

## Agenda Item 3.v

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 1 September 2022</b>
<b>Report from:</b>	<b>Maura Screatton, Chief Nurse and Jonathan Lonsdale, Assistant Director Education</b>	
<b>Principal Objective/ Strategy and Title:</b>	<b>Health Education England (HEE) Provider Self-Assessment - summary report</b>	
<b>Regulatory Requirement:</b>	In accordance with the Care Act 2014, Health Education England (HEE) is responsible for the leadership of all healthcare education and training for those employed by the NHS and for those seeking NHS employment. HEE also has the statutory obligations for the quality of the services delivered that it funds, as well as for the safety and protection of students and patients. The HEE Quality Framework identifies the standards that organisations are expected to meet to provide high quality learning environments. The NHS Education Contract (2021- 24) requests providers to fulfil the obligations of its roles and responsibilities set out in the HEE Quality Framework and to submit a return to HEE on their compliance with the contract.	
<b>Equality Considerations:</b>	Covered as part of the self-assessment.	
<b>Key Risks:</b>	ID1948 – Clinical Training Rooms NPH	
<b>For:</b>	<b>Approval</b>	

### 1. Background

The HEE Self-Assessment (SA) is a process by which organisations carry out their own quality evaluation against the set of standards – this year it is an electronic submission. It is based on the philosophy of continuous quality improvement, the identification of quality improvement potential, the development of action plans, implementation, and subsequent evaluation.

Providers are asked to complete the online form indicating where they have or have not met the standards as set out in the SA by 30<sup>th</sup> September 2022. Whilst optional, here at RPH we have also elected to provide summary of available evidence to support responses, which may be requested once an HEE triangulation exercise has taken place (Please see Appendix 1- word document version of the draft submission).

Board approval is requested by HEE before final submission.

### 2. Key Achievements

**Royal Papworth School:** as part function of the Trust and Education strategies, the Royal Papworth School vision is to pull together the, currently, fragmented elements of education provided at RPH under a single 'unit', provide a curricular approach to staff development, build upon the expertise at RPH and generate income to be reinvested into RPH education. Developing on the concept supported at Exec and Board level, a transitional School Management Group (comprising leads across the various clinical and non-clinical divisions) is drafting the school strategy and progressing from the current soft launch stage to formal launch in 2023.

**Undergraduate Medical Education:** The offerings and delivery of curriculum has grown over the last 12-18months through the successful combination of a multidisciplinary approach to education, appointment of medical education fellows, PA allocation and advanced practitioner posts. The

successful delivery of year 4-5-6 undergraduate medical education programs as a placement provider on the Cambridge Medical School circuit was widely recognised and gained accolade at our annual QA visit reiterating the innovative approaches to delivery, adoption of digital technology to supplement training and advance the experience and practice of the learners.

**C19 pandemic:** Successful redeployment of multidisciplinary staff throughout the peaks of the C19 pandemic achieved through modified rostering, supportive training for redeployed staff, upskilling of wider multi-professional groups to deliver safe patient care (including deployment of students into practice whilst maintaining their learning experience), and critical attention to staff and public feedback to ensure modifications to approach were adopted in the second wave. This has been followed up with an acute focus on staff wellbeing, restorative supervision and adoption of lessons learnt and areas of good/innovative practice.

### 3. Current open Risk

**Lack of protected clinical education training space (ID1948):** This was a risk that we were aware of prior to our self-assessment. With RPH itself and the wider Cambridge Biomedical Campus there is limited safe, high fidelity clinical training space. At RPH we are dependent on modified patient activity planning to release bed spaces for such training. This is a significant risk factor for the organisation in ensuring staff have the training resource to enable professional development, clinical training and attainment of competence. Whilst there are minimal mitigation options (echoed across campus) an options paper is in draft to propose resolution.

### 4. Current key challenges

From the self-assessment process, we have good evidence that we meet as a provider all the key standards that organisations are expected to meet to provide high quality learning environments to all learners. Below are our current three challenges that we were aware of prior to this self-assessment process and the work and mitigations that we are currently in progress.

**Challenged allocations for education funds:** Following the 2020/1 to 2022/3 3-year investment divulged down through HEE (£1k/pp), there is uncertainty in future CPD allocation; contributions have varied dramatically over recent years placing risk under education planning. Whilst mitigations are planned and development through the Royal Papworth School aims to explore further income generation for reinvestment into education, they are unlikely to achieve the contribution gained recently through HEE and will cause a stifling of professional development opportunities in the short term. Additionally, whilst a great degree of external and internal scrutiny has been applied to medical student undergraduate funds (SIFT), there remains some disconnect between the LDA for undergraduate and post graduate training which requires further transparency of flow through to education budgets. There is currently no direct 'budget' from which to redirect these funds to educational spend, however in conjunction with our finance teams, work is ongoing as part of the RPH School development to ensure full transparency and flow of funding as appropriate.

**Increasing dependence on VLE:** RPH have a bespoke virtual learning platform (LearnZone) which was developed in response to the covid surge to enable staff to access training and resources as well as provide a supporting audit program for training access. This platform has demonstrated significant benefits and value add and has consequently grown in utilisation and expectation, however whilst originating as an interim solution to an immediate problem it has developed into a critical part of BAU but is consequently now unresourced (platform development, management administration and contracting). As part of the developing Royal Papworth School an ATIR proposal is in draft to develop a long term VLE solution.

**Lack of education specific EDI knowledge:** RPH is very proud of the quantity and quality of work undertaken to ensure its staff are represented, supported and heard. A variety of equality, diversity and inclusion workstreams are in place providing rich data and enabling a reactive and proactive approach to

issues at all levels and in all professions; including a refresh on our leadership learning and behaviours and our Trust values. We are however aware that there is lack of specificity in some of the data collections around EDI and education – reporting is therefore currently by exception only which has risk to leave us blind to some issues. There is opportunity to better support this going forward with input from our EDIU leads.

## **5. Current Monitoring in place by HEE for placements**

**HEE QIR:** In August 2022 RPH was included in the HEE Quality Improvement Register (QIR) following concerns escalated to HEE in relation to Scientist Training Programme (STP) trainees (Critical Care). The risk rating for Critical Care Science STP trainees has been agreed at 15 with an Intensive Support Framework (ISF) rating of 2. The ISF 2 rating recognises that there are a significant number of areas where RPH does not currently meet the HEE standards and/or plans in place are not delivering sustainable improvement at the pace required. A response letter and action planning is being led by the lead consultant for CCA STPs supported by the Lead Cardiac Physiologist, CCA Nurse Consultant and Clinical Education. Action planning includes additional support to deputise for the ITU Scientist lead, additional student forums and a review of training post commissioning to ensure support/capacity enable curriculum delivery. This is a recent review with active resolution planning being worked up against the ongoing HEE reporting.

## **6. Conclusion**

We are confident the SA accurately reports RPHs position and positively reflects achievements and opportunities to date, celebrating success but transparently acknowledging our gaps and risks. The SA seeks binary yes / no answers to each of the questions and whilst we have answered in the positive for each, we provide brief detail where explanation is required or further information clarifies the answer.

The HEE Self-Assessment submission was reviewed at the Q&R Committee meeting on the 25 August 2022 and was recommended to the Board for approval.

### **Recommendation:**

The Board is asked to note the content of this report and to approve the Health Education England (HEE) Provider Self-Assessment for submission.