAMS (Inpatient) - Waiting List	70
	188 eQuest (Request & Acknowledge Results) Level 1	505
	188 eQuest (Request & Review Results) Level 2	452
	188 eQuest (View Request & Results) Level 3	112
	188 GE PACS (Picture Archiving & Communications System)	564
	188 Internet Site Contributor (Contensis)	25
	188 Microsoft Excel 2003 (Intermediate)	39
	188 Microsoft Excel 2003 (Introduction)	34

	188 Microsoft Excel 2007 Intermediate	14
	188 Microsoft Excel 2007 Introduction	18
	188 Microsoft PowerPoint 2003 (Introduction)	6
	188 Microsoft PowerPoint 2007 Introduction	5
	188 Microsoft Word 2003 (Introduction)	4
	188 OLM Overview/Refresher	55
	188 Oracle Learning Management (OLM) Retrospective Recording	76
	188 Outpatient (View Only) CaMIS e-Learning	60
	188 Outpatient Clinic Management (CaMIS)	77
	188 Outpatient Essentials (CaMIS)	113
Informatics Total		4239
Occupational Knowledge & Skills	188 12 Lead Intermediate ECG (IDEAL USE ONLY)	28
	188 A&C Mandatory Day (Division 2)	100
	188 Acuity day (Division B)	28
	188 Agents for Nutrition and Tissue (ANT)	106
	188 Appraisal & KSF (for Managers/Supervisors)	164
	188 Aseptic Non Touch Technique (ANTT) practical	2183
	188 Aseptic Non Touch Technique (ANTT) theory	2996
	188 Band 2 Study Day (Division B) Part 1	28
	188 Band 2 Study Day (Division B) Part 2	19
	188 Basic ECG	56
	188 Basic Project Management	24
	188 Blood Track Courier (Fridge)	569
	188 Blood Track Courier Super User (Fridge)	33
	188 Blood Track Tx (PDA)	473
	188 Blood Track Tx Super User (PDA)	24
	188 Blood Transfusion (Module 1)	348
	188 Blood Transfusion (Module 2)	118
	188 Cannulation	150
	188 Cannulation and Venesection Drop in Session	4
	188 Care of Central Lines	18
	188 Clinical Effectiveness	5
	188 Clinical Record Keeping - The Importance of Good clinical record keeping	629
	188 Consent Issues	687
	188 Critical Care Mandatory Training - Nursing B5-8 & HCS	153
	188 Counter Fraud	69
	188 CTG (Cardio Tocho-graph)	50
	188 CV&T Mandatory Study Day for Clinic Support Staff (Division D)	40
	188 CV&T Mandatory Study Day for Registered Nursing Staff (Division D)	163
	188 Diabetes Symposium	49
	188 Discharge workshop (Full day)	58
	188 Division A Generic mandatory training	90
	188 Divisional Nursing & Midwifery Mentorship Update	164
	188 Electrocardiography Module 3 Interpretation	8
	188 End of Life Care	253
	188 End of Life Care Sage and Thyme course	10
	188 Epidural Training	17
	188 Estates New Area/New Equipment Familiarisation	71
	188 IDEAL Mentorship Update	12
	188 Information Governance Basic Training	3559
	188 Introduction to History Taking and Physical Assessment	27
	188 IV Drug Administration (Central & Peripheral)	167

	188 IV Drug Administration (Peripheral Only)	37
	188 IV Drug Administration Update	170
	188 Learning Disability Awareness	79
	188 Mandatory Training Day, Unscheduled Care (Division B)	480
	188 Medical Terminology (Advanced)	26
	188 Medical Terminology (Introduction)	25
	188 Midwifery Mandatory Update Part 1 (2012)	37
	188 Midwifery Mandatory Update part 4 (2012)	28
	188 Non Invasive Ventilation	8
	188 Non-Invasive Ventilation Advanced	8
	188 Obs & Gynae Mandatory Update - Part Two (2011)	40
	188 Obs & Gynae Mandatory Update - Part One (2011)	36
	188 Ophthalmic Group Southampton Nurses study day	18
	188 Ophthalmology local induction day	5
	188 Paediatric Intensive Care Mandatory Training Study Day	100
	188 Paediatric Venepuncture (Do not Use)	2
	188 Paediatric venepuncture and cannulation	4
	188 Patient Transfer	6
	188 Practical Obstetric Multiprofessional Training (Prompt)	46
	188 Preceptorship for Registered Nurses Cancer Care & Surgery Care Groups	23
	188 Recruitment & Selection	67
	188 Renal & Catheterisation	40
	188 SUHT Management Acutely Ill Recognition & Response Training	119
	188 Supporting Learning in Practice for Nurses	36
	188 Surgery, Trauma and Orthopaedics Mandatory Training Bands 2-4	14
	188 Surgery, Trauma and Orthopaedics Mandatory Training Bands 5-7	43
	188 Time Management & Delegation	29
	188 Tracheostomy Care	15
	188 Transthoracic Echocardiography	1
	188 Venesection	175
	188 VTE Intro to SUHT Thromboprophylaxis, Risk Assessment and Guidelines	69
	188 VTE Mechanical Thromboprophylaxis (Practical)	386
	188 VTE Mechanical Thromboprophylaxis (Theory)	583
	188 VTE Venous Thromboembolism (e-VTE)	425
	188 VTE Venous Thromboembolism Prevention Kings Induction e-learning	96
	Occupational Knowledge & Skills Total	17026
Personal Development	188 Appraisal & KSF (for Staff)	17
	188 Care Group Management Development Programme (Core Module)	35
	188 Communicating Effectively	310
	188 Financial Planning for life	5
	188 Foundation Management course	52
	188 Intermediate Management course	33
	188 Leading Your First Team	45
	188 Managing People Performance	55
	188 Managing Work and Life Stress	37
	188 Preparation for Retirement	27
	188 Study Skills	7
	Personal Development Total	623

Post-Graduate Health Care and Medical Education	188 Acute Care Foundation Teaching Programme	2334
	188 CMT/ACCS Teaching	110
	188 SAS Doctors Courses and Events	44
Post-Graduate Health Care and Medical Education Total		2488
Resuscitation	188 Advanced Life Support (ALS)	104
	188 Advanced Paediatric Life Support (APLS)	18
	188 Approved Resuscitation Cascade Trainer (Basic Life Support)	21
	188 Basic Life Support - Adult & Paediatric	524
	188 Basic Life Support - Adult & Paediatric (Non Clinical Staff) Resus Team	918
	188 Basic Life Support - Adult (Clinical Staff)	277
	188 Basic Life Support - Paediatric (Clinical Staff)	25
	188 Basic Life Support & Automated External Defibrillator (Adult)	69
	188 Basic Life Support & Automated External Defibrillator (Adult & Paediatric)	1341
	188 Critical Care Cast	177
	188 Immediate Life Support	570
	188 Immediate Life Support Re-Certification	5
	188 Neonatal Life Support (O&G)	316
	188 Newborn Life Support Resuscitation Council (UK)	12
	188 Paediatric Immediate Life Support - Plus (2010)	269
	188 Paediatric Intensive Care Life Support Course (PICLS)	60
	188 Recognition of Paediatric Emergencies - Plus (2010)	102
	188 Specialist Paediatric & Adult Resuscitation Skills (SPAARS)	58
	188 Vital Life Support	183
Resuscitation Total		5049
Risk Management	188 Child Protection/Safeguarding Children Level 1 (1 yearly update)	697
	188 Child Protection/Safeguarding Children Level 1 (2 yearly update)	40
	188 Child Protection/Safeguarding Children Level 1 (3 yearly update)	1279
	188 Child Protection/Safeguarding Children Level 2/3 - Child Sexual Abuse	23
	188 Child Protection/Safeguarding Children Level 2/3 - Disabled Children	40
	188 Child Protection/Safeguarding Children Level 2/3 - Domestic Violence	13
	188 Child Protection/Safeguarding Children Level 2/3 - Emotional Abuse & Neglect	58
	188 Child Protection/Safeguarding Children Level 2/3 - FII by Carers	42
	188 Child Protection/Safeguarding Children Level 2/3 - Physical Abuse	45
	188 Child Protection/Safeguarding Children Level 2/3 - Risk Factors/Hidden Harm	50
	188 Child Protection/Safeguarding Children Level 2/3 Professionals Study Day	530
	188 Child protection/Safeguarding Children Level 3 - Paediatric Consultants	52
	188 Falls Awareness	142
	188 Health and Safety leads (Management) training	63
	188 Incident Forms Validation	9
	188 Mental Capacity Act Awareness Level 1	931

188 Mental Capacity Assessment, DoLS Enhanced course	132
188 Mental Capacity Assessment, Safeguarding and Deprivation of Liberty (DoLS)	3
188 Risk Assessment for Slips, Trips & Falls (See below for Slips Trips & Falls)	30
188 Root Cause Analysis Full (RCA)	39
188 Safeguarding Adults	927
188 Slips, Trips & Falls	2058
188 Smoking Cessation Training Silence Kills - Brief Advice	9
188 Visual Display Unit (VDU) checklist	314
Risk Management Total	7526
Grand Total	64250

The following tables show commissioned activity funded by NHS South of England.

Undergraduate	Number of students supported					
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13 forecast
Undergraduate medical students	1240	1226	1226	1234	1234	1234
Southampton locality nurse education (capacity available)	320	325	325	325	325	325
Pre-reg nurse training (seconded)	23	13	3	1	0	0
Open University - nurse education	15	15	26	29	28	25
Midwifery – undergraduate (commissions)	30	30	30	27	23	23
Foundation degrees (salary support)	20	32	32	2	2	2
Physiotherapy (capacity available)	10	10	33	11	11	11
Audiology (capacity available)	4	5	5	3	3	2
Radiotherapy (capacity available)	8	8	8	9	9	9
Occupational Therapy (capacity available)	3	3	4	4	4	4
Dietetics (capacity available)	2	2	2	2	2	2
Radiography (capacity available)	8	8	10	10	10	10
Science technicians (salary supported)	15	29	58	62	42	23
Healthcare Scientist Practitioner programmes (from Sep-12)	0	0	0	0	10	14
ODP (at University of Portsmouth) (capacity)	16	16	16	18	18	18
Total students supported	1,714	1,722	1,778	1,737	1,721	1,702

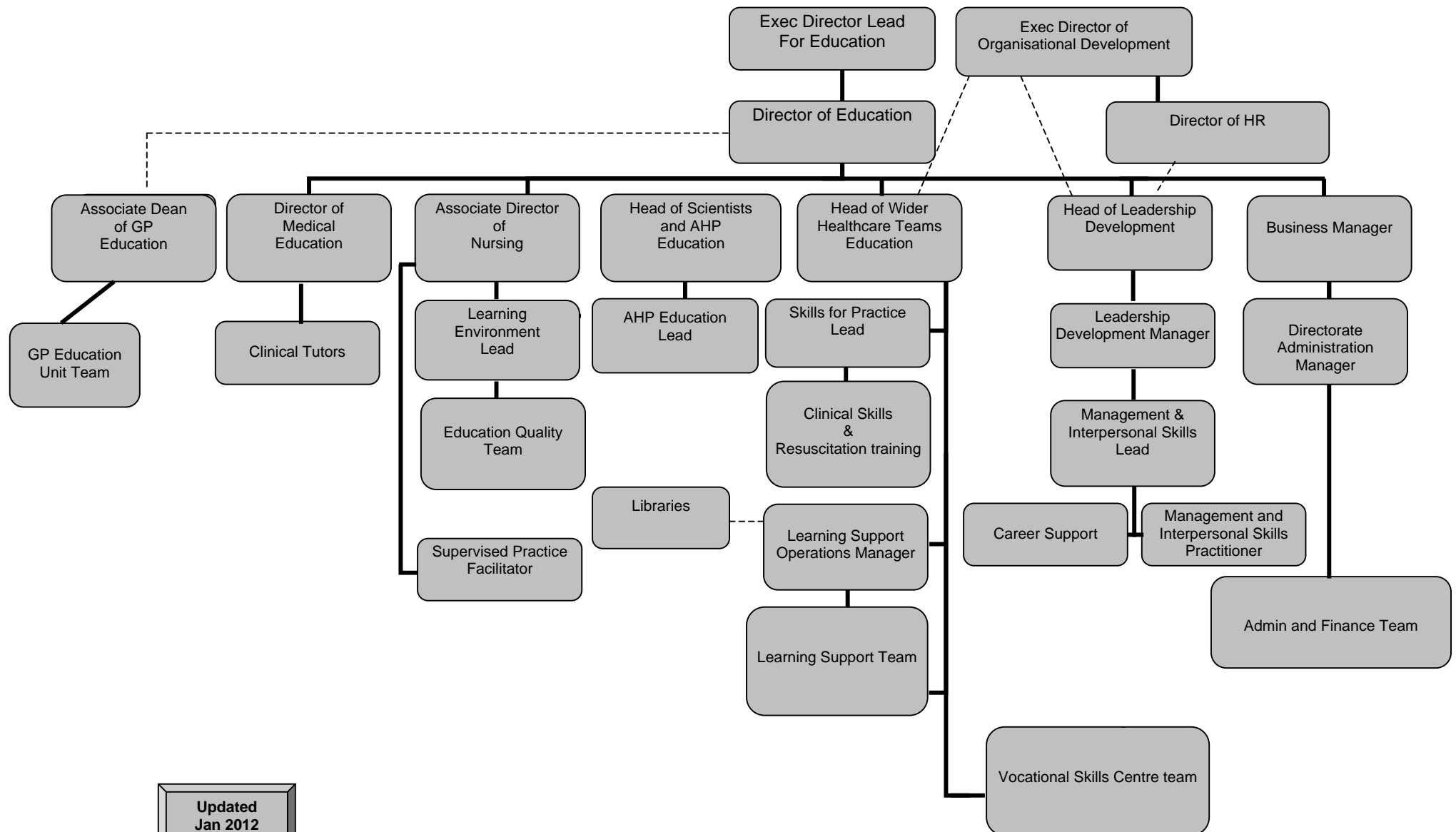
Postgraduate and other	Number of students supported					
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13 forecast
2nd Registration nurses	0	0	1	1	0	0
Scientist Training Programme	8	9	15	17	13	18
Pharmacy summer school	8	8	6	6	6	6
Biomedical science summer school	7	7	7	6	4	4
Paramedic	3	3	5	5	5	5
Pre registration pharmacists	6	6	7	8	8	8
Student pharmacy technicians (NVQ)	10	10	10	10	12	12
GP registrars (ST3)	26	26	23	25	35	35
Doctors in training - (fulltime)	491	530	530	531	527	527
MPET funded CPD bands 5 – 9	615	632	609	690	1172	981
Total students supported	1174	1231	1213	1299	1782	1596

Bands 1 to 4	Number of students supported					
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13 forecast
NVQ/QCF Assessing (SUHT staff)	15	22	15	16	24	18

NVQ/QCF Other			12	4	11	27
Apprenticeships (Care)	0	0	51	49	44	69
Apprenticeships (Business Admin/Customer Service)	0	0	24	14	11	60
Apprenticeships (Other)					2	2
Foundation Degree					18	15
Total students supported	15	22	102	83	110	191

Note: Cells without values indicate no data available.

Training and development



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