


# 2018 Education & Training Self-Assessment Report (SAR)

Reporting Period: 1 August 2017 to 31 July 2018

Deadline for submission to HEE: 31 October 2018

Trust's name:	Liverpool Heart and Chest Hospital NHS Foundation Trust
Value of contract / funding with HEE:	1. Total initial 18/19 LDA value (including undergraduate): £2,338,791.71 2. Total for salaries for doctors in training in 18/19: £930,526 3. Total estimated Medical placement tariff in 18/19: £492,882 4. Total estimated Non-medical placement tariff in 18/19: £155,585.01
Trust Chief Executive's name:	Jane Tomkinson OBE
Director(s) of Education's name: (or equivalent, please state job title):	Dr James Greenwood, Director of Medical Education
Name of Board Level Exec/Non-exec Director responsible for Education and Training strategy within your organisation:	Joanne Twist, Director of Workforce
Report compiled by (responsible for completion of):	Justine Brislen, Clinical and Medical Education Business Partner and Dr James Greenwood, Director of Medical Education.
Report signed off by: Joanne Twist	
Date signed off:	18th October, 2018
Board Approval: 1. Approved by / on behalf of the Trust Board: (date / details) 2. Date seen at or scheduled for Board meeting	Signed off by Executive Committee 17/10/2018 and on agenda for Board Meeting 06/11/2018.

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## Section 1: Organisation overview linked to the HEE Quality Framework

### 1.1. Statement of how the HEE Quality Domains are being met organisationally

*This SAR is aligned to the HEE Quality Framework: <https://hee.nhs.uk/our-work/quality>*

*For medical education the SAR is also aligned to the GMC Standards:*

*<http://www.gmc-uk.org/education/index.asp>*

#### Trust's response (max of 500 words)

Liverpool Heart and Chest Hospital is committed to education and learning for all staff. Our vision is 'to be the best-leading and delivering outstanding heart and chest care and research.' Through the education and learning function the Trust offers a comprehensive education programme for all staff including medical education, to ensure we meet our vision "to be the best" and that we provide safe and compassionate care.

All issues associated with the Education Vision and compliance are addressed via the Workforce Development Group and assurance on progress against plans provided to the People Committee on a quarterly basis.

A leadership strategy is in place which provides a more structured and tailored offer for all potential and first line managers, middle managers, senior leaders and very senior leaders/executives. The strategy is based on **70/20/10** with 70% of learning and development about leadership will take place via real work experiences, 20% will be via on-going feedback from coaching, mentoring, appraisal and 360 degree feedback and 10% will be from training courses. We have been piloting the Leadership Academy succession planning/maximising potential conversation toolkit and are rolling this out from September across all professions. Managers are now building aspiration conversations into the appraisal process and starting to identify critical gaps in our succession planning and identify what leadership development offers are needed and will be offered for our emerging future talent.

The Trust is very much a learning organisation and our open and honest culture supports staff to speak out safely so we can constantly learn and improve the experience of our patients and staff.

Leaders are role models in demonstrating the trusts values and behaviours and staff are empowered to challenge when values and behaviours are not adhered to .

In 2016 the Trust was rated as 'Outstanding' by the Care Quality Commission and number one provider in the Patient Survey this year.

The Trust is committed to the development of a sustainable workforce and is constantly seeking to innovate

and improve. We are piloting a number of “grown your own” talent roles to ensure we can meet future workforce supply gaps in hard to recruit professions. We also offer a variety of clinical and non-clinical apprenticeship opportunities, ranging from Level 2 to Level 7, to existing staff in order to support their development and aid retention.

The Trust also funds a partnership agreement with Edge Hill University to ensure staff have the opportunity to access academic continuing professional development both at degree level and masters level. This includes bespoke cardiothoracic and critical care modules.

Finally, the Trust recognises that it is important to celebrate education and learning and in July 2018, held the second ‘Celebration of Learning Event’. This event recognised learners from across the multi professional workforce in the following categories; Contribution to Education, Recognition of Learning and Mentor of the Year.

## 1.2. Top three successes

*This section should be used to document a high-level summary of the successes your organisation is most proud of achieving during the reporting period.*

Description of success	Domain(s)	Standard(s)
<p>1. Liverpool Heart and Chest Hospital was recently rated as the top hospital in the country for ‘<i>overall patient experience</i>’ in the CQC’s National Inpatient Survey 2017.</p> <p>This is the 9<sup>th</sup> time in 12 years that we have been recognised as No 1, reflecting our ongoing focus to providing outstanding patient and family centred care. The Trust believes that there is a very strong link between high quality care and high quality education.</p>	1, 2 & 6	
<p>2. The Trust’s Advanced Practitioner project has developed from an embryonic concept to, within the reporting period, to a fully-fledged and supported service line within the workforce. This has required the development of a curriculum, competencies, supervision and governance structure.</p>	1,2,3 & 4	1.6 2.3 3.3 5.1 5.2 5.3 6.1 6.3
<p>3. This year the Trust launched its robotic surgery programme for both cardiac and thoracic surgery. This provides the platform for the specialities to engage in national and international research and learning and is positive for both recruitment and retention for current and new staff, trainees and students</p>	1,3,4 & 5	



### 1.3. Top three challenges or prominent issues that HEE should be aware of

*A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section.*

Description of challenges	Domain(s)	Standard(s)
1. Lack of adequate education and training facilities.	1, 3, 4, 5 & 6	
2. Continued improvements and sustainability of quality within the cardiothoracic surgery training programme.	1, 2, 3, 4, 5, 6	
3. To understand the wider implications of the evolving NHS structure and organisation of healthcare in Liverpool and its future impact on the delivery and quality of healthcare training at Liverpool Heart and Chest Hospital.	1, 2, 3, 4, 5, 6	

### 1.4. Strategic Workforce Plan

Does your organisation have a strategic workforce plan (delete as appropriate)?

Yes	No
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Who within your organisation is responsible?

Name and job title	Joanne Twist, Director of Workforce.
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## **Section 2: Exception Reporting against HEE Quality Domains**

### **2.1. Multi-professional**

#### **2.1.1. Organisation overview linked to the HEE Quality Domains**

*Please report, by exception, where your organisation does not meet the HEE Quality Framework within the reporting period for the groups listed in the guidance notes. In addition, please provide an overall narrative along with some organisational / departmental / unit examples which support the domain having been met overall. If you wish to highlight organisational policies, please detail these in section 3.*

## HEE Domain 1 Learning Environment and Culture

*For additional guidance refer to HEE Quality Framework, page 10*

*HEE priority for 2018 reporting in this domain is:*

- *A focus on workplace behaviours and strategies for resolution of issues of concern*

Trust's response:

On induction, all staff, including learners, are encouraged in relation to our open and honest culture to raise concerns, which can be done via many sources including FTSU, HALT, HR, speak out safely regarding patient/staff safety and standards of care or education. Datix reports completed by/involving learners are reported to Education in order to provide any support and complete the bi-monthly HEE Quality Surveillance Group reporting template. The Practice Education Facilitator monitors on line PARE evaluations for all wards and departments and escalates any concerns/issues. All placement areas are subject to regular audit by HEI's. This is supported by our Practice Education Facilitator.

Learners are often seen at the Trust's daily safety huddle, which takes place in the Chief Executive's office. They are welcomed and included in discussions. They are also encouraged to attend the Human Factors Group bi-monthly meetings.

Deriving from the Trust's 'Listening into Action' meetings – some projects identified by staff have focused on finding solutions to issues and concerns around values and behaviours within the organisation. The Trust values and behaviours PACT is well embedded and promoted in the organisation and was developed by staff with expected behaviours incorporated and are challenged by staff are encouraged to speak out if they are not being adhered to.

## HEE Domain 2 Educational Governance and Leadership

*For additional guidance see HEE Quality Framework, page 11 -12*

*HEE is keen to understand new models of learning in practice and the impact this is having on your organisation. Please include within your response:*

- *Have you increased capacity for learners in your organisation?*
- *Have you increased your numbers of supervisors/mentors?*

*HEE priority for 2018 reporting in this domain is:*

- *Monitoring of LEP use of financial resources provided by HEE to support training. The new Learning Development Agreement (LDA) will be used to link financial resource to quality of training. (See SAR section 4, page 18)*
- *Governance of programmes with complex structures (e.g. Pharmacy & Healthcare Science) where nationally coordinated processes can impact on local delivery within HEE.*
- *Clear identification through STEIS (Live Flow) reporting of trainees/learners involved in Never Events and SUIs for both pastoral support and revalidation reasons. (See SAR section 8.1, page 26)*

Trust's response:

The Trust's Leadership Strategy has been updated and ratified by the Operations Board. The educational governance structure and review process has been reviewed and the Workforce Development Group established. An educational panel is to be established to ensure fair and equitable access to education and training across the organisation.

Whilst the Trust currently has sufficient educators to support the current non-medical student numbers, it has been identified that there are a number of registered healthcare practitioners who have undertaken a specific programme and preparation to support their knowledge and skills development as an educator, but are not available to act as an educator, because they need to undertake a required educator skills update. This means that we are currently not in a position to increase our capacity for learners. The Trust employs a part time Practice Education Facilitator, therefore this would be a challenge to address. However, in light of the new NMC Standards for Education this may not be too much of a concern for the nursing workforce.



<p><b>HEE Domain 3 Supporting and Empowering Learners</b></p> <p><i>For additional guidance refer to HEE Quality Framework, page 13-14</i></p> <p>HEE priority for 2018 reporting in this domain is:</p> <ul style="list-style-type: none"> <li>Improving support given to learners/trainees involved in Never Events/other adverse outcomes and subsequent clinical governance processes including Root Cause Analysis, Coronal Inquiries etc. (See SAR section 8.1, page 26)</li> </ul> <p>Trust's response:</p> <p>Root cause analysis (once having been through relevant governance process) following any Never Event or Serious Untoward Incident learning is presented at monthly team brief, Learning and Sharing, Audit Days and the SOLE Bulletin. Also reported to HEE via the bi-monthly HEE Quality Surveillance Group reporting template.</p>
<p><b>HEE Domain 4 Supporting and Empowering Educators</b></p> <p><i>For additional guidance refer to HEE Quality Framework, page 15</i></p> <p>HEE priority for 2018 reporting in this domain is:</p> <ul style="list-style-type: none"> <li>Use of the LDA to link the control/distribution of the financial resources provided by HEE to those managing training placements and the individual support to those providing educational supervision. (See SAR section 4)</li> </ul> <p>Trust's response:</p> <p>All learners are supported by appropriately trained and updated educators. In addition to this, over the next academic year, we will be funding 3 staff to undertake a Post Graduate Certificate in Teaching and Learning in Clinical Practice. The Trust is also working closely with the local higher education institutes to work towards the implementation of the NMC's new standards for education.</p>
<p><b>HEE Domain 5 Delivering Curricula and Assessments</b></p> <p><i>For additional guidance refer to HEE Quality Framework, page 16</i></p> <p>HEE priority for 2018 reporting in this domain is:</p> <ul style="list-style-type: none"> <li>Assessment of the effects of 'Winter Pressures' on the ability to deliver training curricula across LEPs and the strategies being developed to mitigate impact across individual training placements and programmes. (See SAR Section 8.2, page 27)</li> </ul> <p>Trust's response:</p> <p>Liverpool Heart and Chest Hospital supported other Trust's in the region during the period of winter pressures by providing additional respiratory bed capacity. Training curricula and learners were not affected.</p> <p>We now deliver a multi-professional 12 month preceptorship programme to support the transition from student to registered practitioner.</p>
<p><b>HEE Domain 6 Developing a Sustainable Workforce</b></p> <p><i>For additional guidance refer to HEE Quality Framework, page 17</i></p> <p>HEE priority for 2018 reporting in this domain is:</p> <ul style="list-style-type: none"> <li>Monitoring placement capacity where the LEP's own service workforce may be insufficient to deliver training, especially for 'at risk' placements.</li> <li>Triangulation of training data with exception reporting data regarding implementation of the Junior Doctor contract.</li> <li>LEP engagement with HEE across the STP/Integrated Care System for all training &amp; workforce planning to avoid loss of training approval in changing clinical services.</li> </ul> <p>Trust's response:</p> <p>Vocational learning pathways – pre-apprentices/pre-employment and traineeships.</p> <p>Advanced Practitioner role to support both the nursing and medical workforce.</p>

## 2.1.2. Good Practice Items

Please list any good practice items that you would like to highlight to HEE. These items should be as an exception and over and above the expectation of the HEE Quality Standards. These may include trust wide initiatives as well as departmental / unit examples. You do not need to duplicate items from the successes section of the SAR (section 1.2).

Description of good practice and profession(s) it relates to (and a named contact for further information)	Description of why this is considered to be good practice	HEE Domain(s)	HEE Standard(s)
<p>Collaborative strategy for education in relation to adults with congenital heart disease (ACHD) involving 4 local Trusts.</p> <p><a href="mailto:Ruth.dawson@lhch.nhs.uk">Ruth.dawson@lhch.nhs.uk</a></p>	<p>ACHD services in the North West of England were transferred from Manchester FT to the Liverpool Partnership in September 2018. This strategy was designed in order to ensure staff in the receiving hospitals are equipped with the appropriate knowledge and skills to provide care for this complex group of patients across multi disciplines/professions.</p>	5	5.3 & 5.4
<p>Post Graduate Certificate in Advanced Critical Care Course was launched in September 2017. Designed by Critical Care &amp; Education staff in conjunction with Edge Hill University to support the development of critical care staff in acquiring further appropriate core knowledge and skills to successfully complete the National Adult Critical Care Competencies at Step Two and Three of the National Framework. We are currently working to improve our multiprofessional BSc in Cardiothoracic Practice and introduce a Post Graduate Certificate in Cardiothoracic Care. We have recruited 3 multiprofessional staff to undertake PGCTLCP to support these programmes.</p> <p><a href="mailto:Justine.brislen@lhch.nhs.uk">Justine.brislen@lhch.nhs.uk</a></p>	<p>These clinically led modules are ensuring that cardiothoracic and critical care education content and delivery is up to date and innovative.</p>	1, 3, 4, 5	<p>All 1</p> <p>All 3</p> <p>All 4</p> <p>5.3 &amp; 5.4</p>

## 2.1.3. Challenges or important issues that HEE should be aware of.

*A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section. Challenges identified already but that have been resolved within the reporting period or any ongoing challenges. You do not need to duplicate items from the top three challenges section of the SAR (section 1.3).*

Description of challenges (please include the profession / professions)	HEE Domain(s)	HEE Standard(s)
Unable to increase non-medical student capacity due to current number of available educators	2,3,4,6	
Development of faculty for simulation training	4, 5	

## 2.2. Postgraduate Medical

### 2.2.1. Organisation overview linked to the HEE and GMC Standards

*Please report, by exception, where your organisation does not meet the HEE Quality Framework/GMC Standards within the reporting period for postgraduate medical training. In addition, please provide an overall narrative along with some organisational / departmental / unit examples may support the domain having been met overall. If you wish to highlight organisational policies, please detail these in section 3.*

## GMC theme 1 Learning Environment and Culture

For additional guidance refer to <http://www.gmc-uk.org/education/index.asp>

HEE priority for 2018 reporting in this domain is:

*A focus on workplace behaviours and strategies for resolution of issues of concern*

### Trust's response

Training in Cardiothoracic Surgery remains a concern, and was subject to a Programme review, the report of which was published in March 2018. There were specific concerns raised around the quality of training and supervision for Higher Cardiac Surgical trainees. The Trust has already made a number of changes to the way that cardiac trainees are placed and supervised. Trainees are now being placed with supervisors whose case mix matches their training requirements. These supervisors are committed and focused in their roles, and fully understand the importance of operative time and completion of workplace based assessments. Trainees have access to a number of "secondary" supervisors and many trainees will now be regularly working with at least 2 consultants in order to increase their operative training opportunities. Trainees and trainers will review case mixes for the following week on a Friday and allocate lists and cases accordingly. In order to ensure that this process is sustained, the faculty leads meet regularly with trainers and trainees to monitor compliance with this. The DME will meet on a monthly basis with all cardiothoracic trainees to monitor their training experience and to give them a forum to discuss any difficulties and challenges. Any concerns identified will be immediately fed back to supervisors, and if necessary the Associate Medical Director for Surgery, for swift resolution.

The Trust has made a commitment to release cardiothoracic trainees from duties relating to the Post-operative Critical Care Unit (POCCU). The Trust has recruited and trained a tier of Advanced Critical Care Practitioners (ACCPs) who will be delivering service provision to the POCCU in place of surgical trainees. Their introduction is being phased, but they will be releasing cardiothoracic trainees from the POCCU commitment for 5 days per week from November 2018.

The GMC training survey highlighted a reduction in satisfaction in handover processes amongst Anaesthesia trainees. This had been rated within the IQR in the previous 2 years, but had previously also been highlighted by trainees as an area of concern. The Trust is reviewing arrangements for handover amongst anaesthesia trainees to ensure a more consistent and valuable process is employed.

The Trust and DME have implemented multiple measures to ensure that Educational and Clinical Supervisors are appropriately trained and supported. The GMC Trainers' survey results are broadly in the IQR, with some strongly positive outliers in Respiratory medicine.

## GMC theme 2 Educational Governance and Leadership

For additional guidance refer to <http://www.gmc-uk.org/education/index.asp>

HEE priority for 2018 reporting in this domain is:

- *Monitoring of LEP use of financial resources provided by HEE to support training. The new Learning Development Agreement (LDA) will be used to link financial resource to quality of training. (See SAR section 4, page 18)*
- *Governance of programmes with complex structures (e.g. Pharmacy & Healthcare Science) where nationally coordinated processes can impact on local delivery within HEE. Clear identification through STEIS (Live Flow) reporting of trainees/learners involved in Never Events and SUIs for both pastoral support and revalidation reasons. (See SAR section 8.1, page 26)*

### Trust's response

The Trust remains committed to ensuring that Educational Governance and Leadership at Postgraduate Medical level is of high quality and sustainable. The Trust has a well-established and functioning Education Faculty led by the DME.

GMC survey results indicate most fields within this domain are within IQR, with some strongly positive outliers in Respiratory Medicine and Cardiology.

Results in Cardiothoracic Surgery do suggest a gradual improvement, but the strongly negative outlier

responses for cardiothoracic surgery trainers remains a challenge. The Trust will continue to support trainers in this department to better understand their frustrations and offer a commitment to resolving them. There has been an apparent fall in satisfaction with induction amongst anaesthesia trainees, however this has been only seen on the most recent survey results. The appointment of a new College Tutor / Training Lead in Anaesthesia will result in a revision of the arrangements for induction in this group of trainees with a focus on improving quality.

### GMC theme 3 Supporting Learners

For additional guidance refer to <http://www.gmc-uk.org/education/index.asp>

HEE priority for 2018 reporting in this domain is:

- *Improving support given to learners/trainees involved in Never Events/other adverse outcomes and subsequent clinical governance processes including Root Cause Analysis, Coronial Inquiries etc. (See SAR section 8.1, page 26)*

#### Trust's response

The Trust has a detailed and comprehensive process for reviewing Serious Untoward Events. Should trainees be involved in such an event, they are supported by their clinical and educational supervisor, the faculty lead for the relevant discipline and the DME. Appropriate escalation and support from HEENW would also be accessed in such a situation.

The GMC survey results suggest that learner's feel generally well supported, with the vast majority of domains and specialities at least within IQR. Local teaching demonstrated an improvement in Respiratory medicine and also in cardiothoracic surgery.

There was a concern around ratings of local teaching in Anaesthesia. A Consultant colleague has subsequently been identified to lead on this and has redesigned the teaching programme to be more relevant and easier to access, and it is fully expected that this will significantly improve the quality of the formal teaching delivered.

Clinical radiology has insufficient numbers to report in the GMC survey, but was previously an area of concern as rated by the School of Radiology trainee survey. Trainees reported poor access to training opportunities, and LHCH was ranked 23/24 of NW training units. The department undertook a number of measures, including the appointment of a new Clinical Lead, the appointment of a new training lead / RCR tutor and a complete overhaul of the experience and training which trainees experience at LHCH. This has resulted in a very significant improvement in outcomes in the training survey, with the unit now ranking 9/24.

### GMC theme 4 Supporting Educators

For additional guidance refer to <http://www.gmc-uk.org/education/index.asp>

HEE priority for 2018 reporting in this domain is:

- *Use of the LDA to link the control/distribution of the financial resources provided by HEE to those managing training placements and the individual support to those providing educational supervision. (See SAR section 4)*

#### Trust's response

The Trust remains committed to supporting educators. Trainers continue to receive 0.25 SPA per trainee for clinical and educational supervision. The Trust supports and maintains the Educational Faculty with appropriate SPA time within job plans.

The GMC trainer survey suggested that trainers felt generally well supported in all domains across most specialities, with strongly positive outliers in Respiratory Medicine. Cardiothoracic surgery trainers have demonstrated that they feel well supported with time and resources

## GMC theme 5 Developing and implementing curricula and assessments

For additional guidance refer to <http://www.gmc-uk.org/education/index.asp>

HEE priority for 2018 reporting in this domain is:

- *Assessment of the effects of 'Winter Pressures' on the ability to deliver training curricula across LEPs and the strategies being developed to mitigate impact across individual training placements and programmes. (See SAR Section 8.2, page 27)*

### Trust's response

Due to the specialist nature of the Trust, "Winter Pressures" have less of a direct impact on trainees and training here than in other organisations. The Trust operates some general respiratory medicine "winter pressure" beds. During the times that these are operational, trainees are exposed to a range of patients that they would not ordinarily see during their time at LHCH, so the input in to these patients' care may actually offer a positive training benefit.

Once again, in this domain the results of the GMC survey were largely reassuring, with most results been at least at IQR. Cardiology was a strongly positive outlier, reflecting the high quality of the training placements and the experience given.

There continues to be an exception with Cardiothoracic Surgery training, and the 2018 programme review highlighted a number of areas for improvement. Significant deficiencies in providing experience and curriculum coverage relevant to an individual trainee's needs, and difficulty achieving workplace-based assessment completion have been identified. The appointment and accreditation of new Educational and Clinical supervisors who are committed to providing the appropriate clinical experience and WBA completion for their allocated trainee will improve this situation dramatically. Closer matching of trainees to supervisors by the TPD and local faculty leads will deliver a more personalised experience for each trainee. The removal of POCCU duties will improve access to training sessions. Whilst still a negative outlier in several domains, the results of the GMC survey has demonstrated some improvement has been seen. The Trust remains committed to ensuring that this is sustained.

It is essential that we are at the forefront of any changes to the new medical curriculum, particularly in relation to cardiology and cardiothoracic surgery, to support this the Clinical and Medical Education Business Partner is a member of the Employer Reference Group. The employer reference group will use its sphere of knowledge and influence to provide advice, guidance and feedback to NHS Employers to shape the design of curricula and pathways for doctors in training.

## HEE Theme 6 Developing a sustainable workforce

For additional guidance refer to HEE Quality Framework, page 17

HEE priority for 2018 reporting in this domain is:

- *Monitoring placement capacity where the LEP's own service workforce may be insufficient to deliver training, especially for 'at risk' placements.*
- *Triangulation of training data with exception reporting data regarding implementation of the Junior Doctor contract.*
- *LEP engagement with HEE across the STP/Integrated Care System for all training & workforce planning to avoid loss of training approval in changing clinical services.*

### Trust's response

The Trust has invested heavily in the provision of locally employed doctors and Advanced Nurse Practitioners to support and future-proof service delivery in the organisation.

At early-years training level (FY2, CT1-2), trainees' rota frequency is supported by several Trust-grade doctors. All trainees receive allocated and protected training sessions to ensure that they can attend clinics, lists and formal teaching sessions. The Trust has employed doctors on a locum basis to ensure that trainees are able to undertake these sessions. The phased implementation of a rota of 16 new Advanced Nurse Practitioner post over the last 2 years will enable a further reduction in rota frequency in 2019, ensuring continued improvements in access to training sessions.

In Cardiothoracic Surgery, the Trust has faced unprecedented challenges in the staffing of non-training



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posts and rotas, but again has invested in non-training posts to support the delivery of training. The Trust has also recruited and trained a tier of Advanced Critical Care Practitioners who, from November 2018 will take over the routine aspects of POCCU care from surgical trainees, thereby releasing them from POCCU duties during normal working hours. From August 2019, the Trust has committed to fund 5 new internal medicine posts in ICM which will deliver high quality ICM training to the incumbents, and facilitate the further withdrawal of surgical trainees from POCCU.

The Trust continues to experience a very low level of exception reporting from doctors employed on the 2016 contract. The DME and Guardian of Safe Working meet regularly to monitor and reflect on this situation

### 2.2.2. Good Practice Items

*Please list any good practice items that you would like to highlight to HEE. These items should be as an exception and over and above the expectation of the HEE Quality Standards. These may include trust wide initiatives as well as departmental / unit examples. You do not need to duplicate items from the successes section of the SAR (section 1.2). When considering items to list here, please consider the GMC definition of good practice.*

Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice	HEE/GMC Domain(s)	HEE/GMC Standard(s)
Advanced Nurse Practitioner project in cardiology and cardiothoracic surgery steven.colfar@lhch.nhs.uk	Has developed a service from scratch to offer ANP-led service delivery on wards and in clinics, releasing trainees from service duties and improving access to training opportunities	1 2 3 4	1.6 2.3 3.3 5.1 5.2 5.3 6.1 6.3
Advanced Critical Care Practitioner (ACCP) project kirsty.dudley@lhch.nhs.uk	Has created a tier of highly trained and experienced ACCPs who are able to undertake many of the roles in the Critical Care environment which would previously have been carried out by a doctor. This will, by November 2018, enable the release of cardiothoracic surgery trainees from POCCU 5 days per week.	1 2 3 4	1.6 2.3 3.3 5.1 5.2 5.3 6.1 6.3

## 2.2.3. Challenges or important issues that HEE should be aware of

*A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section. Challenges identified already but that have been resolved within the reporting period or any ongoing challenges. You do not need to duplicate items from the top three challenges section of the SAR (section 1.3).*

Description of challenges (please include the programme this relates to)	HEE/GMC Domain(s)	HEE/GMC Standard(s)
Frequent gaps in rotations from core medical core surgical and GP training. Gaps are frequently notified at short notice and are very unpredictable. Given the relatively small number of trainees at LHCH, our capacity to “soak these up” is very limited, and inevitably impacts on the training experience of those trainees who are in post	2 3	6.1 6.3
Difficulties in appointing to middle grade roles in cardiothoracic surgery. A reduction in the number of cardiac trainees coming to LHCH and recruitment issues have led to a shortfall in the number of Trust appointments at middle grade medical level. The faculty have looked to mitigate this by offering extended contracts to overseas doctors, rebranding some of the posts that exist already to make them more attractive, and exploring the possibility of MTI posts.	2 3	6.1 6.3

## 2.2.4. Medical faculty roles, organisation and accountability

*If there have been any changes to your organisation’s educational governance structures within the reporting period please detail this here, otherwise please state ‘no changes’.*

*If there are any vacant roles, or risks to medical education please describe these here, including any plans to mitigate that risk.*

Trust’s response:

There have been some personnel changes in some Education Faculty roles, but these roles are all currently filled and supported in the individuals’ job plans.

The Medical Education and Manpower group continues to meet fortnightly, chaired by the DME, with representation from Trust senior management, human resources and trainees.



## 2.2.5. Staff and Specialty Grade Doctors (SASG) and Locally Employed Doctors (LEDs) Faculty development

Please provide answers to the following questions. You may wish to include funding details, as required. For further information in relation to LEDs please review the following NACT document LEDs across the UK <http://www.nact.org.uk/documents/national-documents/>.

Questions	Trust's answer												
Number of SASG doctors within the trust	2												
Total SASG funding received	£												
Is the SASG funding ring-fenced to support SASG doctors only? (Y/N)													
Please describe the process by which the development needs of SASG doctors within your organisation were individually and collectively identified.  Using funding allocated for SASG development; How were priorities decided?	SASG doctors undergo an annual appraisal and formulation of a PDP. Both our SASG doctors are supported with a study leave allowance (time and money) which is equivalent to that of a Consultant colleague												
SASG nominated lead within the trust	n/a												
Please provide a description of how the Trust makes decisions about the allocation of funding (1-5 below)													
	<table border="1"> <thead> <tr> <th>Spending</th><th>Detail</th></tr> </thead> <tbody> <tr> <td>1. Individual doctor's development (i.e. details of spending used to support the development of individual doctors including an anonymised list of amounts and what it was used for)</td><td></td></tr> <tr> <td>2. Courses/meetings arranged which are open to all SAS doctors (number of sessions, attendance and topics covered)</td><td></td></tr> <tr> <td>3. Payment for SAS tutors/leads sessions</td><td></td></tr> <tr> <td>4. Administrative costs to support SAS tutors</td><td></td></tr> <tr> <td>5. Miscellaneous (i.e. any other use of the funding which falls outside the above with details of amounts and what it has been used for)</td><td></td></tr> </tbody> </table>	Spending	Detail	1. Individual doctor's development (i.e. details of spending used to support the development of individual doctors including an anonymised list of amounts and what it was used for)		2. Courses/meetings arranged which are open to all SAS doctors (number of sessions, attendance and topics covered)		3. Payment for SAS tutors/leads sessions		4. Administrative costs to support SAS tutors		5. Miscellaneous (i.e. any other use of the funding which falls outside the above with details of amounts and what it has been used for)	
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## 2.3. Undergraduate Medical

### 2.3.1. Organisation overview linked to the HEE and GMC Standards

*Please report, by exception, where your organisation does not meet the HEE Quality Framework/GMC Standards within the reporting period for undergraduate medical training. In addition, please provide an overall narrative along with some organisational / departmental / unit examples may support the domain having been met overall. If you wish to highlight organisational policies, please detail these in section 3.*

#### GMC standard theme 1 – Learning Environment and Culture

- Students were provided with sufficient opportunities to meet learning outcomes
- Students received sufficient feedback to track and direct their learning
- Students were satisfied with the overall organisation of the placement
- Students were satisfied with the overall quality of the Stage
- Clinical teachers were punctual and reliable in their attendance. (Due regard will be given to mitigating circumstances of urgent clinical need)
- The overall quality of the teaching was of a consistently high standard

Trust response.

- LHCH only receives Liverpool University students in year 5 of their undergraduate training. The Trust has recently broadened the speciality mix available for SAMP placements, and there are currently 20 placements offered in anaesthesia and critical care, cardiac surgery, cardiology, respiratory medicine and thoracic surgery.
- All students are provided with an educational supervisor, and a timetable of activities which they are expected to attend
- In addition, students are able to attend sessions which are of interest to them outside of their specific SAMP placement
- Students are invited to all formal educational sessions which are relevant to junior doctors
- Feedback from students is of a consistently good quality

## GMC standard theme 2 – Educational Governance and Leadership

- Trust systems are in place to detect and investigate patient harm involving or as a result of student activity
- Trust systems are in place to ensure informed consent is taken in areas where patients may encounter students
- Clinicians / teachers are appraised against their teaching

### Trust response

- Any incidents involving students are reported and escalated in the usual way via the Datix system. No such episodes have been reported in the last year
- Patient information materials including outpatient appointment letters and procedure-specific leaflets all contain statements regarding the role of LHCH as a teaching hospital and the potential presence of medical students in any encounter
- All undergraduate educational supervisors receive an annual educational appraisal as part of the overall appraisal process, and the outcome of this is fed back to the DME

## GMC standard theme 3 – Supporting Learners

- Appropriate guidance and support was available outside of formal teaching
- Students were satisfied with the overall quality of the facilities for students.
- Teaching took place in appropriate settings and surroundings
- Good quality learning resources were available to support learning
- Access to IT facilities was adequate
- The programme of study outlined for the course was delivered

### Trust response

- Students are supported by their educational supervisors, the education officers, the medical education manager and the DME
- The Trust has recently invested in the refurbishment of an area for the specific use of students including the provision of changing and locker facilities
- All undergraduates have access to the LHCH library
- All undergraduates receive access to, and training in the use of, the Trust network and Electronic Patient Record.

### GMC standard theme 4 – Supporting Educators

- Clinicians / teachers have time in job plans for teaching including educational supervision.

#### Trust response

- All clinicians who are educational supervisors have protected SPA time in their job plan which is reviewed annually.

### GMC standard theme 5 – Developing and implementing curricula and assessments

- The Trust has processes to ensure those undertaking summative assessments are appropriately trained
- The Trust has a system in place to provide educational supervision
- The Trust has an executive or non-executive director at board level responsible for supporting training programmes

#### Trust response

- All individuals who are involved in supervising undergraduates are trained and accredited educational and / or clinical supervisors and as such appear on the GMC trainers' database
- The Trust Medical Director is responsible for supporting training programmes

### HEE Theme 6 Developing a sustainable workforce

For additional guidance refer to HEE Quality Framework, page 17

N/A

## 2.3.2. Good Practice Items

Please list any good practice items that you would like to highlight to HEE. These items should be as an exception and over and above the expectation of the HEE Quality Standards. These may include trust wide initiatives as well as departmental / unit examples. You do not need to duplicate items from the successes section of the SAR (section 1.2). When considering items to list here, please consider the GMC definition of good practice.

Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice	HEE/GMC Domain(s)	HEE/GMC Standard(s)

## 2.3.3. Challenges or important issues that HEE should be aware of

A challenge does not always mean a current risk impacting on education and training. For example, service reconfiguration which is being managed (with little current risk to education and training) may still be appropriate to highlight in this section. Challenges identified already but that have been resolved within the reporting period or any ongoing challenges. You do not need to duplicate items from the top three challenges section of the SAR (section 1.3).

Description of challenges (please include the programme this relates to)	HEE/GMC Domain(s)	HEE/GMC Standard(s)

## 2.4. Academic Training

*Please describe how your organisation supports academic learners, including Integrated Academic Training Programmes e.g. NIHR, clearly highlighting any challenges or good practice items.*

### Trust's response

The Trust has a strong academic partnership agreement with Edge Hill University which has been in place since 2015. Edge Hill University have been awarded gold in Teaching Excellence Framework and we are very pleased to be working in partnership with this outstanding Higher Education Institute. The partnership was traditionally funded by HEE CPD funding but demonstrating the organisational commitment to education, is now funded by the Trust. This allows us to fund the continuing professional development of our workforce, ensuring that care is delivered by highly skilled and knowledgeable staff.

This partnership funds modules at both degree and masters level and includes our own cardiothoracic modules, leadership and educational modules, as well as the more traditional modules. We are actively promoting an all degree nursing workforce and are supporting the development of our future leaders, educators and clinical specialists to PGC and masters level..

The Trust currently does not have any medical trainees in formal academic posts. There are no such posts in cardiothoracic surgery or cardiology regionally, and the posts which exist in respiratory medicine undertake the clinical part of their training at University Hospital Aintree. The recent appointment of a Chair of Cardiovascular Medicine with LHCH and the University of Liverpool demonstrates the ambition to develop IATPs locally.

The Trust does however support trainees and AHPs in the undertaking of MDs and PhDs, and has supported numerous candidates in the last few years.

## Section 3: Reference List of Supporting Information

### Organisational policies and processes in support of delivery of the HEE Quality Framework.

*This section will need completing once, in subsequent annual returns only changes and updates will need to be highlighted.*

*Please list key policies and processes and provide a brief narrative how the policy helps the organisation to meet the domains and standards. Add as many rows as required.*

*Please advise which domains and standards are being supported the policy.*

*Please note, we do not require copies of documents. Please do not embed documents or insert links. If required the quality team will request a copy by exception.*

*Please advise if you have made a reference to a policy/process in other section(s) of the SAR.*

Description of supporting information	HEE/GMC Domain(s)	HEE/GMC Standard(s)	Please advise if document referenced in the SAR e.g. SAR, section 1.4 and 2.1.1
Equality and Inclusion Strategy			
Human Factors Strategy 2016			
Incident Reporting Policy	2 & 3		8.1
LHCH Trust Values			1.1
LHCH Trust Mission			1.1
LHCH Trust Vision			1.1
People Strategy			1.4
Quality Strategy 2017-2020			
Supporting Staff Following Work Related Traumatic or Stressful Incidents policy	2 & 3		8.1

## Section 4: 17/18 and 18/19 LDA Funding

		Total paid in 17/18	Estimated 18/19 funding
Total paid to the trust in 17/18:		£2,638,924.8	n/a
Total initial 18/19 LDA value (including undergraduate):		n/a	£2,338,791.71
Total for salaries for doctors in training:		£930,526	£930,526
<b>Tariff for placement activity</b>			
Postgraduate Medical	Tariff (as per DoH guidance* £12,152 + MFF)	£492,882	£492,882
	Contribution to basic salary costs (as per DoH Annex A*)	£930,526	£930,526
	Total	£1,423,408	£1,423,408
Total Non-medical placement tariff: (as per DoH guidance* £3,112 + MFF)		£140,894.42	£155,585.01

[\\*2017-18 Education & training placement tariffs: Tariff guidance and prices from 1st April 2017](#)

A placement in England that attracts a tariff payment must meet each of the criteria in line with the DoH guidance\*. Please provide details of how you utilised your 17/18 placement tariff within the financial year April 17 to March 18 to support learners and educators.

Please note figures entered below should reconcile to the 17/18 tariff figures shown in the table above. Please provide details of expenditure and associated costs.

	Trust's Response
<b>Postgraduate Medical Placement Tariff</b>  <i>The E&amp;T placement tariffs cover funding for all direct costs involved in delivering E&amp;T by the provider, for example (please see DoH guidance page 6):</i> <i>Direct staff teaching time within a clinical placement</i> <i>Teaching and student facilities, including access to library services</i> <i>Administration costs</i> <i>Infrastructure costs</i>	The tariff supports all educational PA's and supervision in clinician's job plan.  Contributes towards education and training infrastructure including facilities, equipment and staff.  Contributes significantly towards the costs of library services including subscription to electronic and print resources.
<b>Non-Medical Placement Tariff</b>  As above	
<b>Additional Funding</b> <i>Please confirm how any additional money has been spent.</i>	



## Section 5: Simulation, Patient Safety and Human Factors

### 5.1. Patient safety

*Please consider the following questions below.*

Questions	Trust's response
1. Who is the Lead for Patient Safety in your organisation? What support do they receive in delivering this role? E.g. job-planned time, resources etc.	Dr Mark Jackson, Director of Research and Innovation Supported by Deputy Director of Nursing, Heads of Nursing, Divisional Matrons, Ward Managers, risk and Safety lead.
2. Please advise up to three areas relating to patient safety agenda that you have worked on in the last two years and you are most proud of? Could these be applied regionally and be shared with HEE?	Enhancing the safety culture within the organisation, Reducing patient falls, Implementing HALT in the organisation including the introduction of HALT for patients and families. This might be an initiative which could be applied regionally.
3. In which areas would you like support from HEE? E.g. educational events, funding, specific areas of training for example quality improvement?	Educational events around human factors and simulation

### 5.2. Simulation

*Prompt: We advise you to consult with your Simulation Manager or Lead when compiling your response.*

Questions	Trust's response
1. Who is the Simulation lead in your organisation? Please advise on name, job title and email address. What support do they receive in delivering this role? E.g. job-planned time, resources etc. Are they linked in with the HEE Simulation Network in their locality?	Justine Brislen, Clinical and Medical Education Business Partner. Member of HEE Simulation Network.
2. Who is responsible for keeping an inventory of the simulation equipment within the Trust including all task trainers and low fidelity mannequins?	As above
3. How many simulation specific trained faculty does the trust have?	0 – Justine Brislen is currently the only trained faculty within the organisation but has a wider remit to her role which includes simulation.
4. Which directorates or inter-professional groups are actively engaged with simulation based education within your organisation? How do you encourage equitable access to simulation for all staff?	Medicine & surgery – ward based nursing staff Critical Care-nursing staff Medicine – multiprofessional in Cath Labs. Surgery (Medical) – robotic simulator and surgical skills in wet lab at Kent Lodge
5. Is there strategic engagement and representation in simulation activity in the organisation i.e. board level, clinical governance, patient safety, incident reviews?	Human Factors Group

## 5.3. Human Factors

Questions	Trust's response
1. Who is the Lead for Human Factors in your organisation? What support do they receive in delivering this role? Eg job-planned time, resources etc.	Sue Pemberton, Director of Nursing supported by Justine Brislen, Clinical and Medical Education Business Partner for Education. Further supported by 39 Human Factors Champions
2. Please describe the extent to which your HF training covers the following domains: <ul style="list-style-type: none"> <li>• People – the individual &amp; teamwork</li> <li>• Environment – the physical aspects of a workspace</li> <li>• Equipment and technology</li> <li>• Tasks and processes</li> <li>• Organisation</li> <li>• Ergonomics and research methods</li> </ul>	All staff receive an awareness of all domains during induction. Human Factors Champions receive more in depth training on all domains.
3. For the training delivered in the reporting period please also consider and describe the following: <ul style="list-style-type: none"> <li>• The audience to which HF training is being delivered, including details of multi-professional staff.</li> <li>• Frequency of training, or whether ad hoc events.</li> <li>• Who are the faculty that deliver the training? Please describe their "HF expertise", professional background, specialty, whether they have job-planned time to deliver HF training.</li> <li>• What is the wider Trust context within which HF training is delivered. Is there a link between patient safety incidents, SI investigations, root cause analysis?</li> <li>• To what extent is HF training seen as part of a wider patient quality and safety agenda or integrated into clinical governance structure/process?</li> </ul>	Human Factors Strategy has been in place since 2016. It is also included as a priority within the Trust's Quality Strategy.  HF awareness training is delivered to all staff including postgraduate medical trainees on induction. This is delivered by Justine Brislen, Clinical and Medical Education Business Partner. Justine is a nurse with 14 years experience in human factors and simulation training. She keeps herself up to date by attending a variety of relevant study days and conferences. There are also monthly ad hoc sessions for existing staff.  Also covered in HEA3132: Safe From Harm (cardiothoracic module in conjunction with Edge Hill University) and simulation based training.

## Section 6: Equality and Diversity

The HEE Quality Framework states clearly that education and training opportunities should be based on principles of diversity and inclusion.

The HEE equality, diversity and inclusion strategy reflects HEE's commitment to this important area of work and features strategy for HEE employees, as well as the opportunity to influence wider. An example of this is the HEE workforce strategy, used to inform our work in developing a comprehensive system-wide understanding of workforce needs for the future. Diversity and inclusion will be integral in how we look to influence the healthcare system to achieve greater representation and social mobility.

As well as applying these principles across all professional groups, there is also a specific work stream and duty to consider and capture information for doctors in training. The GMC continue their work in equality and diversity, reflecting their standards; promoting excellence.

For medical education, the GMC and local offices continue to consider differential attainment; different rates of attainment between different groups of doctors. This work includes ethnicity and country of primary medical qualification.

*Prompt: In the responses below, please consider:*

- Organisation wide themes
- Examples of good practice from across professional groups
- As well as specific consideration and comment on differential attainment for doctors in training

Question	Trust Response
Name of Trust Equality, Diversity and Inclusion Lead:	Joanne Twist, Director of Workforce Development
1. How do you ensure that learners with different protected characteristics are welcomed and supported into the trust, demonstrating that you value diversity as an organisation?	<p>The Trust has a well embedded E&amp;I Strategy and Policy available to all staff and monitored via the E&amp;I Steering Group through the board assurance People Committee</p> <p>E&amp;I is covered on induction and our staff compliance for E&amp;I and Human Rights Training is 93%</p> <p>Our recruitment policy has had an EIA to ensure all recruitment is free of discrimination against any protected characteristics and the Trust runs Values Based Recruitment training for managers which includes unconscious bias training</p> <p>Anyone who identifies additional support or requirements will be supported by the Trust and reasonable adjustments made.</p>
2. How do you liaise with your trust Equality, Diversity and Inclusion Lead to: <ul style="list-style-type: none"> <li>• Ensure trust reporting mechanisms and data collection take learners into account?</li> <li>• Implement reasonable adjustments for disabled learners?</li> <li>• Ensure your policies and procedures do not negatively impact learners who may share protected characteristics?</li> <li>• Analyse outcome data (such as exam results, assessments, ARCP outcomes)</li> </ul>	<p>The Head of Education and Learning is a member of the E&amp;I Steering Group</p> <p>The Trust is a disability confident employer</p> <p>A Disability Forum has been held with staff and disability Champions are being recruited to</p> <p>All policies have and EIA undertaken</p> <p>The E&amp;I Group is preparing for WDES from April 19</p> <p>WRES data is analysed and fed back to the E&amp;I Group and an WRES action plan in place</p> <p>The Trust has just moved to OLM in June 18 in line with the regional streamlining work. Plans in place to be able to now analysis training and evaluations are</p>

by protected characteristic?	recorded via protected characteristics recorded that can be pulled through via the interface with ESR
3. How do you support learners with protected characteristics to ensure that known barriers to progression can be managed effectively?	Any reasonable adjustments requested will be supported where possible and support from external agencies used when required
4. How do you educate learners on equality and diversity issues that may relate to themselves, their colleagues, or the local population of the trust?	All staff are mandated to undertake E&I and Human rights Training with current compliance at 93%
5. How do you support your educators to develop their understanding of, and support for, learners with protected characteristics?	As above and we also have access to the lead safeguarding nurse who can support with assessment of needs

## Section 7: Libraries and Knowledge Services (LQAF)

*We recommend that you consult with your Library and Knowledge Services Manager or Lead to complete this section. Please provide narrative and evidence (for 1, 3 and 4) on the following 4 areas for your Library and Knowledge Service. Please also highlight any issues or concerns, including any areas which are not being met. If your Library and Knowledge Service is provided via a service level agreement, please consult with the providing Library and Knowledge Services Manager. Additional prompts have been added under each heading.*

1. Describe how your Trust is implementing the **HEE Library and Knowledge Services Policy** (<https://hee.nhs.uk/sites/default/files/documents/NHS%20Library%20and%20Knowledge%20Services%20in%20England%20Policy.pdf>) namely:

“To ensure the use in the health service of evidence obtained from research, Health Education England is committed to:

- Enabling all NHS workforce members to freely access library and knowledge services so that they can use the right knowledge and evidence to achieve excellent healthcare and health improvement.
- Developing NHS librarians and knowledge specialists to use their expertise to mobilise evidence obtained from research and organisational knowledge to underpin decision-making in the National Health Service in England.”

*Prompt: We advise you to consult with your Library and Knowledge Services Manager or Lead when compiling your response. You could provide evidence from your Library and Knowledge Services’ strategy or annual action/implementation/business/service improvement plan.*

### Trust’s response

The LHCH Library & Knowledge service (LKS) has built a solid foundation of exemplary core library services in recent years, as evidenced by the consistently positive impact case studies. We take pride in the fact that our delivery of customer-focused services is recognised by our user.

The LKS has 24/7 swipe access and caters for all professionals by providing a comprehensive specialist collection of books and journals. The service offers training in information literacy, bibliographic databases, literature searching and delivery of current awareness & horizon scanning. We encourage user feedback from training sessions and searches to demonstrate effectiveness, impact and monitor satisfaction.

The LKS team enhance the knowledge management agenda by understanding the focus of individual teams and use our expertise to connect people better and more often. We promote literature searches to be viewed as the norm for any service developments across the Trust. Requests for information come from staff in both clinical and non-clinical roles and the LKS plays a central role in working with management and clinical teams to support the strategic decision making process.

Decisions for the introduction of new technology are taken, based on evidence and the LKS plays a key role providing Independent literature searches. The primary reason for doing this is to ensure evidence is not biased, has been fully explored and to highlight any safety or efficacy issues prior to discussion at the Clinical Effectiveness Group.

The Library and Knowledge Service Manager provides health management current awareness to all Directors/Non Executives/General Managers/ Ward Managers/Heads of Departments. We also provides a selection of key resource guides in clinical and non- clinical subject areas, thus allowing staff to select authoritative sites to search before making decisions.

The LKSM outreach role is to promote the service and e-resources to clinical and non-clinical staff at the point of care, and to engage with professional groups and services, thus giving them the skills to construct focused clinical questions and to effectively and efficiently search for the best available evidence with which to answer their questions and help them inform their decision making.

2. HEE's **Library and Knowledge Services Policy** is delivered primarily through local NHS Library and Knowledge Services.
- Please identify the budget allocated to your Library and Knowledge Service in the current financial year.
  - If possible please identify the sources of this funding, differentiating for example between educational tariff funding and any contribution from your organisation.

*Prompt: Your Finance department and/or your Library and Knowledge Service Manager should be able to supply this information.*

## Trust's response

Staff (gross costs)	£67,753.42	£0.00
Books and other non-journal print materials	£3,519.56	£0.00
Print Journals	£0.00	£0.00
Print and e-journals (bundle)	£0.00	£0.00
Electronic databases	£8,890.16	£0.00
Electronic journals only	£29,212.24	£0.00
Electronic books	£0.00	£0.00
Audio-visual and e-learning materials	£0.00	£0.00
Inter-library lending and document supply	£0.00	£0.00
Library staff training/development	£0.00	£0.00
Library management system (maintenance = recurrent, purchase = non-rec.)	£0.00	£0.00
<b>Total</b>	<b>£109,375.38</b>	<b>£0.00</b>
<b>Other</b>	<b>£820.98</b>	<b>£515.59</b>
Capital charges, maintenance, other on-costs	£0.00	£0.00
<b>TOTAL EXPENDITURE</b>	<b>£110,196.36</b>	<b>£515.59</b>
<b>OVERALL EXPENDITURE (i.e. Recurrent + Non-Recurrent)</b>	<b>£110,711.95</b>	

Education tariff funding (was MPET)	£0.00	£0.00
Other HEE funding	£0.00	£1,000.00
Own NHS organisation	£116,529.76	£0.00
Service Level Agreements (SLAs) with other NHS organisations	£0.00	£0.00
Higher Education institution (medical)	£0.00	£0.00
Higher Education institution (non-medical)	£0.00	£0.00
SLAs with other HE/FE organisations	£0.00	£0.00
Charitable Trust	£0.00	£0.00
Local authority funding	£0.00	£4,420.00
Other	£0.00	£0.00
Income generation		£0.00
<b>TOTAL INCOME</b>	<b>£116,529.76</b>	<b>£5,420.00</b>
<b>OVERALL INCOME (i.e. Recurrent + Non-recurrent)</b>	<b>£121,949.76</b>	

3. Please tell us about any areas of Library and Knowledge Services good practice that you would like to highlight.

*Prompt: We advise you to consult with your Library and Knowledge Services Manager or Lead when compiling your response. You could provide evidence of impact on clinical practice, impact on management decision-making (including cost savings) and any innovation submissions originating from your Library and Knowledge Service.*

## Trust's response

### Strategy

Our strategic plan 2018-21 builds upon existing good practice using nine strategic themes which underpin the LKS vision for the future. The themes have been taken from the most significant driver for NHS Libraries in England which is Knowledge for Healthcare: a Development Framework for NHS library and knowledge services in England. Our strategy supports the Liverpool Heart and Chest Hospital overall mission in providing excellent compassionate and safe care for every patient every day.

### Knowledge Management

As part of our on-going commitment to the knowledge management agenda the LKS staff now contribute to Organisation Learning which now forms part of the corporate team brief The Sharing & Learning discussion provides an opportunity for the Trust to come together to share successes and lessons learned from our experiences in delivering our services. An intranet page has been created to include all presentations for the Trust to share. This is advertised via the communication bulletin and hosted on the sharing and learning intranet page. Our Knowledge Matters bulletin enables us to share knowledge across the organization.

### Our Patients

A book trolley is provided for our patients run by our volunteers and taken round the wards. A new book service is now being provided for family members. The book marks with each book advertise how to access patient information from the Uptodate® patient information database.

### Point of care resources

We market UptoDate® clinical support system at every opportunity and ensure all staff are aware they have access to the UptoDate® Anywhere app. This ensures all staff has access to information at the point of care.

4. The **Learning and Development Agreement** that Health Education England has with your organisation states that the LKS should achieve a minimum of 90% compliance with the national standards laid out in the current Library Quality Assurance Framework (LQAF).



If your LKS has a score below 90% please describe the improvements you are planning to attain this minimum requirement in 2018-19.

*Prompt: We advise you to consult with your Library and Knowledge Services Manager or Lead when compiling your response. The details should be available from the LQAF Action Plan developed following the 2017-18 LQAF.*

## Trust's response

The LKS has achieved the highest score of 100% in the NHS Library Quality Assurance Framework placing it amongst one of the best NHS library service in the North of England.

We are 100% compliant but we are not complacent, and always strive to improve. This supports our values & behaviours of continuous improvement, and being the best

Our improvements for the next twelve months include :

- Ensure seamless access to resources
- Support staff to make the best use of resources
- Continue to explore options for expanding and making easier, access to all our electronic resources for all our users, from home as well as from hospital or community bases
- Identify the information needs of all Trust staff accordingly – surveys/Interviews
- Promote information and digital literacy among staff
- Integrate point of care knowledge resources, such as Up-To-Date® into the electronic patient record (EPR)
- Encouraging the effective use of information sources in all media
- Ensure all new staff and students are aware of library service and provide refresher courses for staff who haven't accessed the library for awhile
- Provide personalised services, including individually tailored current awareness and alerting services with more quality-filtered and synthesized evidence
- Be self-aware and reflective, seeking continually to improve our performance, usefulness and sustainability
- Expand upon current teaching programmes embed LKS teaching to other department teaching sessions
- Liaise with Universities and Tutors as it's the Trust's ambition to possibly take on year 3 & 4 students from Liverpool University Sept 2019 and Edge Hill from Sept 2020
- Continue to work with external networks in partnership to deliver high quality services as libraries have a long history of successful collaboration in sharing resources and expertise.
- Continue to work closely with our research team & education teams
- Enhance the patient experience by supporting the Trust PALS in its information provision for patients providing relevant information and consumer health guides

## Section 8: Additional Information

### 8.1 Supporting Learners at Coroners' Court and following Serious Incidents

To help HEE better understand how your organisation supports learners please complete the questions below.

#### Serious Incidents and Never Events

Questions	Trust's Response
Please provide an account of how your organisation identifies learner involvement in Serious Incidents. How is that degree of involvement defined?	Serious incidents are identified via a number of processes including Datix reporting and the daily safety huddle. Investigation and management of such incidents is carried out in line with the Trust "Incident Reporting including Investigation and Root Cause Analysis Procedures" policy. Datix reports completed by/involving learners are reported to Clinical and Medical Education Business Partner.
What support systems exist to support learners? How are these systems monitored?	Trainees involved in SUIs are supported by their clinical and educational supervisors and the DME. The Trust has a number of independent internal and external bodies which can also be accessed via the Trust "Supporting Staff Following Work Related Traumatic or Stressful Incidents" policy.
What feedback do you receive from learners about their experience of being involved in Serious Incidents?	Learners would be closely supported by their ES / mentor and the DME. Learners would be encouraged to reflect on the event and to identify any learning points for themselves and the organisation which they feel relevant and important
What formal organisational links exist between the Governance team coordinating investigations and the Postgraduate team supervising the trainees? the HEIs supporting learners?	The Medical Education and Manpower (MEM) Group meet fortnightly, chaired by the DME. There is representation on the group from Trust Senior management, nursing management and Human Resources. SUIs involving trainees and the support responses required are raised in this forum. The DME also attends the Education and Training committee, which reports to the Trust People committee.
How many patient safety incidents have you reported to NHSI.	
How many serious incidents impacting on trainees revalidation have you made to your HEE local office within the reporting period? What proportion of these have been resolved/closed after completion of investigations?	None
How does your organisation disseminate learning from Root Cause Analysis reports? How does your organisation promote a patient safety culture?	The Trust has a strong safety culture and reporting process. A daily safety huddle chaired by the CEO takes place to which all and any member of staff is invited. There are a number of processes, including Speak out Safely and Freedom to Speak Up, which empower staff to raise safety issues. Findings from RCA reports are fed back in a number of ways, via division governance structures, the MEM group, Team Brief, Organisational Learning forums and Corporate Communications

## Coroners Hearings

Questions	Trust's Response
What support is available for learners who are required to provide statements and/or attend Coroners hearings?	Learners are supported by the Educational Supervisor and Associate Medical Director. They are also advised by the Trust legal department. The Trust has a number of independent internal and external bodies which can also be accessed via the Trust "Supporting Staff Following Work Related Traumatic or Stressful Incidents" policy.
How is your organisation involving learners in responding to Duty of Candour responsibilities?	Learners are informed of the Trust policies and procedures regarding Duty of Candour at induction. Should an event which requires disclosure occur, then the trainee would not be expected to make this disclosure themselves. They would be supported as per Serious Untoward Event procedures.

## Guardians of Safe Working

Questions	Trust's Response
10. Please describe the interrelationship between the GOSW and the Director of Education?	The GOSW and DME meet fortnightly to discuss any specific issues. They also both attend the Trust Junior Doctors forums
11. Please provide a summary of the exception reports you have received within the reporting period, number, type and time to resolve.	No exception reports received. The Trust accepts that this is slightly unusual, but hopes that it recognises the rota patterns and access to training sessions which have been implemented

## 8.2. Educational Opportunities during winter pressures

*Please describe how your organisation Maintains curriculum delivery opportunities during winter pressures*

Questions	Trust's response
<p>1a) Please describe how winter pressures in 2017/18 affected your ability to deliver training to all learners within your organisation?</p> <p>1b) Please detail the specific areas, placements and programmes which were adversely affected by last winter's pressures.</p>	<p>The specialist nature of the work of LHCH and the absence of an emergency department and acute admissions unit meant that winter pressures 2017-18 did not adversely affect training in the organisation. The Trust opened a 10-bed ward for respiratory patients which was covered by the respiratory medicine team. If anything, this was a positive training experience as it maintained exposure to general medical and general respiratory patients, which is often limited during these specialised placements</p>
2. Please describe what strategies you used to	

protect training for all learners across their whole placement with your organisation in 2017/18 e.g. moving educational sessions to times of less pressure, ringfencing specific clinics, lists etc for training	N/A
3. Please describe what plans you are putting in place to mitigate the effects of winter service pressures on training in 2018/19.	The arrangements for 2018-19 are expected to be similar to last winter.