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NUCCAT Workshop
Accrediting CPD Provision
Tuesday 8th March 2011

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Aims of the Session

- About the Trust
- Building the Affiliated Partnership
- What WWL NHS FT gets out of the partnership in terms of developing the workforce and supporting our risk management infrastructure
- Evaluation so far
- Outcomes to date
- Next steps
Wrightington, Wigan & Leigh NHS Foundation Trust
Mission Statement:

“to create the right conditions for our staff to put our patients needs at the heart of everything we do”
Some facts

Wrightington, Wigan & Leigh NHS Foundation Trust

• Forward Thinking Acute Trust
• Foundation trust, so financial and operational freedom
• Comprises of 3 hospital sites and an out-patients centre in the heart of Wigan
• 758 in-patient beds
• 42,000 in-patient and day cases per year
• 350,000 out-patients per year
• 85,000 A&E attendances per year
• 4,350 staff
• Annual income of £203 million

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5 Guiding Principles

Wrightington, Wigan & Leigh NHS Foundation Trust

• Provides effective, responsive services of high quality
• Ensures that services are integrated and co-ordinated – (working in partnership)
• Ensures that staff feel valued and make the best of their attributes
• Makes our services locally accessible as far as possible
• Uses resources efficiently
Building the Affiliated Partnership

Strategic response by the Trust to reduce the incidence of clinical risk in six key areas

• Medicine Safety
• Infection Control
• Medical Devices
• Nutrition
• Tissue Viability
• Blood Products

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Concept of the ‘Clinical Skills Passport’ developed to complement an existing in-house training programme

Practice development work became so detailed and robust that it was felt worthy of broader recognition, and Edge Hill University was approached to explore the possibility of including academic credits.
Drivers

- Risk Management
- Developing the workforce
- QAA – supporting collaborative provision of learning
- NHS Constitution for England pledges to staff regarding development and the need to rethink traditional models of CPD (DoH, 2009)
Drivers (2)

- Service challenges of releasing staff to learning sessions outside of the workplace (NHS Northwest, 2009)
- Partnership arrangements meet expectations set out both by QAA and the DoH and is very forward thinking in its design
- January 2011 open consultation by DoH ‘Liberating the NHS - developing the healthcare workforce’ crystal ball could be exemplar of new ways of delivering CPD
Benefits

- Curriculum is current and relevant to WWL NHS FT
- EHU quality assurance requirements are met
- Direct impact on patient care is highly visible
- Clear progression route for staff and students who wish to continue on a pathway to a substantive award and that, in turn, will assist in developing the workforce
- Professional development of both registered and unregistered staff – the word ‘nurse’ is not used
- Organisational assurance that practice is safe and effective

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Collaborative Delivery Plan and Affiliated Partnership Documentation

- States roles and responsibilities of partners, informed by CSF Development Group
- Teaching and Learning
  - Delivered throughout the Trust in an established learning environment
  - Integrates Trust policy to support learning within practice and includes the role of Learning Environment Manager and Professional Education Facilitator
- Framework work and teaching & learning materials are developed and delivered by SME’s e.g. Specialist nurses. CV submitted to EHU

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Collaborative Delivery Plan and Affiliated Partnership Documentation (2)

- Assessment of Credit Recognition
  - Clinical Skills Passport assessed in practice
  - Written examination with both multi-choice and short answer questions – EXPECTATION that students will critically analyse and apply Trust policy and evidence based practice to clinical scenarios
  - Elements self and peer assessed, qualified assessor
  - Pass/fail, level 6, Credit 10, hours learning 100
  - Link tutor has worked with team to support the development of examination papers and marking processes

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Assessment of Credit Recognition (2)

- Aim to facilitate training & development of specialist nurse to be first marker and the link tutor undertakes the moderation role.
- Completed papers would be subject to external examiner scrutiny and the results presented via the CPD Undergraduate Assessment Board.

Progression

- Once academic credits are gained staff can take a degree pathway within EHU.
Academic Pathways for Utilisation of Credits Accrued from the Affiliated Partnership

Learning Outcomes are at degree (level6) level

Member of staff accesses credit recognition via the clinical skills framework

Successfully completes and accrues credits via clinical passport affiliated partnership at degree level

Can count up to 60 credits towards the degree pathway for the BSc (Hon) Health & Social Care Practice

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Can be used to support:

- Induction of new staff
- Preceptorship
- Professional development
- Achievement of KSF evidence
- Validation of existing Advanced Quality nursing metric audits – if a clinical environment is scoring low, the ward manager can carry out a random audit of individual practice using the Framework to review practice
- Includes the opportunity for both new and existing staff to access an accredited academic programme at Level 6 supported by our existing in-house training schedule
Developing the CSF

- Developed by specialist nurses in consultation with Skills for Health, who have provided NOS and quality assurance to the work
- KSF framework is transparent throughout, to support transferability of skills
- Clinical skills mapped against competencies identified in each core area and also against the KSF. The mapping document bringing it all together is the Skills Passport
Who can Access the Programme?

- ANYONE!
- New starters and RTP - ? Whole programme 6 modules
- Existing staff as part of CPD process – all or individual units
- Accessed for performance management purposes
Assessment

What is competency?

• “...the skills and ability to practice safely and effectively without the need for direct supervision” (Fitness for Practice, 1999)

What is lack of competency?

• “A lack of knowledge, skill or judgement of such a nature that the individual is unfit to practice safely and effectively”
• Responsibility for assessing competency of a clinical skill within the framework is a shared one between the individual undertaking the skill and the employer
• All clinical skills may be peer or self-assessed, except those with an asterisk annotation
• Review of an individual’s clinical skill competency will be undertaken through the annual PDR process
• Where policy exists, such as blood transfusion competencies, frequency of competency assessment will be specified
How an Individual gains the Clinical Skills and Achievement of Competency

By looking at the Trust policies and procedures for each area, the staff or a new starter completes a self-assessment process as part of their induction or annual review and identifies skills relevant to the role.

At initial appraisal proof of competency must be produced. Further training needs identified.

Appropriate development opportunity identified.

Clinical Skill Competency assessed in clinical area.

Proof of clinical skill competency assessed by manager/work-based assessor and Competency Passport completed.

Continued competence and/or additional training needs assessed at PDR.

Competency Passport verified for a further twelve months.

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Evaluation

➢ Ongoing over three years – four core areas

  • Reliability and validity of the assessment decisions arrived at from using the tool
  • Utility of the passport within the framework
  • Added value to staff accessing University accreditation
  • To establish if the process of implementing the framework influences staff confidence in managing the clinical risk associated with their practice within each element

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Evaluation (2)

Methods

- Quantitative methodology
  - Number enrolled at induction
  - Number completing self-assessment
  - Number registered with EHU
  - Number passing exam
  - How long to complete unit?
  - Background of staff

- Qualitative methodology
  - Self-reported ease of use
  - Language and time
  - Focus groups
Evaluation headlines to Date

- Pilot October 2009 as part of re-launch of Preceptorship Programme
- Implemented via corporate induction
- 1:1 visits to ward managers, matrons, QSM’s, LEM’s
- Register of cohorts to provide monthly support
- Positive response from staff, welcomed it as a performance management tool and no additional study days, but giving staff recognition and credit for what they had to do
- Perceived priority areas were medical devices, blood transfusion and medicine safety
- Outcome of pilot was a need expressed by staff that they needed to develop additional units to include observations and specialist units for areas such as Neonates and Paediatrics
Evaluation headlines to Date (2)

- Between October 2009 and May 2010 42 registered nurses enrolled, plus 1 AP

- Dedicated training week implemented for one ward providing need to further develop a dedicated Clinical Training Ward (CTW) to support our work

- Examination sessions, in May 2010 and November 2010, have been undertaken. Some issues with May 2010 cohort but resolved following development of a process map

- Some failed exams so need to discuss strategic consequences of this. Pass rate 87.5%

- Clinical Observations unit has now been validated
Outcomes

- Growing and evolving by the day and from admin perspective becoming unmanageable. A victim of its own success
- Clinical Skills Training Ward and business case for further development and funding
- Won ‘Recognising Excellence’ award for improving staff development opportunities
- Extended to HCA and AP’s, providing CPD opportunities for other groups of staff
- Clinical competencies visible
- Quality and safety of patient care is enhanced and measurable outcomes, becoming evident via W2B and nursing metrics
Next Steps

- Debate strategic consequences of staff failing exams
- Continue evaluating evolving framework
- Create an infrastructure to support the development of the CSF to be utilised by unregistered staff
- Incorporate into Education Governance infrastructure to ensure sustainability
- Continue collaborative working with SfH and EHU
- Continue to develop the use of the Clinical Skills Passport and aspire to universal transferability
Questions?

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