

*Through creative partnerships we shape and develop a workforce that impacts positively on health and wellbeing for all.*



## Skills Development Strategy

for Kent, Surrey and Sussex

2013-2018



**THE NHS**  
CONSTITUTION  
the NHS belongs to us all

*Developing people for  
health and healthcare*



Health Education Kent  
Surrey and Sussex



## Introduction

The Skills Development Strategy (SDS) sets out the strategic workforce and education interventions required to support providers of NHS services in Kent, Surrey and Sussex to deliver excellent patient centred care.

The SDS has been developed by providers, in partnership with Health Education Kent, Surrey and Sussex and the priorities described have been informed by the health needs of our population both now and in the future.

## Our top five strategic priorities

### 1. Compassionate care

- Recruit and educate students with the right values and behaviours so that patients and their families experience compassionate and dignified care.

### 2. Dementia care

- Ensure staff have assessment and diagnostic skills so that people with dementia benefit from early diagnoses;
- Ensure those looking after people with dementia have support and training to provide excellent care;
- Develop supportive and effective on-going care planning and case management skills from diagnosis to end of life care.

### 3. Emergency care

- Realise the potential of the whole emergency workforce team to maximise their contribution;
- Support providers with workforce and education interventions to develop alternative models of emergency care provision.

### 4. Primary care

- Ensure the primary care and wider community workforce is able to meet the challenges of the future by developing a primary care workforce strategy.

### 5. Children and Young People

- Contribute to the health and wellbeing of children and young families by supporting growth in the health visitor workforce which plays a key part in achieving beneficial outcomes.

# Health Education Kent, Surrey and Sussex

## Who we are and what we do

HE KSS is a new provider led regional body that has been authorised as a sub-committee of Health Education England.

## The purpose of HE KSS is to;

Identify and agree local priorities for education and training to ensure security of supply of the skills and people providing health and public health services;

Plan and commission education and training on behalf of the local health community in the interests of sustainable high quality service provision and health improvement;

Be a forum for developing the whole health and public health workforce.

## What we want to achieve by 2018;

- Demonstrate that workforce and education interventions have had a positive impact on the health and wellbeing of people in Kent, Surrey and Sussex;
- There are enough staff in the right place with the right skills achieved through the development of the current workforce and commissioning the future workforce;
- Have a confident and competent workforce who have the knowledge and skills to provide evidence based care and can adapt to future ways of working;
- Patients tell us that staff demonstrate behaviours and values that are patient centred and express empathy and compassion.



## Compassionate care

### What is the challenge?

Satisfaction with the NHS has fallen overall and the recent Francis Inquiry and Berwick Review highlighted concerns about a lack of fundamentals of care, poor attitudes and a lack of culture in which to raise concerns. There are also serious issues with handling and sharing intelligence about patient safety issues across organisations.

### What we want to be better for patients and service users by 2018

For patients and their carers to report satisfaction with their care;

For the new family and friends test to demonstrate confidence in local health services.

### Workforce and education interventions required

Ensure students are recruited to the NHS values;

Develop the competence of the workforce in quality improvement techniques;

Educate the workforce in the practical application of compassion and dignity;

Ensure directors and senior staff in healthcare providers and education commissioners are continually developed to rigorously review and challenge practice in relation to compassion and safety;

Ensure that concerns raised about patient safety and patient care, such as feedback from students is shared appropriately so that action can be taken where necessary.

## Our vision statement, developed in partnership with stakeholders is;

*“Through creative partnerships we shape and develop a workforce that impacts positively on health and wellbeing for all”.*



## Dementia care

### What is the challenge?

Nationally dementia is the greatest health concern for people over 55 and the economic cost is more than cancer, heart disease or stroke. One in three people over 65 will develop dementia but only 42 per cent have received a formal diagnosis.

Only 31 per cent of GPs feel they have sufficient training to diagnose and manage patients with dementia. Approximately one in four patients in acute hospitals has dementia and yet hospital staff find it difficult to provide effective care.

In Kent, Surrey and Sussex the average rate of diagnosis is 38 per cent.

Incidences of dementia are forecast to

grow in the region in some areas by 50 per cent in the period to 2030.

### What we want to be better for patients and service users by 2018

More patients will have an early diagnosis so that rates in Kent, Surrey and Sussex are amongst the best, as measured by the NHS Outcomes Framework;

Patients with dementia and their carers state they receive high quality care in all settings;

Health and social care staff work in partnership to ensure patients with dementia are not admitted to hospital, including for end of life care unless this is essential for clinical care.

### Workforce and education interventions required

Staff will be appropriately trained in dementia care according to their role and responsibilities and Continuous Professional Development funding will be ring fenced to support this;

Dementia education and training will be available to support early diagnosis and on-going management plans for medical staff;

Front line care givers will have access to education and training to help them deliver excellent care in all settings;

Wider education support will be developed to enable staff to address future plans including legal issues and end of life care;

Development of the workforce will be done in partnership with social care, independent and voluntary sectors to help people with dementia stay independent and feel included in their community.





## Emergency care

### What is the challenge?

The demand for emergency care is increasing as well as the intensity of work. A high proportion of cases that arrive in Accident and Emergency could be managed by other services, if these services were accessible.

There is no easy route into the medical education pathway for emergency medicine and the specialism is relatively less attractive in comparison to other specialities. This means there is an over reliance on locum staff.

### What we want to be better for patients and service users by 2018

Patients can access emergency care, including major trauma care, in the most appropriate setting for their needs.

### Workforce and education interventions required

Support providers of emergency care with developing alternative service models by realising the potential of the existing workforce;

Work with HEE at a national level to reform emergency medical education;

Ensure existing staff, especially those supporting designated major trauma units, have the skills to provide excellent care.

## Primary care

### What is the challenge?

Care is shifting closer to home, yet services are often underdeveloped to facilitate this. There is a need to develop specialist centres in community settings to offer minor injuries services, minor surgery and diagnostics.

Some good progress has been made in the provision of end of life care at home but this needs to be built upon so it is an option available to all.

The primary care and community care workforce profile is not well understood and this lack of information makes it difficult to identify risks into future workforce supply, staff training and education needs.

### What we want to be better for patients and service users by 2018

The primary care and community care workforce has the competence and capacity to deliver effective care nearer home. This includes end of life care;

Patients are able to access healthcare advice easily and conveniently, making the most of social media and communication technology;

There are clear plans to ensure security of workforce supply where there are shortages.

### Workforce and education interventions required

Development of a primary care and community care workforce strategy;

Diagnostic and assessment skills education according to individual's roles and responsibilities;

Competency based training for staff to deliver more complex care at home. E.g. Intravenous therapy, chemotherapy, home haemodialysis;

Work with providers in health and justice settings, such as prisons and custody suites, to recruit and retain the nursing workforce and ensure all staff has the rights skills and knowledge to work in this field;

Work with stakeholders to develop the workforce supporting people with learning disabilities. This work includes mapping of the current workforce and reviewing education needs.

# Children and young people

## What is the challenge?

It is predicted that there will be a rise in birth rate, compounded by an increase in women with complications of pregnancy especially obesity that may lead to an increase in babies requiring specialist neonatal care.

There are concerns about the rise in lifestyle diseases in children, particularly obesity and alcohol. There is a shortage of health visitors in the region to ensure children under five have the best start in life. In addition school nurses are needed to support the Healthy Child programme for five to 19 year olds and the new national school children immunisation programme.

## What we want to be better for patients and service users by 2018

Improved outcomes for families with young children;  
Improved outcomes in maternity care.

## Workforce and education interventions required

Ensure the maternity workforce aligns with provider care pathways and that staff have the skills to deliver optimal care;

Assess demand for school nursing and take actions as required to secure supply;

Ensure staff working in children's services have the skills to provide public health interventions to reduce lifestyle disease;

Increase the number of health visitors in line with the workforce target so that the healthy child programme can be delivered effectively;

Work alongside the Maternity, Children and Young People Strategic Clinical Network to improve the outcomes of care.



# Enabling work programmes

There is a number of work programmes set up to support the delivery of our five strategic priorities. These include:

## Kent, Surrey and Sussex Statutory and Mandatory Training Passport

All organisations that provide NHS care are required by regulatory authorities to provide regular statutory and mandatory training. Currently there is no formal process in place to recognise training provided to employees and students by other organisations, which means that newly appointed staff and healthcare students often have

to repeat the full range of training when they move between employers and training placements.

In order to address this issue a Kent, Surrey Sussex Statutory and Mandatory Training Passport (KSS SaM Passport) is being developed. The project aims to promote transferability of core skills training between organisations though the adoption of a standard set of learning outcomes and trainer competencies together with

a consistent approach to recording training activity.

The passport project is underpinned by the UK Core Skills Training Framework.

## Technology Enhanced Learning

The key themes of this programme are:

- Simulation: developing simulation training for multi-professional team-based learning, training further faculty to support simulation training and providing opportunities for specialist simulation training;
- e-Learning: increasing and improving access to e-learning for the whole workforce, aligning mandatory e-learning with the core skills and training framework, providing opportunities to develop relevant and appropriate new content;
- Mobile applications: exploring how the use of mobile applications can be used to provide easy access to tools for assessment and learning which will improve patient care.

