Bromley Healthcare
better together

Clinical Directors Quarterly report
Quarter 4 January- March 2014

Summary

The Clinical Quality team has identified their key remit to be developing Bromley Healthcare as a learning organisation. This paper lays out changes taking place in the Risk and Training teams to support this ambition.

In addition to the internal learning that is facilitated by having an excellent Risk and Training team in-house, commissioners require evidence of the outputs of these teams both when monitoring our quality and in tenders. The teams have been adapting to the increasing scrutiny and requirement for robust data expected as the NHS modernises and tenders become increasingly rigorous. Adjustments have also been made by the teams to work even more closely with our colleagues in operations, particularly with respect to ensuring 'risk registers' are live documents and staff learning needs are appropriately identified and addressed.

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Developing a Learning Organisation – Risk and Training Team Reports

Risk Team

The Risk Team is introducing a number of improvements to existing Bromley Healthcare processes in order to optimise learning from incidents, near misses and complaints/concerns. In the last 3 months there has also been an external KPMG audit and an executive team review of 'risk' processes in Bromley Healthcare, the learning from which is detailed below.

Changes to the Investigation Report resulting from Pressure Ulcer Serious Incidents

Currently all Grade 3 or 4 pressure ulcers that develop while under the care of a relevant Bromley Healthcare service are required to be reported to the Bromley CCG as a Serious Incident. All Serious Incidents need to be investigated following principles of Root Cause Analysis and an Investigation report needs to be submitted to the CCG. This report is required to have certain fields / headings to give all the information required. The information includes chronology (incorporating barrier analysis), root cause, contributory factors and actions / learning as a result of the investigation.

Background

Over three years ago when the reporting and investigation of grade 3 and 4 pressure ulcers were introduced a template was devised and there was a proposal that this should be the standard reporting tool for any Pressure Ulcer Serious Incidents. At the time Bromley Healthcare adopted this template.

The Serious Incident Investigation process required an investigation group for each SI and often more than one meeting. This was far too onerous for the numbers of Pressure Ulcer Serious Incidents that were being reported and requiring investigation. Therefore the process was reviewed and it was agreed with operational services that the investigation would be carried out within the service/s (one service taking a lead) and the final report presented to a panel. Prior to the panel the members of the panel would read all the reports and then challenge / fill any gaps etc. at the panel. Any changes or additions would be agreed at the panel and the conclusions of the report agreed and signed off by the relevant Operational Director.

Although this did shorten the process it was found that the service was carrying out the investigations in isolation (team leaders taking information from RiO) and not including all the team/s and there was a disproportional amount of time spent on the chronology and not on the causes and learning as a result of the incident. The whole process should be seen as an inclusive and reflective process for all staff involved.

Recent Changes

The principles of the investigation and the policy for reporting and managing serious incidents remains unchanged but following sessions with all relevant services some changes were agreed. These include:

1. Changing the report format – based on barrier analysis linked to the Pressure Ulcer care checklist. The template is currently being piloted and records whether the correct measures were taken based on the checklist rather than listing all the events in the chronology.
2. It was agreed that teams to carry out the RCA in the workplace with the offer of support from the Risk Team if needed.
3. Encouraging the investigation to be carried out in a timelier manner by bringing forward the deadline for the panels. This assists the identification where some pressure ulcers are reported incorrectly e.g. moisture lesions, and avoids the need to complete the full RCA investigation. It also allows timely learning to take place while the incident is still fresh in everyone's minds, something that was not always possible when following the national 42 day timeline.

Future

There are regular meetings with Bromley CCG to look at the Pressure Ulcer reporting process and Bromley CCG have been having regular meetings with other providers such as King's to bring all providers in line with the processes of reporting. As a result the Head of Nursing and the Risk Manager are setting up meetings with King's so that they can agree more effective ways of sharing Patient Information and avoid duplication in reporting and investigation.

There is considerable work being carried out at a strategic level looking into making the reporting and management of pressure ulcers more efficient and effective to improve patient safety and care and to make the reporting between organisations more streamlined. This includes reporting appropriately to Adult Safeguarding and links patient safety initiatives. Members of the Quality team are attending London region NHS Safety Thermometer workshops in July with other representatives from Bromley that include Local Authority, Bromley CCG and other provider organisations.

Control drug Incident reporting

There is a national process for reporting controlled drug incidents and it has been indicated that organisations should consider including names of individual staff, though no national threshold for such data sharing has been produced. The process for reporting controlled drug incidents to the accountable officer (Dr Jenson) has been reviewed and discussed at Direct Reports to produce a clear flow chart for review and investigation. The flow chart details timeframes and responsibilities which include reporting on Datix within 24 hours, review by the

Risk team and then investigation and management of the incident by the service which is supported and monitored by the Quality Manager and the pharmacist lead. The outcome is then discussed with the Clinical Director and shared at the weekly '3D' meeting with the Operational Directors to decide if the incident needs to be reported externally (with or without staff names) to the national accountable officer. In the event of a staff name being shared, the member of staff will be advised and given appropriate support. Our usual threshold for reporting is those incidents which have caused actual or potential significant harm - no such incidents have occurred in the last 3 months (since this process was introduced).

KPMG internal Audit (feedback and Incidents)

In April / May there was an internal audit carried out by KPMG that included How the 4 Cs (complaints, concerns, compliments and comments) are handled, from receipt through to investigation, communication and reporting. They considered if the processes were clearly defined and how lessons are communicated throughout the organisation.

How incidents are identified, reported and what actions were taken were also included in the internal audit. This included the processes and controls in place for investigating and reporting on pressure ulcers.

The internal audit found that Bromley Health care was adequate (highest level) in all areas except the following:

1. The Feedback policy needed to be updated as a result of organisational change and some procedural changes as a result of Datix. (This was underway at the time of the audit).
2. Clarity on operational responsibility in relation to the investigation and response to and feedback (linked to organisational change and roles and the need to revise the policy).

Risk Management Training

Risk Management training for managers has previously been delivered twice a year for any new managers to the organisation. This training linked to the corporate induction training and covered Datix, Incident reporting and investigation, Feedback module and Risk management (Risk registers).

It has been decided that this training will now be delivered on an individual basis or small groups to allow for the same information and training to be delivered but more tailored to the individual and the service needs. This also allows for training to be delivered more timely for new managers and for staff whose managerial responsibility change. The same learning outcomes are met and this training is registered with the training department.

Risk Registers

Following the Board seminar on Risk, a further executive review of the effectiveness of existing processes took place. It was agreed that an effective risk register must be action orientated.

To facilitate this, it has been agreed that:

- Executive risks will be identified by linking to key targets / performance indicators (including patient safety)
- The Risk Manager will attend regular meetings with operational manager/s and service leads to discuss and review their operational risks and facilitate appropriate action-taking
- The Risk Manager will attend Executive team meetings on a monthly basis to feedback on aggregated operational risks.

Other Learning

Adult safeguarding procedures have been reviewed and linked to incident reporting to gather more information on concerns raised and how these concerns are reported to local authority. Staff have been advised to use the Datix format as a basis for reporting. A feedback process has been agreed with London Borough of Bromley so staff can learn which reports led on to a LBB investigation and the outcome.

A medication checklist has been introduced in District Nursing to facilitate scrutiny against the key risk areas identified from previous incidents and a further analysis of incidents subsequent to this list will be presented to the commissioner in the autumn.

Training Team

The Training Team's aim is to develop Bromley Healthcare as a learning organisation by optimising staff development. Our overarching goal is to ensure staff are ready to provide safe and high quality patient care, the standards of which are continually rising and aspiring to excellence.

The team provides both direct and indirect functions, the needs for which are established via the training need analysis:

I. Directly - via a programme of training both for qualified staff and students. This includes both mandatory training and non-mandatory training
II. Indirectly - by supporting recruitment, induction, appraisal, clinical supervision and continuing professional development.

This report provides detail of achievements in 2013-14 and plans for 2014-15.

2013-14

Key milestones over the year

- *Training team moved from HR to Quality team*
- *Created Adult Safeguarding training plan and introduced 2 year up-date requirements for adult safeguarding training.*
- *Integrated safer recruitment training*
- *Delivered extensive dementia training programme to meet targets*
- *Implemented a learning programme to support District Nursing 'acting' Band 6s*
- *Supported community and rehab teams through change programmes and ran team development workshops for them.*
- *Ran two OSCEs for Community Matrons and rapid response nurses and arranged remedial training support with observed practice to agreed benchmarks as part of the process.*
- *Red flag training for nurse practitioners*
- *Introduced Bite-size management courses in response to feedback from managers.*
- *Ran introduction to wound care for practice HCAs to support CCG colleagues*
- *Ran telephone consultation training for EMDoc doctors in conjunction with colleagues at Grab-a-Doc*
- *Set up a successful intern programme with Westminster University*
- *Rolled out revalidation for doctors compliant with all national quality standards.*

Represented BHC on:

- *Community Education Provider Network*
- *South London Membership Council*
- *South East Talent Group.*

I: Direct training

(i) Qualified staff

Mandatory Training

Mandatory training is identified either through legislation, the NHS Litigation Authority Guidance, Connecting for Health standards, contractual requirements or other areas of compliance. Non-compliance in these areas exposes Bromley Healthcare to the risk of legal action, prosecution, loss of reputation, and/or loss of contracts. Where the training is predominantly about up-dating and providing knowledge, this training is provided online (we have 7 online courses) to optimise productivity otherwise it is provided face-to-face by competent providers. A mandatory training calendar is set at the start of the year based on expected needs and then monitored and adjusted through the year to ensure BHC can maintain compliance.

Throughout the year we have supported BHC to continually meet close to or just over 85% compliance across all mandatory training via 1895 online mandatory training interventions and 136 mandatory training courses over the year, with 1407 staff attending. Courses ran at an average of 68% capacity.

We also placed 44 staff on Bromley Safeguarding Adult Board (BSAB) adult protection courses and 60 staff on food handling courses with Bromley College.

Service Specific Training

Priorities identified for this year included blood glucose training, blood pressure training and dementia training (part of a successfully delivered CQUIN).

We ran 89 clinical courses in-house, with 1402 bookings (381 cancellations). These courses ran at only 43% capacity, which meant that 1337 places went unfilled. However with around 500 clinical staff working for us this means that on average each person attended at least 2 in house courses.

458 staff attended external training courses supported by BHC; almost 60% of the workforce attended an external training course last year. Most of these courses are booked and paid for directly by the training team.

We ran 21 internal management training courses with 162 staff attending. These ran at an average of 55% capacity, meaning that some 132 other staff could have also attended. Management training included balanced scorecard training and the introduction of bite-sized courses to give quick, sharp updates for staff, recognising staff inability to attend whole day courses. Other courses were identified with services, i.e., report writing with the bid development team, Lean overview with team leaders, letter writing for District Nurses and AfC panel training for HR.

We ran 13 IT courses with 63 staff attending. These covered Excel, Word and Publisher training. The courses ran at 61% capacity, though this is skewed as most popular are Publisher and Excel, whilst the demand for Word has dropped off. This year we ran no Basic Introduction to IT nor GroupWise training as demand dropped off in 2012/13, and there was no further demand this year, even though they remain in the training prospectus

Regarding safeguarding training (non-mandatory), we ran one Mental Capacity Act training event, which 14 staff attended, and sent 86 delegates on other open Bromley Adult/Children Safeguarding Board training events and conferences. 20% of our clinical staff engaged with a specialist safeguarding event.

Evaluation of training

Effective validation and evaluation measures the impact of training on the delivery of services.

Training can be validated in a number of ways from testing learning through the programme to testing learning at the end of a programme to measuring changes in performance in the work place. We already have testing taking place at the end of some online learning programmes and propose to expand this. Hence we have been piloting end of course assessment via post-course multi-choice question tests on Mental Capacity Act training, Depravation of Liberty training and Customer Care training. We also used them on the nursing home training we provided on medicines management, hydration and nutrition, and infection control.

Evaluation measures the impact of the learning on the trainee, their team and the organisation. At the moment we issue paper-based evaluation forms at the end of all courses and do some limited analysis of their impact. This mainly relates to the quality of the training delivered. We are moving to an electronic process for 2013-14 with a wider scope of assessment.

Students

The management of student placements is important to Bromley Healthcare in attracting funding, creating strong links and reputation with Higher Education Institutions (HEIs) and Education England and in attracting newly qualified nurses and sharing new thinking amongst our staff. It also enables experienced staff to develop a new skill set in supporting and mentoring staff new to the professions. It is also a useful tool in marketing BHC as a place to work to newly qualified students.

Pre-registration provision includes foundation degrees in rehabilitation and nursing (currently with 4 students) and pre-registration sponsorship – nursing and therapies

We continue to offer short-term placements across all disciplines. Last year we placed the equivalent of 463 student weeks over an academic year that is the equivalent of 12 students out in the service every week.

Post Registration: Last year we took 15 students amounting to 368 weeks of placements. We supported 10 mentors and practice teachers to support these students.
Managing the student process takes some 52 days which is around a third of the days available to our 0.6 FTE Clinical Training Lead.

Evaluation

Pre-reg students have a comprehensive Placement Assessment Document used in community and acute placements. They can be failed at the end of each year on this. They have university assignments they have to pass and OSCEs at Uni that they have to complete.

Post -reg students have a Practice Teacher who assesses them in practice, again with PAD, they have OSCEs in Uni and assignments.

Both are governed by NMC guidelines and rigorous practices.

II: Facilitating a learning organisation through supporting competency-based recruitment, supervision and appraisal

Recruitment

Various innovations around competency-based clinical recruitment are being collated into an assessment library to allow service leads to access this resource when planning their recruitment, for example a written prioritisation test for nurse practitioners and a maths test for HCAs. Service leads are being encouraged to adopt and develop such assessments to ensure the competencies required to provide safe and effective patient care are robustly demonstrated prior to job offer.

Supervision/appraisal

The Training team has recruited a new Community Clinical Educator with a refreshed job description (formerly the practice educator role), with a further new educator post being recruited. These posts have a key remit to work with individuals and small groups to develop clinical competence around identified learning needs. The remit is no longer solely with District Nurses, it is with all clinicians (the second post will have a particular focus on HCAs). They also have a remit to ensure clinical supervision and appraisal is systematically implemented and evaluated across BHC. Clinical supervision has been defined as, "a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations". (Department of Health (1993) *A vision for the future).* This definition encapsulates the direction of travel of the quality team within Bromley Healthcare..

2014 /15

This section sets out proposals for innovations in 2014/15 regarding the training team provision for qualified staff (the provision for students will continue largely unchanged).

Headlines:

- *All clinical training to have an end of course assessment with a benchmarked achievement level required for 'pass'*
- *Audit of induction to ensure all staff have a robust introduction to their role*
- *Leadership development including developing service leads using the NHS leadership framework*
- *Developing a library of competence-based recruitment tools*
- *Recruit a fixed-term IT trainer to support staff competence in the use of technology to deliver health interventions.*

- *Recruit a fixed term skills trainer to lead on key management and cultural change projects (including management of change courses, lower leadership skills training and other training courses.*
- *Recruit the second Community Clinical Educator to support quality improvements in the clinical areas including developing clinical supervision, so that all clinicians have regular supervision by the end of this financial year.*
- *A self service booking system for all statutory and mandatory training*
- *An electronic evaluation system to enable better analysis of post-course evaluation feedback and a copy for the learner to add to their portfolio*
- *An electronic appraisal process in place linking to individual objectives and putting in place measurable tools such as multi-source feedback*
- *Improve knowledge sharing across BHC staff*
- *Scope a virtual campus to replace the training database and the Training booking system, with a view to implementing in 2015/16l*
- *Balanced scorecard to be implemented.*

Training Needs Analysis

Services were asked to identify their training needs including the link to patient care. A new process was introduced to encourage services to carefully consider the origin of the training 'need', moving towards an evidence-based approach (replacing what might previously have been described as a 'wish list'):

Mechanism of identification of training need:
1a=at development review (and documented on PDP) - based on reflection alone
1b=at development review - based on audit outcome
1c=at development review - based on incident/near miss/complaint
1d=at development review - based on colleague feedback
1e=at development review - based on patient feedback
2=mandatory or statutory training
3=new business need (please expand reason in comments section)
4=other business need (please expand reason in comments section)
5=other ((please expand reason in comments section).

- Service lead development will be a key focus for 2014-15; to include leadership and team development competencies
- The training team will meet quarterly with service leads to provide support around learning need analysis/development for themselves and their team
- Service leads will have specific accountability to ensure staff turn up for agreed training (benchmarked targets)
- Efforts will be made to shorten/combine courses locally e.g. linked to team meetings to facilitate attendance.

The Learning and Development policy will be rewritten by July 2014 to reflect the above and balanced scorecards adjusted to allow measurement of defined benchmarks.

Online booking pilot June 2014

Online booking of courses on our 'AT Learning' system will commence (in pilot form) in June 2014. This will facilitate service leads to oversee their staff's training plan as well as streamlining administrative processes within the Training team.

Project Benefits:	Better quality data Reduction in time in administrating training Better management information on training Reminders to staff for mandatory training Give managers more control over their staff's training

Service specific training developments

New themes being worked on for 2014/5 in response to Bromley Healthcare's development as an organisation (identified by the leadership team) are:

- Customer care training for all staff
- Record keeping training to support EMIS roll-out and quality
- Change management training for all staff
- A HCA clinical skills programme to support the new HCA competence framework
- Appraisal training to support the new appraisal process
- Leadership and management training for experienced and new managers
- Clinical Supervision development
- Year 2 rollout of dementia screening and additional mental capacity training for all staff working with frail elderly.

Training budget

In order to empower service leads to develop their teams, we will be allocating part of the budget direct to budget holders to manage (the remainder will be retained by the Learning and Development team to cover corporate training and statutory and mandatory training). Appendix 3 shows the proposed model.

Ensuring training is cost-effective

Our mean course duration is around half a day (ranging 1-7.5 hours) and we are always keen to offer 'bite sized' training where appropriate. We will be seeking additional specific feedback from participants and managers about whether timing of courses is optimal in our 2014-15 evaluations.

Assessing training

It is proposed that each course run by Bromley Healthcare has a form of summative assessment at the end of it. Table 1 gives some possible examples.

Curriculum Area	Type of test	Environment
Knowledge	Written test Verbal test Case study / scenario	Class room Workplace
Skills / procedures	Observation Case study discussion Case study written Assessment of practice simulation	Classroom Workplace
Behaviours	Observation Case study discussion	Workplace
Attitudes	Observation Discussion	Workplace

End of course assessment can particularly contribute towards benchmarking outcomes for knowledge and skills. For each course a point will be identified above which the learner is deemed to have met requirements and below which the learner is deemed to require further development

Summative assessment of training courses will be useful way for both staff and managers to be confident that they have received benchmarked training. It will also help to validate the value of training and inform decisions both on the type of training offered and the choice of training provider.

Initial concerns that adding summative assessment to the end of the courses would either increase the length of the course or reduce the numbers in the classroom have not been substantiated by the piloting in 2013-14.

Formal reviews of externally provided training courses

Ideally each course provider would be contacted each year to review the learning objectives of the courses and delivery methods of the courses. Last year this was not achievable. This year a timetable will be put in place to start this process occurring at least once every two years for each course.

External benchmarking of the training team strategy and process

We propose to identify a similar provider to BHC elsewhere in the UK and establish comparisons/benchmarking e.g. re-evaluation methods and benchmarks.

Facilitating a learning organisation through supporting competency-based recruitment, induction, CPD, supervision and appraisal

Appraisal pilot

Following the successful introduction of an electronic, portfolio-based appraisal process for doctors (in order to meet the requirements of revalidation), we are planning to pilot a similar paper-based process for other clinicians in 2014 and move to an electronic process by 2015. We are considering various electronic tools but need to ensure we select one that is sufficiently adaptable for both the professional needs of our various staff groups and also our organisational need to incorporate individual and corporate objectives into the appraisal process.