

Trust Education & Learning Strategy Approved by Trust Board of Directors: April 2014

Introduction

1. *'Every person working in NHS-funded care has a duty to identify and help to reduce risks to the safety of patients, and to acquire the skills necessary to do so in relation to their own job, team and adjacent teams. Leaders of health care provider organisations, managers, clinical leaders and Health Education England have a duty to provide the environment, resources and time to enable staff to acquire these skills.'* (Berwick review¹ into patient safety in the NHS in England, 2013).
2. *'The leaders and Boards of care-providing organisations [have] a particularly important role in ensuring that their staff are both sufficiently trained to do the job and are appraised and offered development opportunities and training that allows them to improve.'* (Government response² to Francis, 2014).
3. The Care Quality Commission (CQC) recently noted the correlation between a learning culture and organisational performance: *'In several Trusts we saw a truly open and learning culture in which staff had few, if any, negative observations about the organisation or its leadership. These Trusts also performed well across all or most of the core services and across the different areas of focus.'*³
4. Although the Trust employs nearly 7,000 staff (c. 6,200 WTEs) and is the University Teaching Hospital for the region, it does not currently have a strategy for Education & Learning.

Scope & Purpose

5. In November 2013 Hospital Management Board (HMB) approved the establishment of a Corporate Directorate for Education & Knowledge. Recruitment to the new staffing structure is underway. Discussions with Health Education Kent Surrey & Sussex⁴ (HEE-KSS) regarding pilot funding are ongoing, and the new Directorate will be launched formally on successful conclusion.
6. In its broadest sense, the scope of the Trust's education and learning activities includes:
 - Workforce Planning (ie. education commissioning for all staff; workforce modernisation/reprofiling)
 - Clinical placements (undergraduate and postgraduate placements across all clinical disciplines, including doctors in training)
 - Staff training & development, succession planning (incl. for professionally-registered staff)
 - Research & Development
 - Innovation, Service Improvement and Quality & Safety initiatives
 - Patient and public health education
 - Outreach (eg. education in schools about careers in health).

¹ National Advisory Group on the Safety of Patients in England (2013). *A Promise to Learn – a Commitment to Act. Improving the Safety of Patients in England*

² Department of Health (2014). *Hard Truths: the Journey to Putting Patients First. (Volume One of the Government Response to the Mid Staffordshire NHS Foundation Trust Public Enquiry)*

³ Care Quality Commission (2014). *Our New Approach to the Inspection of NHS Acute Hospitals: Initial Findings from the Wave 1 Pilot Inspections*

⁴ <http://kss.hee.nhs.uk/>

7. Many of the above activities will be line-managed outside the new Directorate. The strategy therefore provides an overarching approach to education and learning wherever the associated services/functions are located managerially.
8. The strategy includes an Action Plan for the next 12-18 months. It therefore aligns with the development of other key Trust programmes (eg. Workforce Planning refresh; Clinical Strategy; *Foundations for Success*, and in particular Values & Behaviours; 3Ts) while giving the new Directorate time to bed in, recruit its team and undertake longer-term thinking and planning.

External Drivers

9. There are a number of drivers for the development of a strategy at this time:
 - the CQC *Essential Standards*⁵ include that registered staff and trainees/students receive ‘*appropriate training, professional development, supervision and appraisal*’ and are ‘*enabled, from time to time, to obtain further qualifications appropriate to the work they perform*’ (Outcome 14);
 - the Health & Safety at Work etc. Act 1974⁶ places on employers the duty to provide ‘*such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of [their] employees*’;
 - the contract⁷ with HEKSS requires the Trust, as a Local Education Post & Placement Provider (LEP), to have a robust infrastructure for education management;
 - the 3Ts Full Business Case (FBC) will need to demonstrate that the planned education facilities (eg. simulation suites/skills labs) are supported by a strategy and appropriate governance;
 - in applying for Foundation Trust status, the Trust will need to demonstrate robust governance arrangements, as set out in Monitor’s guidance⁸, including for education management; and
 - the NHS Constitution⁹ pledges that NHS organisations will ‘*provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.*’ In the recent NHS staff survey¹⁰, the Trust scored in the lowest 20% of acute Trusts nationally for three of the four associated measures, and below/worse than average for the other.

Policy Context

10. The Department of Health *Education Outcomes Framework* (EOF) aims to ensure that ‘*the health workforce has the right skills, behaviours and training, [and is] available in the right numbers, to support the delivery of excellent healthcare and health improvement.*’¹¹
11. The EOF identifies five domains that, in combination, work to enhance quality across the dimensions of excellent experience for patients, effectiveness and safety:

⁵ Care Quality Commission, 2010. *Essential Standards of Quality & Safety*

⁶ <http://www.legislation.gov.uk/ukpga/1974/37>

⁷ *Contract for Education, Development and Library & Knowledge Services for all Health Disciplines 2013/14 and associated Quality Manual Specification.* (This replaces the separate contracts that were previously agreed with the Postgraduate Deanery for Kent, Surrey & Sussex and with NHS South East Coast Strategic Health Authority).

⁸ Monitor (2013). *Applying for NHS Foundation Trust Status: A Guide for Applicants*
<http://www.monitor.gov.uk/sites/default/files/publications/GuideForApplicantsOct13.pdf>

⁹ Department of Health (2013). *The NHS Constitution*
http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2013_RXH_full.pdf

¹⁰ Department of Health (2013). *The Education Outcomes Framework*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175546/Education_outcomes_framework.pdf

- excellent education
 - competent and capable staff
 - flexible workforce, receptive to research and innovation
 - NHS Values & Behaviours
 - widening participation.
12. HEKSS, which is the Local Education & Training Board (LETB) and part of Health Education England, has been established *‘to ensure the effective planning, education and training of the NHS workforce within the region.’* Its Integrated Education Framework¹² (2014) identifies five core principles for assessing integrated education:
- Patient-focused
 - Facilitative learning environment
 - Accessible and efficient mode of education delivery
 - Multi-professional
 - Quality Improvement
13. HEKSS has restated that practitioners will need to be competent across five quality domains (safety, responsiveness, caring, effectiveness and leadership), reflecting the elements of the CQC’s new acute hospital inspection model¹³.
14. The HEKSS *Skills Development Strategy*¹⁴ (2013-18) identifies five strategic priorities:
- Dementia
 - Primary Care
 - Emergency Care
 - Children and Young People
 - Compassion and NHS Values

Challenges

15. In common with other NHS organisations, the Trust faces a number of challenges in strengthening its approach to education & learning:-

Doing More with Less

16. The Berwick review recommended that the NHS *‘continually and forever reduce patient harm by embracing wholeheartedly an ethic of learning’* and become *‘a learning organisation’*¹⁵ whose *‘leaders... create and support the capability for learning, and therefore change, at scale, within the NHS.’*
17. Against this ambition is the NHS financial challenge, as summarised by the Nuffield Trust, to make *‘unprecedented efficiency savings of £20 billion over the next four years (4% per annum) to bridge the gap between a virtual freeze in real-terms funding and rising demand’*, which will rely *‘to a significant extent on hospitals’ improving productivity and efficiency...’*¹⁶.

¹² Health Education Kent, Surrey & Sussex (2014). ‘A New Framework for Healthcare Education’ (Paper to Partnership Council Meeting)
http://kss.hee.nhs.uk/wp-content/uploads/sites/478/2014/02/140207_Enc-F_A-New-Framework-For-Healthcare-Education.pdf

¹³ CQC (2013). *Methodology and Information Sources Used in CQC’s New Surveillance Model of NHS Acute Trusts*
<http://www.cqc.org.uk/public/about-us/our-inspections/our-new-acute-hospital-inspection-model>

¹⁴ Health Education Kent, Surrey & Sussex (2013). *Skills Development Strategy 2013-18*
<http://kss.hee.nhs.uk/wp-content/uploads/sites/478/2013/11/HE-KSS-SDS-Leaflet.pdf>

¹⁵ Peter Senge (1990) defines learning organisations as ‘organizations where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together.’

¹⁶ The Nuffield Trust (2012). *Can NHS Hospitals Do More with Less?*

18. Although achieving some elements of a learning organisation would require investment (eg. increasing the training uplift for rostered staff), it is important to recognise that others (eg. learning from rigorous and systematic post-project evaluation) probably do not; just appropriate processes and organisational will.
19. Investment in education and learning would be expected to pay dividends in the medium to longer term, however this strategy recognises the exigencies of the annual budget-setting process. It therefore proposes a number of actions to try to reconcile the competing demands of investment and cost-reduction, including:
- i) ensuring that existing education and learning activities are as effective and efficient as possible (viz the 'fitness for purpose'/value for money strand of the strategy), eg. through use of TEL;
 - ii) considering a re-prioritisation of existing education time (eg. statutory/mandatory updates); and
 - iii) considering increasing the Cost Improvement Programme (CIPs) requirement in order to re-invest a proportion of the savings in additional time for education and learning.

'Gradgrind Effect'

20. 'Education' (which generally involves structured activities such as teaching, training and research) can be distinguished from 'learning' (which is more contextual and addresses the concept of an underpinning organisational culture). Both are required in a Learning Organisation. The risk, however, is that the imperative to focus on activities that can be measured, and that can be mandated corporately, will tend to prioritise education over learning.

Underpinning Approaches

21. It is important to recognise that the priorities set out in this strategy (incl. Human Factors, TEL/simulation, Ethics & Compassion) are *approaches*, which should therefore underpin all aspects of education and learning within the Trust (from recruitment to management Post-Project Evaluation), rather than necessarily discrete educational *topics* in themselves (or, in the case of simulation, facilities).
22. This strategy has therefore been structured to map these priorities against the range of the Trust's education and learning activities to identify the associated management action.

Trust Education & Learning Priorities

23. Drawing on the above drivers, this strategy identifies five immediate education and learning priorities for the Trust:
- Multidisciplinary (and multi-organisational) learning
 - Technology-Enhanced Learning (TEL), incl. simulation
 - Human Factors¹⁷
 - Ethics & Compassion
 - 'Fitness for Purpose' (including quality, efficiency and cost-effectiveness).
24. This strategy has necessarily been developed in the context of eg. *Innovation, Health & Wealth*¹⁸, Francis¹⁹, Keogh²⁰, Berwick, Willis²¹, Cavendish²², Clwyd-Hart²³ and *Compassion in Practice*²⁴.

¹⁷ Defined as 'environmental, organisational and job factors, and human and individual characteristics, that influence behaviour at work...' Health & Safety Executive
<http://www.hse.gov.uk/humanfactors/introduction.htm>

¹⁸ Department of Health (2012). *Innovation, Health & Wealth: Accelerating Adoption and Diffusion in the NHS*
<http://www.institute.nhs.uk/images/documents/Innovation/Innovation%20Health%20and%20Wealth%20-%20accelerating%20adoption%20and%20diffusion%20in%20the%20NHS.pdf>

Trust Values & Behaviours Framework

25. The draft strategy aligns well with the emerging Trust Values & Behaviours blueprint. The draft framework recognises the importance of a commitment to learning (own learning, shared learning, supporting others' learning) as a core behaviour/standard. The Education & Learning strategy's priorities align as follows:

- Human Factors (recognises the critical role of individual/human behaviour in the workplace);
- multidisciplinary and multi-organisational learning (Team Working);
- Ethics & Compassion (cf. Care & Kindness);
- 'Fitness for Purpose' and Technology-Enhanced Learning (cf. Excellence)

Next Steps

26. The Action Plan included at **Appendix A** sets out how it is intended to put the Education & Learning priorities into effect across the range of the Trust's relevant activities. This is a reasonably detailed plan but will be formalised (to include timescales for completion, risks & issues, critical dependencies, specific outputs/deliverables etc.) once the strategy and respective leads are agreed.

¹⁹ Robert Francis QC (2013). *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*
<http://www.midstaffpublicinquiry.com/report>

²⁰ Prof. Sir Bruce Keogh (2013). *Review into the Quality of Care and Treatment Provided by 14 Hospital Trusts in England: Overview Report*
<http://www.nhs.uk/nhsengland/bruce-keogh-review/documents/outcomes/keogh-review-final-report.pdf>

²¹ Willis Commission on Nursing Education (2012). *Quality with Compassion: the Future of Nursing Education*

²² Camilla Cavendish (2013). *An Independent Review into Healthcare Assistants and Support Workers in the NHS and Social Care Settings*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf

²³ Rt Hon. Ann Clwyd MP and Prof. Tricia Hart (2013). *A Review of the NHS Hospitals Complaints Systems: Putting Patients Back in the Picture*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf

²⁴ Department of Health (2012). *Compassion in Practice: Nursing, Midwifery and Care Staff – Our Vision & Strategy*
<http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf>

Education & Learning Strategy: Action Plan

Priority 1: Multidisciplinary & Multi-Organisational Learning

Trust Role	Action / Responsible	Critical Dependencies	Success Criteria	Timescale
Education Commissioning <ul style="list-style-type: none"> includes undergraduate and postgraduate education commissioning 	1.1 Use the education commissioning process to encourage Higher Education Institutions (HEIs), and particularly those from whom the Trust commissions/recruits a significant proportion of students, to develop multidisciplinary and interdisciplinary learning ²⁵ . Action: Claire Martin / Clinical Placement Group / Simon Selby (Support Role)			
Clinical Placements <ul style="list-style-type: none"> includes doctors in training 	1.2 Merge the various clinical placement support groups into a single multidisciplinary group, and expand clinical placement support in disciplines/areas that currently have none or lack a structured approach. Action: Varadarajan Kalidasan / Local Academic Board 1.3 Consider routinely offering trainees a mentor/'buddy' from a different discipline (where appropriate in addition to their formal, same-discipline mentor). Action: Varadarajan Kalidasan / Local Academic Board 1.4 Extend clinical research placements opportunities to all disciplines. Action: Scott Harfield			
Staff Development & Training <ul style="list-style-type: none"> Induction (corporate and local) Training needs assessment (appraisal, revalidation) Statutory and 	1.5 All Trust education roles to include an interest in/experience of multidisciplinary learning as an 'essential' criterion, to be assessed through the selection process. (This includes making guidance available to interviewers on appropriate selection methodology). Action: Lorissa Page 1.6. Wherever feasible, interview panels for all senior staff should include staff from more than one healthcare discipline (including general management/administration).			

²⁵ Multidisciplinary learning is defined as 'learning together'; interdisciplinary education conveys the idea of learning together to promote collaborative practice (Cooper *et al*, 2001; Glen, 2001)

Trust Role	Action / Responsible	Critical Dependencies	Success Criteria	Timescale
<ul style="list-style-type: none"> • mandatory training • Ongoing learning & development for all staff, incl. CPD/CME • Management & leadership development 	<p style="text-align: right;">Action: Lorissa Page</p> <p>1.7 Consider how the patient perspective could most meaningfully be introduced to the recruitment selection process for all posts Trust-wide. (What the patient perspective means in practice for each post will vary). Action: Lorissa Page</p> <p>1.8 The expectation is that all Trust education, innovation and modernisation activities (eg. Grand Round, lectures/teaching, BSUH chapter of Institute for Healthcare Improvement) should be open to staff of all disciplines. To support this:</p> <p>1.8.1 Standardise formats for ‘teaching plans’ (learning objectives etc.), including eg. corporate induction. Action: EKD Project Manager / Julia Blaber</p> <p>1.8.2 Assess the feasibility of reducing the number of time slots when teaching is offered to, say, four or five slots per week. Action: Education & Knowledge Board</p> <p>1.8.3 Develop/maintain a common directory/noticeboard on the Trust intranet for all Trust education & learning activities, with hyperlinks to the (currently separate) booking portals. Action: Rachel Clinton</p> <p>1.8.4 Identify the priority areas where teaching is currently offered separately for different healthcare disciplines, and redevelop these as interdisciplinary learning. (This to include an appropriate evaluation of effectiveness). Action: Claire Martin</p> <p>1.9 Consider 360° (or 180°) appraisal for all staff (possibly starting with the most senior staff and rolling out over time), with multidisciplinary input where appropriate (as medical staff do as part of the five-year revalidation process). Action: Graham White / Keith Thomson</p>			

Trust Role	Action / Responsible	Critical Dependencies	Success Criteria	Timescale
	<p>1.10 Continue to explore opportunities for shared learning with neighbouring NHS organisations (eg. Regional Paediatric Simulation Centre). (There is an existing CIP to increase the number of courses provided to external, fee-paying learners).</p> <p style="text-align: right;">Action: EKD Project Manager</p>			
Research & Development	<p>1.11 Promote opportunities for multidisciplinary research and service evaluation/audit (ie. by staff from all disciplines, and by multidisciplinary teams) through the research and audit application/registration processes. Clarify which initiatives (eg. Masters dissertations, local service improvement and audit projects, major Trust change programmes) require registration and/or approval.</p> <p style="text-align: right;">Action: Scott Harfield / Mark Renshaw</p> <p>1.12 Ensure effective collaboration between the Trust's various research interest/support groups, and broaden the membership of the nursing group to include staff from other healthcare disciplines.</p> <p style="text-align: right;">Action: Eileen Nixon / Sarah Young / Caroline Humphreys</p> <p>1.13 Work with local HEIs and HEKSS to develop proposals for clinical academic posts in priority specialties/fields in addition to those supported by BSMS, eg. Professors of Nursing and Health Professions.</p> <p style="text-align: right;">Action: Varadarajan Kalidasan / Education & Knowledge Board</p> <p>1.14 Promote and support applications from staff of all disciplines for National Institute for Health Research (NIHR) clinical fellowship awards.</p> <p style="text-align: right;">Action: Scott Harfield / Research Support Groups</p> <p>1.15 Increase the proportion of staff of all disciplines actively engaged in research – through general awareness-raising and the provision of training and mentorship.</p> <p style="text-align: right;">Action: Scott Harfield</p>			
Innovation & Service Improvement	<p>1.16 Work with the University of Brighton to evaluate the impact of the 3Ts Public Arts Strategy on patient experience, recovery and staff morale.</p> <p style="text-align: right;">Action: Anna Barnes</p>			

Trust Role	Action / Responsible	Critical Dependencies	Success Criteria	Timescale
	<p>1.17 Promote the new BSUH chapter of the Institute for Healthcare Improvement among staff/trainees of all disciplines. Action: David Bloomfield / Avi Mehra</p> <p>1.18 Develop an implementation plan for management and leadership development within BSUH (covering staff/trainees of all disciplines), per the outline agreed by the Trust Board (March 2013). Action: Graham White</p> <p>1.19 Working in partnership with an HEI, look to establish a bespoke BSUH multidisciplinary leadership module (eg. five days, M-level), to be run on an annual basis, targeted at clinical academic trainees and other disciplines. Action: David Bloomfield / Varadarajan Kalidasan</p> <p>1.20 Ensure that (wherever possible) all Trust innovation and service improvement activities are undertaken on a multidisciplinary basis. Action: Tony Kelly / David Bloomfield</p> <p>1.21 Ensure that minutes of all relevant educational meetings (within and outside the Trust) are made available to the Education & Knowledge Board. Action: Education & Knowledge Board / Katie Teague</p>			
Patient/public health Promotion	<i>To be addressed in the medium-term strategy.</i>			
Employment outreach	<i>To be addressed in the medium-term strategy.</i>			

Priority 2: Technology-Enhanced Learning

Trust Role	Action / Responsible	Critical Dependencies	Success Criteria	Timescale
Education Commissioning <ul style="list-style-type: none"> includes undergraduate and postgraduate education commissioning 				
Clinical Placements <ul style="list-style-type: none"> includes doctors in training 	2.1 Take opportunities to learn from HEIs and trainees in developing TEL opportunities for Trust staff. (This also links to the CIP for statutory/mandatory training). Action: Education & Knowledge Board			
Staff Development & Training <ul style="list-style-type: none"> Induction (corporate and local) Training needs assessment (appraisal, revalidation) Statutory and mandatory training Ongoing learning & development for all staff, incl. CPD/CME Management & leadership development 	2.2 All Trust education roles to include an interest in/experience of TEL as an 'essential' criterion, to be assessed through the selection process. Action: Lorissa Page			
	2.3 Look to prioritise TEL equipment and facilities (eg. the Regional Paediatric Simulation Centre, Virtual Learning Environment, access to e-learning) in future bids against Trust Operational Capital. Action: HMB			
	2.4 As part of standardising the format for all education session planning (see 1.8.1 above), including eg. induction, assess opportunities for TEL. (This also links to the CIP for statutory/mandatory training). Action: EKB Project Manager			
Research & Development	2.5 Develop collaborative evaluation and research for the Trust's simulation facilities (eg. David Read Simulation Suite at PRH, Regional Paediatric Simulation Centre at RACH, simulation suites in 3Ts at RSCH). Action: Trust Simulation Lead (TBA)			
Innovation & Service Improvement	2.6 Ensure that at the development stage, all Trust innovation and service improvement activities consider opportunities for including TEL. Action: Tony Kelly / David Bloomfield			

Trust Role	Action / Responsible	Critical Dependencies	Success Criteria	Timescale
Patient/public health Promotion	<i>To be addressed in the medium-term strategy.</i>			
Employment outreach	<i>To be addressed in the medium-term strategy.</i>			

Priority 3: Human Factors Learning

Trust Role	Action / Responsible	Critical Dependencies	Success Criteria	Timescale
Education Commissioning <ul style="list-style-type: none"> includes undergraduate and postgraduate education commissioning 	3.1 Use the education commissioning process to encourage HEIs, and particularly those from whom the Trust commissions/recruits a significant proportion of students, to include learning about Human Factors within their education curricula. Action: Claire Martin / Clinical Placement Group / Simon Selby (Support Role)			
Clinical Placements <ul style="list-style-type: none"> includes doctors in training 	3.2 All Trust education roles to include an understanding of Human Factors as an 'essential' criterion; for all other roles, a 'desirable' criterion. To be assessed through the selection process. Action: Lorissa Page			
Staff Development & Training <ul style="list-style-type: none"> Induction (corporate and local) Training needs assessment (appraisal, revalidation) Statutory and mandatory training Ongoing learning & development for all staff, incl. CPD/CME Management & leadership development 	3.3 As part of standardising the format for all education session planning (see 1.8.1 above), including eg. induction, assess opportunities for including Human Factors learning. Action: EKB Project Manager			
	3.4 Assess the feasibility of including Human Factors education as mandatory training (to be considered as part of the CIP to reduce staff backfill costs). Action: Lorissa Page			
Research & Development	3.5 Continue to promote recognition of Human Factors through the research and audit application/registration processes. Action: Scott Harfield / Mark Renshaw			
	3.6 Ensure that Human Factors issues are formally considered in all Trust capital projects (eg. design of new and refurbished accommodation) and in the associated post-project evaluations. Action: Rob Brown			
Innovation & Service Improvement	3.7 Ensure that at the development stage, all Trust innovation and service improvement activities consider Human Factors issues/learning opportunities.			

Trust Role	Action / Responsible	Critical Dependencies	Success Criteria	Timescale
	<p style="text-align: center;">Action: Tony Kelly / David Bloomfield</p> <p>3.8 Develop a Trust approach to Human Factors (including impact on HR processes, eg. recruitment/induction, employee engagement, exit interviews), possibly as part of the evolving Trust strategy for Knowledge Management. Action: Ben Skinner / Education & Knowledge Board</p> <p>3.9 Continue to work with HEKSS to develop a shared understanding of/approach to Human Factors education. Action: Claire Martin</p>			
Patient/public health promotion	<i>To be addressed in the medium-term strategy.</i>			
Employment outreach	<i>To be addressed in the medium-term strategy.</i>			

Priority 4: Ethics & Compassion

Trust Role	Action / Responsible	Critical Dependencies	Success Criteria	Timescale
Education Commissioning <ul style="list-style-type: none"> includes undergraduate and postgraduate education commissioning 	4.1 Use the education commissioning process to encourage HEIs, and particularly those from whom the Trust commissions/recruits a significant proportion of students, to: <ul style="list-style-type: none"> 4.1.1 include learning about Ethics & Compassion within their education curricula; 4.1.2 ensure that compassion is included within their student selection process. Action: Claire Martin / Clinical Placement Group / Simon Selby (Support Role)			
Clinical Placements <ul style="list-style-type: none"> includes doctors in training 	4.2 Ensure that compassion and an appropriate level of understanding about ethical practice is considered within all student evaluations, including doctors in training. Action: Varadarajan Kalidasan / Education & Knowledge Board			
Staff Development & Training <ul style="list-style-type: none"> Induction (corporate and local) Training needs assessment (appraisal, revalidation) Statutory and mandatory training Ongoing learning & development for all staff, incl. CPD/CME Management & leadership development 	4.3 All Trust roles to include an understanding of ethics (appropriate to the nature and band of the role) and demonstration of compassion (or, as appropriate, respect, dignity, patient/customer care) as 'essential' criteria. Action: Lorissa Page			
	4.4 Develop associated, evidence-based evaluation methodologies to be applied as part of the recruitment selection process. Action: Lorissa Page			
	4.5 As part of standardising the format for all education session planning (see 1.8.1 above), including eg. induction, assess opportunities for discussing ethical issues and reflecting on compassionate practice (and, as appropriate, respect, dignity, patient/customer care). Action: Education & Knowledge Board			
	4.6 Assess the feasibility of including ethics and compassionate practice education (and/or, as appropriate, respect, dignity, patient/customer care) as a mandatory training (to be considered as part of the CIP to reduce staff backfill costs). Action: Lorissa Page			

Trust Role	Action / Responsible	Critical Dependencies	Success Criteria	Timescale
	4.7 Ensure that compassion (and/or, as appropriate, respect, dignity, patient/customer care) and ethical practice are appropriately reflected in the Trust Values & Behaviours statement. Action: Julie Herbert			
Research & Development	4.8 Person Specifications for all Trust researchers to include an understanding of ethics as an 'essential' criterion (to be included in the Trust policy on research governance). Action: Scott Harfield			
Innovation & Service Improvement	4.9 Ensure that at the development stage, all Trust innovation and service improvement activities consider the dimensions of compassion (and/or, as appropriate, respect, dignity, patient/customer care) and ethical practice. Action: Tony Kelly / David Bloomfield			
Patient/public health promotion	<i>To be addressed in the medium-term strategy.</i>			
Employment outreach	<i>To be addressed in the medium-term strategy.</i>			

Priority 5: 'Fitness for Purpose'

Trust Role	Action / Responsible	Critical Dependencies	Success Criteria	Timescale
Education Commissioning <ul style="list-style-type: none"> includes undergraduate and postgraduate education commissioning 				
Clinical Placements <ul style="list-style-type: none"> includes doctors in training 	<p>5.1 Develop/progress an action plan to address any weak scores in the results of the GMC National Training Survey²⁶. (Links to Trust plans for 7-day working, arrangements for supervision/cover and Clinical Strategy).</p> <p style="text-align: right;">Action: Varadarajan Kalidasan</p> <p>5.2 Ensure that the Trust is meeting the HEKSS standards for clinical placements, both to ensure best practice (and to avoid associated financial penalties). (Links to Trust plans for 7-day working, arrangements for supervision/cover and Clinical Strategy).</p> <p style="text-align: right;">Action: EKD Project Manager</p>			
Staff <ul style="list-style-type: none"> Induction (corporate and local) Training needs assessment (appraisal, revalidation) Statutory and mandatory training Ongoing learning & development for all staff, incl. CPD/CME Management & leadership development 	<p>5.3 Map the various education funding streams, assess the feasibility of amalgamation into a single budget and set of priorities, and identify any other education funding opportunities (eg. charitable funds).</p> <p style="text-align: right;">Action: Carlene De Souza / Kevin Nederpel</p> <p>5.4 Undertake a review of the educational effectiveness and value-for-money of the Trust's education programmes (starting with the highest volume/most significant commitment of staff time). This aligns with the review of statutory/mandatory training.</p> <p style="text-align: right;">Action: EKD Project Manager</p> <p>5.5 Undertake a programme of multidisciplinary peer review of all Trust education activities, starting with the highest-volume training. Provide appropriate mentoring/support to teachers.</p> <p style="text-align: right;">Action: EKD Project Manager</p> <p>5.6 As part of standardising the format for all education session planning</p>			

Trust Role	Action / Responsible	Critical Dependencies	Success Criteria	Timescale
	<p>(see 1.8.1 above), assess opportunities to embed the Trust statement of Values & Behaviours, once complete. Action: EKD Project Manager</p> <p>5.7 For all new recruitment, include a formal teaching qualification (or commitment to undertake/complete) as an 'essential' criterion for all posts with significant teaching commitments. Action: Lorissa Page</p> <p>5.8 Review how learning and education needs are identified through the Trust appraisal process, and opportunities to make more effective use of these data. Action: EKD Project Manager</p> <p>5.9 Ensure that Trust workforce planning tools (eg. ward template) include the appropriate uplift(s) for education and training. Action: Simon Selby / Shahrom Zohrehie</p> <p>5.10 Support the relevant Trust CIPs lead in addressing any educational deficiencies that are adversely impacting eg. NHSLA fees, HEKSS financial penalties. Action: Mary Tunbridge / Education & Knowledge Board</p>			
Research & Development	N/A			
Innovation & Service Improvement	N/A			
Patient/public health promotion	<i>To be addressed in the medium-term strategy.</i>			
Employment outreach	<i>To be addressed in the medium-term strategy.</i>			