

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 24th January 2018

Title and Author of Paper: Annual Deans Quality Meeting (ADQM) 2018, Multi Professional Education and Training Report Self-Assessment Report Health Education North East

Executive Lead: Gary O'Hare

Paper for Debate, Decision or Information: Information

Key Points to Note:

The Annual Dean's Quality Meetings (ADQMs) are an integral component of the quality management process undertaken to ensure providers are delivering high quality education and training. This is one of the activities undertaken as part of a quality management framework.

The purpose of the ADQM is to provide an annual forum to meet with local trusts and education providers to look at issues and notable practice in order to assess the quality of education and training in the North East region. The 2018 ADQM is scheduled for April 2018.

Practice learning environment quality monitoring for most of the non-medical professions is funded through the non-medical placement tariff. The purpose is to;

- support delivery of high quality multi professional learning environments for all healthcare learners across services in the local health economy
- promote inter-professional learning opportunities, and manage placement quality, capability and capacity.

In 2016 Health Education England (HEE) began working through a process of testing, validating and piloting HEE's multi-professional quality framework in advance of plans for systems wide implementation from April 2017. The format for the ADQM is now a more streamlined process in which medical and multi professional business meetings run in parallel followed by joint feedback.

Annual monitoring is integral to the Learning and Development Agreement process to ensure education quality in practice learning and transparency of associated financial flows as well as continuous improvement. Information provided will be used to inform education and training requirements at a local and regional level. In preparation of the ADQM we are required to complete a Multi –Professional Education and Training Self-Assessment which covers six domains;

- Learning Environment and Culture
- Educational Governance and Leadership
- Supporting and Empowering Learners

- Supporting and Empowering Educators
- Developing and Implementing Curricula and Assessments
- Developing a Sustainable Workforce

The Trust are asked to provide examples of ;

- Success's the organisation is most proud of achieving
- Challenges
- Good Practice

The meeting agenda will focus on the outcome of the return.

Risks Highlighted to Board :

No risks identified

Does this affect any Board Assurance Framework/Corporate Risks?

Please state **No**

If Yes please outline

Equal Opportunities, Legal and Other Implications:

None

Outcome Required:

The members of the group are asked to note;

- The content of the paper

Link to Policies and Strategies:

- NTW Nursing Strategy Delivering Compassion in Practice 2014-2019
- NTW Workforce Strategy
- NTW AHP Strategy

2017 Self-Assessment Report (SAR)

Multi-professional Education and Training

(excluding Postgraduate Medical & Dental Education)*

Reporting Period: 01 August 2016 to 31 July 2017

Deadline for submission to HEE NE – 15 December 2017

Trust's name:	Northumberland, Tyne and Wear NHS Foundation Trust
Trust Chief Executive's name:	John Lawlor
Non-Medical Education & Training placement tariff received from HEE NE for 2016-2017:	£565,459
Director of Education's name (or equivalent, please state job title):	Gary O'Hare Executive Director of Nursing and Operations Anne Moore Group Nurse Director Safer Care Director of Infection Prevention and Control
Report compiled by:	Michelle Hall Senior Nurse
Report signed off by:	
Date signed off:	15 th December 2017
Board Approval: 1. Date seen at or scheduled for Board meeting 2. Approved by / on behalf of the Trust Board: (date / details)	Scheduled to go to January Board Business Development Group 15th December 2017

The SAR is aligned to the HEE Quality Framework and from 2018 will be linked directly to the LDA:

<https://hee.nhs.uk/our-work/planning-commissioning/commissioning-quality>

** Please note there is a separate 2017 SAR process for Postgraduate Medical & Dental Education.*

Organisation overview linked to HEE Standards

1. Successes the organisation is most proud of achieving during the reporting period

*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 and highlight any challenges or important issues you would like HEE NE to be aware of now.*

Domain 1 Learning Environment and Culture

For additional guidance refer to HEE Quality Framework, page 10

- 1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.
- 1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.
- 1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).
- 1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.
- 1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.
- 1.6. The learning environment promotes inter-professional learning opportunities.

Response:

In 2016 the Trust was awarded an overall rating of Outstanding by the CQC and has recently been awarded the HSJ Provider of the Year, which recognises an organisation offering “excellent patient-centric care built on strong engagement with clinicians within and beyond the organisation and with a clear understanding of how they will need to adapt to create a viable long-term health economy” The Judges were impressed with the depth of embedded strategy describing the Trust as;

“a true exemplar of how focusing on evidence based, value driven and safety focused care - complemented with a clear digital strategy has enabled fantastic performance and a thought leader within the NHS provider community “

The Trust vision and values are incorporated into all aspects of the Trusts business and supported by a set of strategic objectives developed with the involvement of patients, carers and staff. Professional strategies (nursing, psychological services, AHP) emphasise delivery of evidence based practice, skills development, clinical supervision, training, research and evaluation.

Our values of honesty and transparency; care and compassion and respect are embedded throughout the organisation and encapsulate the 6 Cs for all staff. A significant number of services are also accredited with external quality awards such as the Royal College of Psychiatrists AIMS awards.

All learners have the opportunity to be involved in research, service evaluation and audits supported by the Trust Research and Development Strategy which aims to improve the way research is embedded into services by developing workforce knowledge, understanding and skills enabling wider contribution to research.

Feedback from service users and carers about their experience of care and treatment is captured in a number of ways including quality networks, peer reviews and Points of You survey which incorporate the national family and friends test. Clinical staff access feedback about their service via “Staff, Service User and Carer Experience” dashboard. Clinicians evaluate service user outcomes and experience and students and trainees participate in this process when on placement. Patient consent is sought by all professions before involvement of students in their care.

All staff (including students) have access to comprehensive Trust Library and Knowledge services across all main sites and also through on-line resources and support. The service plays a key role in supporting the education and continuous learning of the whole workforce. The Trust Library and Knowledge Services strategy is interlinked with a range of other strategies within NTW:

- Clinical Effectiveness Strategy
- Nursing Strategy
- Research and Development Strategy
- Workforce Strategy

Multidisciplinary working is part of the culture within the organisation and students from all disciplines are encouraged to learn more about one another’s roles through the use of case studies and Schwartz rounds providing inter-professional learning opportunities.

All clinical services which take students are subject to an annual collaborative audit led by Practice Placement Facilitators to ensure that the learning environment provides support, sufficient resources, opportunity and equity of assessment.

Following a recent re-structuring of operational services, the Trust has implemented a new Safer Care Directorate led by Group Nurse and Medical Director’s. The Directorate includes Patient Safety, Physical Health and Wellbeing and Professional Nursing Development and Recruitment.

Nursing

- Services have a care pathways approach, which is underpinned by evidence based practice, utilising 5 P formulation and collaborative user inclusive care planning. The co-production of care plans provides opportunity for learners to work collaboratively with service users.
- Theoretical models around positive behaviour support and safer care (via the positive and safe model) are integrated into policy care and practice. The nursing strategy emphasises the 6Cs, and all policy changes and updates are written with reference to the document TALK First
- Peer Support Workers are key members of the multi – disciplinary team. They are actively involved in both student induction and in Practice Development Sessions (PDS) providing insight through lived experience.
- A recently launched Community of Multi-Disciplinary Education and Training (COMET) facilitates multi-disciplinary case presentation discussions. Jointly delivered by Practice Placement Facilitators (PPFs) and Peer Support workers, the aim is to gather students from different disciplines to lend their perspectives to discussing a presented anonymised or fictionalised case.

- The Trust is committed to making reasonable adjustments for all staff and learners supported by our Head of Equality and Diversity where required. Equality and Diversity training is part of our Trust mandatory training programme for all staff.
- Learners have opportunity in placement to be involved in research, service evaluation and audits. Final year nursing students are encouraged to pursue their area of interest in research, innovation and/or a clinical specialism. Research colleagues facilitate Practice Development Sessions for learners.
- Learning opportunities are all inclusive of multi-disciplinary teams providing scope for insight placements with other disciplines. There are broader trust wide initiatives that facilitate inter professional learning for example Schwartz rounds.
- There is an established programme of Practice Development Sessions (PDS) facilitated by clinicians and aimed at strengthening the alignment of the theoretical knowledge of students in practice. The programme supports access to sharing practice ideas from some of our unique services. Practice development sessions originated as nursing events, but this year we have moved to a multidisciplinary format.

Trainee Nursing Associates

- The Trust is part of the fast follower Trainee Nursing Associate pilot and is currently supporting 12 members of staff on this innovative programme. PPF facilitates a six weekly Peer Support session providing opportunity to share practice experience and enhance learning opportunities

Vocational Training

- Vocational) please see Domain 4 below for cross reference to answer for 1.3 above
- Vocational Training and Development's Manager received a Recognition Award from the National Apprenticeship Service at the Apprenticeship Ambassador Conference 2017 for promotion of apprenticeship opportunities within the North East.
- Following our success at the Apprenticeship Awards the Education and Skills Funding Agency have named NTW as one of England's *Top 100 Apprenticeship Employers*. This will be officially announced at the Apprenticeship Awards National ceremony on Thursday 18 January 2018. We can't publicise it until then.

Featured in NHS Employers November edition of the National Engagement Service Brief with an article re our Investor in Apprenticeship award and being runner up in the National Apprenticeship Awards Macro Employer of the Year regional final

Psychological Services

Clinical Psychology

- The Doctorate in Clinical Psychology at Newcastle University is regarded as a partnership programme by NTW FT. We employ all the trainees who are funded by HEE and we work together closely to ensure optimal learning opportunities for trainees, who do 60 – 70% of their placements with us. All qualified Clinical

Psychologists who are 2 or more years post-qualification are encouraged to offer placements, and receive bespoke training as clinical supervisors from the University. A large amount of the knowledge, theory & clinical practice teaching on the course is also provided by NTW Clinical Psychologists. We also provide a small number of placements to trainees from the Teesside University course.

- Values based recruitment for trainee clinical psychologists has been introduced by Newcastle University at the suggestion of NTW
- In the past we have made adaptations in carefully selected environments to enable a clinical psychology trainee with a disability (registered blind) to undertake placements in NTW. In one area where problems arose, our NTW lead for Equality & Diversity helped us address the issues in partnership with the University, and we ensured learning from this was transferred to all future placements.
- Opportunities for research, service evaluation and audit are provided in many of our placements, and our elective placements provide further opportunities for trainees to pursue their areas of interest in research, innovation and/or a clinical specialism.

IAPT High Intensity & PWPs

- NTW employs High Intensity trainees and PWP trainees and hosts self-funding PWP trainees in our Sunderland Psychological Wellbeing service, which is delivered in partnership with Sunderland Counselling Service and Washington Mind. NTW is also a partner in Talking Helps Newcastle which incorporates the Newcastle IAPT service
- NTW has close partnership working between our IAPT services and Newcastle and Teesside universities
- Sunderland Psychological Wellbeing service and Talking Helps Newcastle employ staff from different disciplines including Nursing and Psychology so there are good opportunities for inter-professional learning for IAPT trainees.

AHP

AHP Trust strategy emphasises role in skills development & training, research and evaluation. There is a Trust AHP R&D subgroup which is part of the Trust R&D implementation framework.

- AHP students are supported and assessed to meet HCPC standards of proficiency for each profession. All students have access to activities related to our health and wellbeing strategy and action plan.
- As well as Clinical Educator updates & other placement training, local induction timetables are collated for each student placement, including MDT discussion & shadowing opportunities. Local induction includes RiO training to ensure students are able to use the clinical console within the Trust, being made aware of governance and confidentiality issues. Students are informed of library services available within the Trust and students are encouraged to join as part of their placement.
- The ethos of patient centred care and patient empowerment is emphasised on induction to the placement and students are involved in patient centred goal setting

and therapy delivery throughout their placement.

SALT:

- Peer placements are accommodated where possible – providing further opportunities for students to discuss cases, SALT input, specific areas of knowledge and plan clinical sessions as well as for the team they work in. Students from different professions are encouraged to meet up and share knowledge and experiences during placements.
- SALT department at Newcastle University have regular CCC (Clinical Co-ordination Committee) meetings once a quarter attended by SALT leads/representatives who have student placements across the region; University staff, SALT students/representatives meet to discuss specific placement issues & developments and share area information
- Students come on placement with their learning goals written from the University which are discussed and considered further with the student's clinical educator. Focus on strengthening & developing theoretical knowledge & skills into their practice. Students are encouraged to reflect on their work and have a reflective diary to complete during placements.
- Feedback about placements is given via end of placement meetings with the clinical educator & student with a record form completed. Any further feedback is facilitated by the University.
- The clinical educators & other clinicians also receive a scored and descriptive feedback following each placement sent to the team manager for any areas to follow up & continued learning about placements. The clinical educator/clinician also receives a copy & this is discussed with the manager & supervisor.
- As well as block placements throughout the degree training programme, students have single case study placements & professional context placements. SALT teams including the Clinical Educator; plan carefully each project to ensure inter-professional working is embedded. In both sets of placement University mentors are an integral part of the placement providing support & advice as well as being part of the discussion with students & educators as the project progresses.
- SALT team in Learning Disability services provide teaching sessions on Communication & Dysphagia as part of the Academic Teaching Programme for Medics and MRC Psych Teaching Programme – for each academic year
- Teaching session delivered to healthcare professionals on CAMHS degree UNN Joint Training provided by SALT/OT to PMVA tutors to embed understanding of communication within the training rolled out across the Trust
- SALTs have presented at past AHP Conferences within the Trust to share knowledge, skills & awareness to other professional groups – which in turn can be shared wider. Providing posters/information for other Conferences/Events to develop awareness of role
- Students are supported to set learning goals at the beginning of their placement and to review and reflect on their progress throughout their placement.

- Students are involved in service CPD sessions and are encouraged to contribute to these through presentation of a topic of their choosing. Service signposts students to the resources available in the knowledge centre.
- Students are encouraged to discuss the evidence base relevant to the client group and apply this to the patients they work with
- We offer peer placements to students and we find that it offers a positive experience to the students as they are able to share knowledge, planning and delivery of therapy to increasingly complex patient presentation with less overall reliance on their clinical educator(s), following a problem-solving type approach.

Occupational Therapy

- OT students are supported and assessed to meet HCPC standards of proficiency for their profession. All students have access to activities related to our health and wellbeing strategy and action plan.
- Neurological Occupational Therapy within NTW is part of an outstanding service providing safe, effective and evidence based practice.
- Students are provided with pre-placement information from ARC - PEP, a student pack is sent to them once allocated and they can access the POLO/Evidence file during their placement.
- They are encouraged to have a preplacement visit to determine needs, discuss reasonable adjustments that need to be made in relation to their learning requirements, disability or familial responsibilities. Part of this identifies their learning style to guide placement intervention.
- OT students work as part of the MDT and as part of their placement have learning opportunities to work across disciplines and service areas, see specialist assessments/interventions and work collaboratively with other professions.
- OT students have learning objectives for their placement which includes University objectives according to their stage of study, personal objectives and service objectives. Ultimately students are comprehensively assessed and supported to meet HCPC standards of proficiency and maintain the RCOT code of ethics and professional conduct.
- During their placement they may be involved in service development issues including supporting audit, service evaluations or research topics. This may include opportunities of co-production with service users through "Points of You", AIMS and individual therapeutic goals and evaluation.
- Students will be involved in training and tutorials which may be professionally related or when appropriate with other non-OT students on placement or junior staff. OT students have allocated study time per week for self-directed learning.
- Students have the opportunity to work within a recovery model and experience collaboratively orientated outcome measures such as the Recovery Star; ensuring therapeutic goals are personally meaningful. Care provided conforms to the NICE Accredited Practice Guidelines for occupational therapy; giving students the opportunity to see systematic review evidence put in to practice.

- As noted above, students visit placement sites prior to placement starting to agree their learning goals and specific needs. We also actively encourage the use of reflective practice via regular supervision and MDT/discipline specific peer group supervision to acknowledge the difficulties with patient groups and develop robust consistent strategies to deal with therapeutic nihilism.

Physiotherapy

- Students are encouraged to prepare learning objectives and jointly set these with their educators. Prior to the placement, students are provided with information regarding learning opportunities that are available whilst they are on placement and how to facilitate this is discussed with the educator during objective setting.
- Students are able to attend regular in-service training as well as past presentations on relevant topics. Students are supported by their educator during treatment sessions as well as provided with the opportunity to be autonomous practitioners by developing a treatment plan and lead treatment sessions. They also have the opportunity to work with and learn from experienced clinicians.

Dietetics

- Currently NTW Dietetics Service provides placements (3 weeks) for undergraduate and postgraduate dietetic students from Leeds Beckett University. approximately 6 per year
- Students all have a supervisor who meets with them once per week to discuss their progress with their learning outcomes and any issues that may have arisen. In addition, students have access to a mentor if necessary.
- Students are sent a comprehensive induction pack and are encouraged to contact the service with any queries prior to their placement.

Pharmacy

- Pharmacists continue to provide input into the induction and ongoing training for new and existing doctors and preceptor nurses and provide input into the nurse and AHP non-medical prescribing course at Northumbria University which ensures that the training on this course is relevant to current MH prescribing practice is evidence based and effective.
- The Pharmacy Department has supported and aided the regulatory validation of both MH and LD nursing pathways and also the NMP course at the University of Sunderland.
- The Pharmacy Department is continuing to build strong links with the two local Schools of Pharmacy (Durham and Sunderland) to ensure that mental health training and practice is included as core training at an undergraduate level. This involves practice based learning, clinical skills and structured placement visits to the Trust. Feedback is collated so as to continue and improve experiences.
- We worked with local acute Trust pharmacy leads to organise joint learning events, to support better integration of physical and mental health across sectors.

- All professionally registered staff are expected to participate in audit and service improvement work and is included in formal appraisal/JDR objectives.
- Pharmacists were key members of weekly serious incident review panels. Medicines-related learning was disseminated throughout the organisation, for example via development of local policy, clinical audit and safety messages.
- The Pharmacy Department led on the provision of Trust wide CWD events for multi-professional NMPs.
- The Pharmacy induction has been reviewed and is now structured so that all areas of the Trust and medicine policies are covered.
- Pharmacists support inter-professional learning and work alongside psychologists, nurses (students are included) and members of the medical team to help develop and work through a case study (written from real life stories) from initial contact with services through to an end point in care. At each stage the group will develop a formulation, in line with trust procedures, utilising the skills and knowledge of all the members of the group.
- NTW pharmacists also contribute to the Recovery College in both the Newcastle and Sunderland area and discuss medication awareness to ensure our service users have access to patient-focussed medicines information and to help support their recovery through optimum and effective use of medicines.
- During the year we supported the transfer of the Durham University school of pharmacy to Newcastle university, through membership of the joint University Transfer Steering Group

Domain 2 Educational Governance and Leadership

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

- 2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.
- 2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.
- 2.3. The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.
- 2.4. Education and training opportunities are based on principles of equality and diversity.
- 2.5. There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

Response

Whilst governance arrangements have not changed since the previous report following restructure of operational services, the governance arrangements for workforce planning, education and training are currently under review.

The Trust has launched a Training Academy which will provide multidisciplinary educational leadership, the Academy Boards membership is made up of Executive and Operational Directors including the Group Nurse Director Safer Care and Director of AHPs & Psychological Services.

Nursing

- The Nurse Education Forum (NEF) provides a framework for professional

governance and assurance. The forum is responsible for the strategic direction of nurse education and training; ensuring it reflects changing clinical priorities and models of care. Membership includes the Deputy Director of Training Academy. The forum is chaired by the Group Director Safer Care a member of the Trust Workforce Group and Academy Board.

- A significant piece of work has been undertaken to align NMC requirements with internal reporting systems. Aligning mentorship update and triennial review to ESR has enabled the use of dashboards to monitor compliance strengthening the governance arrangements and clearly identifying both as mandatory training. The NEF has oversight of compliance taking action where required.
- The NEF provides leadership in relation to co-production of curriculum, co-ordinates responses to national consultations and co-ordination of CWD returns and sets the agenda for the Nurse Leadership Forum. The forum oversees the implementation of the Trainee Nursing Associate pilot.
- We have introduced a Nurse Leadership Forum which meets quarterly; membership is made up of Ward, Team and Clinical Nurse Managers. This forum provides opportunity for senior nurses to influence the education and practice agenda. Recently the forum has taken part in the co-production of curriculum for Sunderland University proposed MH and LD nursing pathways; identification of CWD priorities, NMC consultations on proposed educational frameworks and registered nurse proficiencies and the implementation of the Trainee Nurse Associate Pilot.
- Students along with all our staff have access to a Nursing SharePoint; an intranet resource that includes educational information on relevant topics including NMC guidance, practice learning team events, guidance for curricula and mentors, the NTW nursing strategy and access to CWD portfolio's partner Universities.
- As part of regular reporting PPFs arrange annual educational audits and attend wards and services to monitor educational matters pertaining to the NMC standards. Feedback from students is used to monitor standards, in particular the student's evaluations from the HEIs are regularly reviewed and acted upon when required.
- Regular tripartite managerial meetings between Group Nurse Director Safer Care, PPF's and the Head of Practice Placement at HEI's. The PPF team are members of a regional group which supports education in practice
- NTW is an equal opportunities employer, and as a mental health and disability service conscious of its responsibilities to act fairly with its staff and student group. Equality and diversity training is mandatory for all staff and supported by Trust policy. Education and training needs are identified at Appraisal via a joint development review with the individuals' manager supported by Trust policy.
- The Nursing Strategy is underpinned by a comprehensive career and development pathway and it is our stated intent to "grow our own". Opportunities to undertake registered nurse training, nursing associate training are advertised via an all user email, item in the staff bulletin and supported via our nursing structures to ensure all staff are aware and have an opportunity to apply. Recruitment is via our values based process in partnership with the relevant University and is subject to HR scrutiny.

- Staff also have opportunity to access programmes such as Foundation Degree's and Functional Skills which provide entry qualifications to the above programmes.
- CWD portfolios for all partner Universities are available on the Nursing and Training SharePoint and are advertised in the Staff Bulletin. A comprehensive Study Leave policy outlines the process for application. The Head of Training is currently reviewing internal monitoring processes to ensure attendance and access.
- Should there be concerns about fairness, there are mechanisms to raise such concerns through line management or our freedom to speak up guardian.
- We take our role in the development and support of learners seriously and provide supportive structures led by the PPF team. In the case of student nurses, the PPF team work closely with mentors to identify as early as possible any issues by working with student, mentor and guidance tutor. The mentors are aware of how to contact PPFs and guidance tutors.
- In relation to NTW staff seconded to programmes (both pre-registration and trainee nursing associate) we allocate a nominated PPF who will provide both peer support sessions and tripartite supervision for each student.

Vocational Training

- The Vocational team were approached by the Government's Apprenticeship Service to join the national Apprenticeship Diversity Champions Network. & submit a pledge based on principles of equality and diversity. This was approved by the Network Chair Helen Grant MP on 4th December 17. We have been asked to take part in their event in London as part of Apprenticeship Week.
- In our Pledge we have committed to ensure our apprenticeships campaign incorporates widening participation, looking at what we can do to work to support people to move into apprenticeships, including collaborative work with Project Choice on the development of apprenticeships suitable for learners with additional needs, as well as collecting further diversity data across the apprenticeship programme.
- The Vocational team have work place risk-assessments for all apprenticeship placements. In January 18 we will begin the roll out to all apprentices of the *Side by Side* training, devised by the Education and Training Foundation (Eft) , which covers:
 - Radicalisation and Extremism
 - Staying Safe Online
 - Critical Thinking
 - British Values.

This follows a member of the team attending the Eft Facilitators session in November

Psychological Services:

The Trust Psychological Services Associate Directors meet monthly and the meeting is chaired by the Director of AHPs and Psychological Services. This group regularly reviews governance issues related to students and trainees.

Clinical Psychology

- NTW works in partnership with the Doctorate in Clinical Psychology programme at Newcastle University. Trainees' development and acquisition of clinical competencies are jointly assessed through close liaison between NTW placement supervisors and University Tutors, including scheduled three-way meetings.
- We ensure that governance processes are joined up between the Trust and the University, this has been particularly important in (rare) issues concerning a complaint or a fitness to practice issue. NTW's HR department and Practice Placement Facilitator have helpfully supported our clinical psychologist manager of the trainees and the Clinical Director whenever complex issues have arisen.

AHP

The Trust AHP Senior Leadership Team meets monthly and is chaired by the Director of Allied Health Professions and Psychological Services. It is attended by AHP Associate Directors and Dietetic Leads from all Groups and regularly reviews governance issues related to undergraduates & students / trainees.

SALT:

- SALTs input into specific steering groups e.g. training steering group at Ferndene (inpatient unit for Children & Young people), developing a Ferndene-wide induction programme for all staff and subsequent new starters.
- Placements are monitored through student evaluations completed by students and shared with placement & University; Clinical Educators also complete placement evaluations to share. Opportunity to discuss placements within the SALT team are embedded in SALT staff meetings, Adult/Paediatric team meetings and pre-/post-placement meetings held to reflect on the placement. Feedback is also requested from wider team members re students/placements.
- Students are expected to share their session plans for each session with step up & step down clearly indicated – this can be via email and/or direct contact with educator.
- Information packs are sent out to students prior to their placement. Regular meetings are planned at the start of the placement with the Clinical Educator in charge of the placement to ensure regular support, ensure professional standards are being followed and governance issues.
- CCC meetings at the University provide regular educator updates and master classes around curriculum changes and impacts. Where there are issues relating to student competence, academic tutors work collaboratively with the clinical educator and student as often as agreed.
- We have students on a Professional Context placement where they undertake a relevant project e.g. service development, audit etc. One example of this is that a final year student devised a data base for outcome measures that is used by the SALT department and had since been adapted for OT.

Occupational Therapy

- All Occupational Therapists acting as a Practice Educator must have completed a

formal practice educators' course. Most areas have educators accredited on the APPLE system or are working towards this. APPLE accredited practice educators are revalidated every 5 years through completion of a short report.

- There are close links between the education providers and services with regular updates and discussions, there are opportunities to feedback and influence course content and support with issues either academic or personal.
- There is cross discipline training which is continued during the placement settings although there are further opportunities for this in development with service users utilising an MDT approach to case studies.
- Annual audit of student placement provision carried out collaboratively with the PPF
- Students are provided with a student folder to support their collection of evidence during the placement and support their formal weekly supervision sessions, identify learning needs and demonstrate competence across their objectives. This includes quizzes, glossaries, self-directed learning, reading lists, tutorial list, Info sheets on specific conditions/presentations (e.g. Apraxia).
- OT students are actively involved in the weekly Journal Club and CPD sessions where articles are critically appraised, education on challenging or new topics are undertaken and staff work based learning presentations and reflections. Students are asked to present/lead near the end of their placement.
- Protected weekly MDT CPD time includes multi-professional learning, discipline specific and peer group supervision on a rolling programme.

Physiotherapy

- Students are provided with an information booklet prior to attending the placement. This provides logistical information as well as recommendations for self-directed study, learning opportunities and terminology that is commonly used on the placement in order to help fully prepare themselves. Students also have the opportunity to access the ARC-PEP system which has further information about the placement and their clinical educator is allocated to them via this system.

Dietetics

- The trust dietetic professional lead or the dietetic training lead attend the regular student network training meetings with Leeds Beckett University alongside other dietetic training leads within the North East.
- All students are guided and supported to achieve their learning outcomes set by the university. Any possible gaps in these learning outcomes are highlighted and programs adjusted to help the student achieve these learning outcomes.
- Student evaluations are looked at to ensure the students feel that they have had a well-supported placement that helps them achieve the expected standards.

Pharmacy

- Pharmacy was represented within regional Trust wide education and training governance groups, including the HEE Pharmacy Sub-Group and NTW Workforce

Planning Education and Training Group (WPET), to ensure that medicines optimisation was embedded within local workforce development plans

- Working specifically through the multi professional Medicine Management Committee and in collaboration with the operational groups, pharmacists have implemented enhanced policy monitoring systems to provide assurance that medicines are being managed safely and securely across the organisation.
- Embedded enhanced governance arrangements for Non-Medical Prescribing applicants and registrants.
- Pharmacy provided assurance and support to Trust wide governance processes through service audit and manage subsequent and appropriate action plans.
- Pharmacy began work to develop a workforce strategy to support the development of new and advanced patient-facing roles for pharmacy staff, in line with aims and objectives of the Carter programme. An internal Pharmacy Workforce Development Group has been established to facilitate the implementation of new education and training initiatives.
- All our pharmacists enrolled onto both the post graduate clinical diploma and the independent prescribing certificates have allocated mentors relevant to the needs of the course.

Domain 3 Supporting and Empowering Learners

For additional guidance see HEE Quality Framework, page 13 - 14

3.1. Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.

3.2. Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.

3.3. Learners feel they are valued members of the healthcare team within which they are placed.

3.4. Learners receive an appropriate and timely induction into the learning environment.

3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

Response:

All students are inducted into the clinical environment in which their supervised practice will take place on commencement of placement. The induction process is standardised to ensure quality and includes;

- Trust Values
- Ethos of patient centred care and patient empowerment
- Access to and understanding of relevant policies
- Equality and diversity
- Whistle blowing and safeguarding are an integral component
- Raising concerns

Any concerns raised by students are investigated in collaboration with the relevant Universities and referred to the safeguarding team. The safeguarding team are available for advice and guidance to all staff and students. Trust counselling and occupational health services are available to all Trust students.

The Trust has a Freedom to Speak Up Guardian who provides confidential advice and

support to anyone who is working or on placement within the Trust who has concerns about patient safety and / or the way their concern has been handled. The Guardian is supported by 25 volunteers as part of a Speak Up Champion network.

Students are encouraged to organise pre-placements visits, these can smooth processes in a number of ways, for instance the travel arrangements become clearer, the access forms for trust IT systems can be completed early, minimising any time between starting placement and getting access to the electronic notes.

All students receive regular clinical supervision and are encouraged to reflect on practice experiences. Students have access to the Trust Training Programme accessing skills based and professional educational opportunities.

Nursing

- Prior to initial placement we provide a 3-day induction to welcome students to the Trust. In addition to covering statutory and mandatory training, the PPF team deliver a preparation for practice session covering roles and responsibilities, documentation, expectations of practice. Students are also provided with PPF team contact details and encouraged to make contact if they are having any difficulties.
- On the commencement of placement, the students will receive a local induction tailored to the student's level of training and previous experience.
- Professional standards are threaded through all elements of care delivery and managerial decision making, and are underpinned by the trust values, and the nursing strategy, "delivering compassion in practice". Any issues around professional values are promptly addressed and if issues persist or are serious in nature, escalated to the PPF team and HEIs
- Students along with all Trust staff have access to a Nursing SharePoint; an intranet resource that includes educational information on relevant topics including NMC guidance, practice learning team events, guidance for curricula and mentors, the NTW nursing strategy
- Each student has an allocated mentor or sign off mentor who will oversee the students learning activities and support the development of a portfolio of evidence. This serves as the basis for formative and summative assessment, alongside mentor observations and team feedback. This is supported by the Index of Evidence form developed by the PPF team and used by students and mentors in assessment of evidence.
- We utilise the universities system of evaluation, with feedback monitored by the PPF team. Students are however encouraged to address any concerns during placement by approaching mentors, PPFs or personal tutors
- The mentor group at NTW welcome recent Northumbria and Sunderland Universities development in affording academic accreditation to the practice portfolio providing equal standing.
- The placement plan is agreed with the universities to reflect the requirements for learning and achievement of relevant competencies at each stage of training.

Trainee Nursing Associate

- Trainee Nursing Associates are supported within their base placements where they have an identified mentor, in addition they have a nominated University tutor and a supervisor in additional placements who will liaise with their mentor.
- To compliment this the PPFs meet with the Trainees every 6 weeks for peer support providing opportunity to share practice experience and enhance learning opportunities. The PPF also meets with each Trainee individually; providing an extra opportunity for supervision and reflection. Tripartite supervision is also provided
- To support the introduction of this important new role the PPF team are rolling out awareness sessions for managers and team leads to build understanding of the programme and role. In addition, this information has been embedded in the mentor updates

Vocational Training

- NTW employs a progression coach within the Academy vocational team to support learners completing apprenticeships in both an educational and pastoral role. We deliver a supporting learners in the workplace qualification inhouse that can be accessed by staff moving into supervisory roles

Clinical Psychology

- Placement supervisors always strive to combine educational support with pastoral support as required. Where a more formal access to therapy is required, this is arranged within another part of NTW Psychological Services wherever possible, in order to enable appropriate boundaries to be maintained. This has helped trainees who might otherwise have been unable to complete the three-year course to qualify.
- A collaborative approach is central to clinical psychology training and we are embedding co-production with service users and carers across all areas. Some trainees have the opportunity to participate in co-production of training or research.
- Placement Supervisors in collaboration with trainee clinical psychologists and University tutors identify learning needs and placement goals, including roles and responsibilities. This includes agreement over clinical supervision, formal outcome assessments, and review meetings.
- Placement feedback is routinely sought from trainee clinical psychologists. In the main this feedback is very positive both in terms of the educational opportunities and quality of clinical supervision but also that trainees have felt valued members of the clinical teams.

IAPT

- Trainees are supported to complete academic and clinical assessed work including technical support to enable encrypted video recording of therapy sessions. High Intensity trainees are supported after completing the course to complete their portfolios to obtain BABCP accreditation.

SALT:

- Students have regular planned supervision session from their clinical educator as well less formal supervision from other clinicians and other members of the MDT as required. All client related work is reviewed by the relevant clinician prior to and after the input; reflection is encouraged as well as being given direct feedback. Specific times during the placement planned observations are carried out by the clinical educator & feedback is given to the student with successes and areas for development. Action plans are agreed to address any issues from this. Meetings are planned with other profession students where possible.
- Case discussion is embedded in SALT teams and students attend these sessions where planned during their placements to be part of the discussion as well as to present a case. Further specific profession specific CPD is integral to placements e.g. team meetings to discuss specific areas as previously agreed and/or case discussion to highlight an area of discussion.
- Students may attend and/or take part in specific training sessions within SALT teams and/or Inter-professional sessions e.g. dementia training in learning disability, dysphagia awareness for staff teams and/or attend wider team CPD sessions.
- Students may also have the opportunity to attend Clinical Excellence Network meetings relating to specific areas and/or attend specific training workshops e.g. introduction to Augmentative & Alternative Communication offered from other services in the Trust.
- Students are provided with regular reflection and supervision sessions to discuss their progress towards the goals they have set and to identify any adaptations which need to be made to their placement experience.
- Students are fully involved in the multidisciplinary team through involvement in MDT meetings, joint goal setting and joint sessions. Students are encouraged to observe sessions in other therapy disciplines.
- Students are encouraged to involve family members/carers in their work, for example through family meetings/ involvement in therapy sessions or providing family/carers with advice and strategies to support the patient.

Occupational Therapy

- OT students based in Neurological services also have access to the Walkergate Park Induction Day which introduces them to the issues impacting on their patients – dependent on placement timing this is either within group or individual face to face session
- Students in other areas are also given an induction at the start of the placement, also the location and use of the Trusts policies and procedures, the values of the Trust and the process if they have any concerns.
- All students receive regular and quality supervision from named educator as well as peer review/specific bespoke student sessions with specific learning outcomes, differential educational style delivery to match learners' profile of learning.

- Students shadow qualified staff and deliver goal based outcome sessions to embed collaborative working.
- PPF are there to support mentors (across nursing and AHPs) with challenging situations including struggling students. PPF support students after a career break back into practice. Reasonable adjustments are made where required.
- OT students receive a minimum of one-hour formal supervision per week. They have multiple opportunities for informal supervision either with their practice educator or with other OTs or other members of the MDT. Learning objectives for each week are collaboratively set and matched during supervision.
- OT students have multimodal ways of demonstrating their learning including observed active intervention with patients, use of models/outcome measures and assessment tools, reflection, development of treatment plans, presentations, completion of quizzes, interaction within tutorial sessions and participation in departmental and MDT meetings, including family conferences and observation or joint sessions with other members of the MDT. For example, in Neurological services a neuroanatomy quiz has been developed to help students prepare for tutorials but also to enhance their understanding of a patient's diagnosis related to the observable impacts on occupational performance.
- Students use COPM and GAS in order to maintain a patient centred approach to their intervention and are encouraged to have contact with the patient's family/carers to supplement information if the patient is limited in their ability to provide information. (PDOC patients)
- Students have the opportunity to work within a recovery model and experience collaboratively orientated outcome measures such as the Recovery Star; ensuring therapeutic goals are personally meaningful. Care provided conforms to the NICE Accredited Practice Guidelines for occupational therapy; giving students the opportunity to see systematic review evidence put in to practice.
- Students work with service users under supervision, and develop joint therapeutic goals, this information is recorded and evaluated as part of the care and treatment of the service user and demonstrates the different elements of the care pathway.

Physiotherapy

- Clinical educators are identified prior to placement. Students are provided with weekly formal supervision from their educator as well as regular informal supervision from their educator and/or other team members. Students are encouraged and given time to complete reflective practice on a regular basis and are guided through reflective models if required.
- Students have the opportunity to work as part of the MDT, taking part in visits and MDT sessions and are able to work jointly with other AHPs to gain an understanding of their role.

Dietetics

- Students spend time within MDT meetings across the trusts specialist services. They also shadow other health care professions to gain a knowledge of their roles

within the MDT.

- Students have weekly sessions with their supervisor to ensure they meet the learning outcomes set by the university and are aware of the need of working with MDT colleagues in the specialist services they work into.
- We are looking at providing joint B placements with a local acute trust to ensure that students who we train receive the competencies needed for working in both mental health and acute trusts.

Pharmacy

- Clinical supervision has been rolled out to all clinical pharmacy staff.
- Pre- registration pharmacists and pre- registration technicians are supported and mentored
- NVQ assessment is carried out for our assistant technical officers and technicians.
- Working with our NTW Academy colleagues to look at utilising funding for preceptorship training within Pharmacy

Domain 4 Supporting and Empowering Educators

For additional guidance see HEE Quality Framework, page 15

4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.

4.2. Educators are familiar with the curricula of the learners they are educating.

4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.

4.4. Formally recognised educators are appropriately supported to undertake their roles.

Response:

NTW takes its responsibility to educate, train and support the future workforce seriously and places a high value on this aspect of our work. All mentors/practice educators have completed an accredited programme approved by their professional body and are required to attend annual updates to maintain knowledge of curriculum and all placement areas are subject to annual audit. The role of mentor/supervisor is included in appraisal with clinical supervision build into practice.

Nursing

- In order to meet current and future workforce needs we have expanded access to clinical placements to the Open University, Sunderland and Teesside Universities in addition to placements provided to Northumbria University.
- To ensure we are able to meet the demand a significant piece of work has been undertaken to increase clinical placements and build greater mentor capacity.
- A significant piece of work has been undertaken to align NMC requirements with internal reporting systems. Aligning mentorship update and triennial review to ESR has enabled the use of dashboards to monitor compliance strengthening the governance arrangements and clearly identifying both as mandatory training. The

NEF has oversight of compliance taking action where required.

- Mentors are updated annually, with regard to the curriculum detail for all the programmes. The mentorship update reflects the starting point for discussion regarding changes in curriculum
- Mentorship updates also includes information about the wider context of nurse education, curriculum developments and reflective group discussion around themes in education. e.g. fostering interprofessional learning, ensuring consistent quality of learning opportunities; implementation of new roles Trainee Nursing Associate
- When there are changes in practice related assessment extra educational events are rolled out across the geography of the services, a recent example of this is the work done with Teesside regarding TNAs.
- The governance around triennial review has been strengthened, and aligned with the revalidation mechanism, as described in the policy practice guidance note (SA-PGN-03). Triennial review is included in dashboards strengthening compliance monitoring
- Should specific issues arise between a mentor and student after the situation has been managed the local PPF will hold a reflective discussion with the mentor, to see if there are any implications for future learning.
- In addition to the arrangements for mentors, we have several NMC Practice Teachers, who support the PPF team with educational matters around mentorship, and curriculum developments we will look to increase their numbers when there is greater clarity in relation to the new NMC standards for education.

Vocational Training

- Educators and trainers within the Academy are kept up to date via CPD identified through appraisal
- The Vocational team have recently purchased MESMA the online quality assurance for schools, further education and skills. It supports the self-assessment process and development of robust quality improvement plans to drive change for the benefit of learners/ All members of the training team are asked to contribute to the process and it tracks observations of teaching and training to support trainers to develop within their roles. It also captures learner feedback.

Clinical Psychology

- Knowledge, skills and experience of teaching and training and clinical supervision are sought in all recruitment of qualified clinical psychologists. We place a high value on this aspect of our work and our responsibility for teaching and training the next generation of clinical psychologists.
- Supervision of trainee clinical placements is built into job plans and care is taken to ensure the overall job plan is realistic and manageable.
- Inexperienced supervisors share responsibility for placement supervision with a more experienced supervisor to ensure standards are met for the trainee and that

we are growing more clinical supervisors.

- All Clinical Psychologists are regulated by the Health Care Professions Council
- Role of supervision of trainees is included in appraisal
- Provision of Clinical Supervision is built into job plans

IAPT

- Close links with Newcastle & Teesside universities ensure familiarity with the curricula
- Clinical supervision for High Intensity CBT trainees is provided by BABCP accredited clinicians as is required
- Provision of Clinical Supervision is built into job plans of relevant staff

SALT

- Educator training is regularly checked within SALT teams to ensure clinical educators are up to date.
- Clinicians at a Band 6 and above are usually trained to be Clinical Educators and to lead placements; Band 5s encouraged to engage in placements possibly leading with 1 client depending on where they are with their own competencies.
- Discussions take place within teams regarding skills requirements & for reflection. University staff invited in to staff meeting to discuss curriculum changes, educator developments etc.
- Member of SALT team met with physio research colleague to consider ways to increase research into the Community Team Learning Disability & presented at a North of Tyne Away day; collaborative working with Trust Research Department looking at possible projects and NIHR clinical academic pathways; arrangement of an MDT CTLD researcher meeting; RCF funding to focus on dysphagia issues relating to Learning Disability; professional context placement student worked with SALT focussing on SUIs from choking incidents in the Trust – led to funding agreed for SALT posts for Inpatient wards. Professional Context placement for Inpatients also led to service improvements: placement enabled trialling interventions they had not had the capacity to do - e.g. group on complex care.
- Student shared up to date literature review on SALT in mental health with the team. Project aided understanding of current referral trends and reinforced what service should be aiming for. The data was used to inform service papers and also shared at meetings with senior managers.
- Partnership working with the University to make reasonable adjustments to enable students to get the most appropriate placement & opportunities to develop skills. Collaborative working also with other Universities i.e. Sheffield, for retrieval placements during the summer.
- Supervisors receive training from the local university on supervision of students, including the expectations of students at different levels, the appropriate model of

supervision and guidelines on providing feedback to students. Within neurological services one member of the SALT attends a yearly update clinical educator session and cascades this information to the remaining CE's. Supervisors are provided with written guidelines/ documentation to support the supervision process and are encouraged to contact the university if they require any support of advice during the placement.

- We have a Clinical Coordinator who attends quarterly meetings with the university and other local CC's.

Occupational Therapy

- All staff have APPLE accreditation and are identified in appraisal to complete educators' course. All APPLE accredited educators are revalidated every 5 years.
- Regular collaboration of educators to increase breadth and scope of learning by students maximising opportunities, exposure to various clinical specialisms.
- Regular review in monthly Occupational Therapy meeting of educators' experience, support and how to make it even better, recently this has included looking at new models of practice research and capacity issues.
- There are two events a year for Occupational Therapists to attend that are co-facilitated by a senior lecturer and PPF. PPFs support AHP educators and students.
- Annual audits of placements take place and fluctuations in mentor availability are accounted for.
- At times of peak activity which may result in difficulties in accommodating students some placements will go over agreed placement numbers.
- All practice educators are qualified Occupational Therapists with at least one-year experience. All must either have completed a practice educators course and/or have completed their APPLE accreditation or be working towards it.
- One of the Educators has a MA in Multidisciplinary Practice Education and Development.
- All less experienced practice educators are provided with support by more experienced staff.
- The OTs have been involved in discussions on adult learning theories including identifying personality types, learning styles and supervision models.
- Placement co-ordinators attend the annual practice educators meeting at Northumbria University, we will have an annual update from our academic colleague on curriculum changes and each educator will be provided with documentation for each student to support the placement.
- Students are provided with a collaborative meeting with the University Guidance Tutor and practice educator to monitor progress and Practice Educators have access to the guidance tutor throughout the placement to support the student particularly in the case of failing or struggling students.

- OT staff and students again work within a timetable system to enable preplanning of supervision time, tutorial time, joint sessions and student patient contact and consolidation time. This allows for preparation and reflection.
- Student education regularly forms part of each clinician's supervision and JDR agendas. Therapists are also supported to support the HEIs in the recruitment of OTs to training, academic assessment of students and running workshops with final year students about securing interviews and successful candidates. CPD time is protected at 1 session a month which has a rolling programme to ensure developmental needs are met.

Physiotherapy

- There is a bespoke Physiotherapy update yearly in a Trust location that all Physiotherapists are invited to. PPFs support AHP educators and students.
- All Physiotherapy Educators are required to attend the student educators course ran by the University which covers training relating to different learning styles, managing students, paperwork and the requirements of both the educator and the student. There is also support available from experienced educators within the Physiotherapy team.
- Contact can be made with the University and any updates regarding paperwork or course content can be provided by the University as required. Support is available for educators via contact with the University and there is the opportunity to meet with a University tutor during the half way appraisal or more frequently if required.

Dietetics

- All staff attend the Clinical Supervisory Skills courses run by Leeds Beckett University. Initially they attend a 2-day course with 3 yearly refreshers 1-day course.
- Staff are also encouraged to attend update sessions run by the liaison tutor from Leeds Beckett University.

Pharmacy

- A significant number of pharmacists are independent prescribers. This is part of the workforce strategy in order to develop the role in all areas to support workforce shortages in other professions.
- Junior pharmacists to study for a postgraduate clinical diploma in pharmacy to upskill their clinical knowledge and provide the therapeutically safe and expected level of care to our patients.
- We have encouraged our staff to up skill in areas of education such as completing an educational supervisory course, a postgrad certificate in medical education, NVQ technician assessor course and leadership skills.

Domain 5 Developing and Implementing Curricula and Assessments

For additional guidance see HEE Quality Framework, page 16

5.1. The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional

standards.

5.2. Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.

5.3. Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

Response:

Curricula, assessments and the training programme are set by the University and accredited by (as per profession) by Nursing and Midwifery Council, Health Care Professions Council and the British Psychological Society. Clinicians are able to contribute to curriculum development, methods of assessment and participate in validation.

Students' individual timetables are organised to include a range of experiences/ opportunities to support them to meet their individual learning outcomes and are encouraged to take responsibility for organising opportunities as the placement progresses. Students are informed of current service delivery approaches and their placement opportunities reflect these.

Nursing

- NTW have worked in partnership with Sunderland University and TEWV Trust to co-produce both a mental health and learning disability nursing pathway. This included curriculum design workshops with nursing staff from across our services; consulted on and refined via the NEF and Nurse Leadership Forum and attendance at the validation event of mentors, PPF and senior nursing staff. The NMC commended our partnership "for its approach to collaborative, provider led development of the nursing curriculum" and recognised our focus on innovative placements across the patient's pathway.
- Following the validation event, we have secured funding from Sunderland University for 2 x Senior Lecturer posts who will spend a half a day per week in practice, a Principal Lecturer post and a commitment to fund 2 x Clinical Links who will spend 50% of their time in practice.
- In order to accommodate increase in student numbers the PPF team measured student activity in 2016 which showed peaks and troughs across the year with distinct pinch points. Projected over 4 years this information was used to discuss with HEI logistical concerns resulting in more evenly distributed student numbers
- The practice learning required by students is outlined within the practice assessment documentation and in the practice competencies. Each NTW mentor meets with the student early in their placement to establish a programme of experience based on their individual requirements.
- Where there are new practice developments, presentations are arranged with teaching staff to discuss any implications around teaching, or new practice language. The principle care pathways approach is a good example of this, and also, the changes in ethos and approach required by the "talk safe" and safer care initiatives.
- There is patient and carer involvement in the curricula development, and in the recent innovations in care at the trust. (PCP, safer care, care coordination)

Peer Support Workers are actively involved in both student induction and in Practice Development Sessions (PDS) providing insight through lived experience.

- The PPF team collect themes and concerns in relation to curriculum from mentor updates and feedback to HEI.

Trainee Nursing Associate

- NTW are part of the fast follower pilot sites for the introduction and development of this new programme. Currently 12 staff are being supported on this programme. To support the introduction of this important new role the PPF team are rolling out awareness sessions for managers and team leads to build understanding of the programme and role. In addition, this information has been embedded in the mentor updates
- Additional support is provided by the PPF team who meet with the trainees every 6 weeks for peer support providing opportunity to share practice experience and enhance learning opportunities. Trainees are also supported by a PPF via 1:1 supervision Tripartite supervision is also provided.
- NTW are a member of the Implementation group and are able to influence curriculum and role development. The PPF team are working closely with Teesside University staff to ensure partnership working is robust and of the highest quality
- The NEF are responsible for monitoring implementation and role development internally

Vocational Training

- Assessors and trainers assess a starting point for every learner, monitor their progress on a monthly basis and set challenging targets to build on and support learners to meet their learning outcomes. The i-learner system we use creates an individual learning plan and progress chart. Each learner's review is conducted by accessing this ILP.
- Northumberland, Tyne & Wear NHS Foundation Trust has been highly commended at the regional final of the National Apprenticeship Awards 2017 in the category of Macro Employer of the Year. This category was open to all employers who employ 5000+ people & celebrates their commitment, contribution and the success that apprenticeships have brought to their organization

Clinical Psychology

- Curricula, assessments and the training programme are set by the University and accredited by the Health Care Professions Council and the British Psychological Society. NTW Clinical Psychologists are able to contribute to the curriculum development and the methods of assessment and also participate in accreditation visits.
- The leadership training component of the programme has been revised and re-scheduled in partnership between contributing Clinical Psychologists from NTW and TEWW with Newcastle University.

- The curriculum has been revised and linked to specific placements to ensure all trainee clinical psychologists have accreditable competencies in a minimum of two widely applicable evidence based psychological therapies when they qualify (Cognitive-Behavioural therapy and Family Therapy) in accordance with evidence based practice recommended by NICE and in accordance with priorities set in the NTW community services transformation to deliver evidence based pathways
- Supervisors encourage students to continually reflect on their placement experience and provide constructive feedback. Supervisors are responsive to feedback from students and make adaptations where appropriate. Students provide supervisors with formal feedback following their placement and this are reviewed by the service and any changes/ learning points identified
- Supervisors continually gain feedback from patients about their experience of working with students and respond to these as appropriate.

SALT

- Workshop teaching sessions for students in Learning Disability provided at Newcastle University; looking to develop sessions to include other SALT areas e.g. Working age adults, dementia, as part of curriculum for SALT students have regular meetings to learn about changes in the curriculum & programme – University will come to teams to discuss specific changes as required
- Members of SALT team CTLD engage with interviews of potential students who apply to take a SALT qualification.
- Supervisors use the assessment documentation provided by the local university and follow the guidelines and training provided on assessing students against the standards expected.
- A graded programme is in place to allow students to gain observational experience initially before gradually increasing their independence in working with clients, according to their level of experience and stage of training.
- One of the senior clinician's lectures at Newcastle University on a core subject to an average of 50 students consisting of 5x2 hour lectures. The core learning requirements of the module is led by the university but the delivery and actual content is devised by the clinician
- Senior clinicians partake in unseen vivas at the university working jointly with university lecturers.

Occupational Therapy

- Clear links with educators to providers via Pauline Carr and specific course leaders. Involvement in interviewing potential course candidates. Participation in validation days re students/presentations. Practice Educators have in the past been asked to comment on curriculum design at the draft stage by the local universities. Have in the past been actively involved in provision of the curriculum – teaching modules, lecturing, assessment of practical or viva exams.
- Practice Educators are regularly involved in interviews for prospective OT students. We provide ideas for research projects to the OT course at Northumbria for

consideration by the Masters Level students.

- The University set learning objectives reflect the needs of the student in relation to the curriculum and develop throughout their training. The service objectives reflect how the student will be able to meet these within the specific setting and the personal objectives identify priority areas for each individual student through interest or learning need previously identified. These are collaboratively set by the student and their University Guidance Tutor – the Practice Educators are not privy to these discussions nor the post placement meetings. The objectives of the service are set in line with evidence based practice and good practice guidelines.
- Students are provided with formal and informal supervision, tutorials, observation, discussion, working across services and with the MDT and direct contact with patients appropriate to their stage of training and determined ability during the placement.
- Within NTW there is an active Service User Forum which undertakes patient exit interviews which students have access to in order to inform them of patient perspectives around discharge
- Integrated within the student final report is a section for them to comment on their placement experience. OT students also have a requirement to complete a placement evaluation on ARC-PEP which is then sent to the placement area. We have consistently received excellent feedback through these processes. We are seen as a challenging, supportive and fair learning environment.
- As individuals and team, we use this evaluation information to develop the placement and/or make adjustments as necessary – e.g. developing supporting information.

Physiotherapy

- As per SALT. Following a placement, students complete a placement evaluation that is part of the ARC-PEP system as well as a local evaluation following completion of placement paperwork. The evaluations are then analysed for themes in order to make changes to enhance the student experience.

Dietetics

- Students are guided by the learning outcomes they have from Leeds Beckett University. Weekly meetings with their allocated supervisor help them reflect on their learning and highlight any gaps in learning. Their program is then adjusted to enable them gain experience in areas which have been highlighted.
- Student learning outcomes are reviewed at the Student network meetings held with Leeds Beckett University. A postgraduate course for dietetics at Teesside University is being developed and the training lead for dietetics in NTW is actively involved in the steering group and curriculum development group for this course.

Pharmacy

- The Pharmacy Department is actively engaged with HEE with regards to the commissioning and curricula design to a modular based course of training to match

the requirements of the career.

- The Pharmacy partnered with the University of Sunderland to facilitate an academic placement in NTW to increase and shape links between the sectors.
- The Pharmacy Department has collaborated with the Centre for Pharmacy Postgraduate Education to provide training in consultation skills and polypharmacy and also in developing a national clinical leadership programme via membership of the CPPE Hospital Advisory Panel.
- The Department has worked with Durham/Newcastle school of pharmacy to shape the content of the curricula.

Domain 6 Developing a Sustainable Workforce

For additional guidance see HEE Quality Framework, page 17

6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.

6.2. There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.

6.3. The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.

6.4. Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

Response:

The Trust has robust workforce planning arrangements and see's its commitment to providing placements to students and supporting the development of curriculum as integral to ensuring a future workforce. Professional strategies (Nursing, AHP and psychological services) all identify the commitment to workforce planning and workforce development. A key component of the Trust Workforce strategy is the retention of skilled and experienced staff to support delivery of high quality care to service users and their carers.

Nursing

- The Trusts five-year nursing strategy Delivering Compassion in Practice provides a clear framework for the Trusts nursing and care workforce to deliver the Trust vision and strategy and embed our values. The strategy is underpinned by a comprehensive career and development pathway and it is our stated intent to "grow our own" from entry to Nurse Consultant level which includes providing opportunities for our non-registered nursing workforce to progress to become registered nurses. As stated earlier the Trust has launched a Training Academy which intends to have a School of Nursing in place by 2019.
- Recruitment is a high priority within our organisation, and the projections regarding the needs of our future workforce directly affect our interactions and plans with HEIs the Trust is currently supporting staff to undertake mental health and adult nurse training with the Open University and has a cohort of 12 staff commencing Learning Disability nursing at Teesside in early 2018.
- Currently there is no formal mechanism to review attrition rate with programme providers. However, there are robust communication systems for students in placements if issues arise, PPFs and Personal Tutors attend placements to

collaboratively intervene with student's placement difficulties. In addition, the Practice Liaison Team (PLT) jointly facilitated by PPF's and Tutor provide group supervision sessions for students.

- In addition to accessing innovative placements; learning opportunities are all inclusive of multi-disciplinary teams; providing scope for insight placements with other disciplines.
- Students are also exposed to the varied roles within nursing, via Practice Development Session, for example research and development nurses, tissue viability nurse, nurse consultants, as well as specialist services provided by the Trust such as; the Veterans service, Gender Dysphoria and Community Eating Disorder Services.
- To support the Trust recruitment drive and emphasise our commitment to the recruitment of registered nurses, a PPF is part of our internal recruitment team and ensures there is robust communication with soon to be qualified student nurses. This includes issuing an invitation to apply for posts six months prior to qualifying attending a value based recruitment workshop.
- Two contact days are arranged for successful applicants during the final six months of training. The first day provides an opportunity to ensure a shared understanding of the Trust HR process and to outline Trust preceptorship package. At the second contact day students meet their preceptor or a member of the team from their employing service. They also received their portfolio, which outlines the framework of preceptorship in NTW, and can be developed into a revalidation folder.
- Experience has shown us that this transition can be an anxiety provoking time, and a helpful by product of these contact days is that connections are made between the students, HR and the recruitment team, so any queries can be managed thoughtfully.
- The Trust has a comprehensive preceptorship package, underpinned by a competency based framework aligned to the Trust probationary period. There are plans to review this next year, with input from recent preceptees. The programme includes transitional development events and peer support sessions facilitated by PPF team and Senior Nurses. The topics for training are chosen by the preceptee group.

Vocational Training

- The Vocational team are promoting career pathways and succession planning through work with Workforce planning to promote apprenticeship opportunities for both internal staff and new recruits. One example is working with teams to provide information and advice on physiotherapy higher apprenticeship opportunities.

Clinical Psychology

- Trainee Clinical Psychology attrition rates are very low and completion rates are very high. One trainee who had great difficulty completing due to mental health problems was given a comprehensive support programme and an extended contract as a trainee with NTW (prior to commencing a qualified post with us) in order to help reach completion.

- Progression is measured throughout training by the University. First destination employment is recorded.
- Where NTW is the first employer, a transition to qualified practice is agreed with the professional manager and clinical supervisor, which would include an induction period and high frequency of professional and clinical supervision in the first year.

IAPT

- Majority of trainees are already employed directly, with substantive post contingent on passing the course
- Career pathway from PWP to High Intensity Therapist or from CPN to IAPT High Intensity therapist has been possible within the service, and career progression is discussed with managers as part of appraisal

SALT:

- Part of student placement focusses on developing understanding of SALT role in the particular area. In the past attended careers speed dating event in Durham as part of an event giving information to local school children re careers in healthcare. Student who had a placement in the Trust has gone on to be recruited to a newly qualified SALT post where her placement was.

Occupational Therapy

- OT staff are involved with prospective student interviews alongside academic colleagues. During placement students will have access to information on careers within the service but also discussion on the changing skills needs in the current environment including new areas and roles for development of the workforce.
- We have no access to information/involvement with the method of interview, retention rates, progression of learners or final employment destination. We do not hold information about numbers of students who pass/fail within the service. We do however have a number of staff who have been students within the Service and who have sought employment either via the AHP Bank or direct from university.
- For those staff members employed directly from University there is a robust preceptorship programme in place for their first year in post which includes weekly supervision and specific induction and training programme.
- The students are also actively encouraged both on placement and via HEIs to research and discuss with educators the transition period from student to independent professionals and its opportunities and challenges.

Physiotherapy

- We have very few band 5 physiotherapy posts within the Trust due to limited rotational experience however we do promote management skills for our 3rd year physiotherapy students.
- Physiotherapy clinicians are involved in the recruitment process for prospective students applying for the Physiotherapy course. The clinicians are present on the interview panel and contribute to the decision to offer a student a place on the

course.

Dietetics

- Dietetics is actively involved in the value based interviews held at Leeds Beckett University for applicants who apply to both the undergraduate and post graduate courses.
- Figures are received from Leeds Beckett University for first jobs of their graduates. There are recruitment issues in dietetics at present at Band 5 level. The development of the Teesside course will help develop the skills of graduate dietitians locally to help fill graduate vacancies in future.

Pharmacy

- Pharmacy staff are involved in the new national recruitment process (Oriel) for pre-registration pharmacists.
- Our workforce development plan encompasses the training and education needs of all our staff.
- The Pharmacy is collaborating with other AHPs to develop and implement multi-collegiate teams to improve the care delivered to patients.
- Contribution to regional staffing demand template to forecast our workforce establishment needs over the coming years.
- Development of an NTW Pharmacy “Find your place” internet page.

2. Challenges or important issues that HEE NE should be aware of:

*This section should be used to document a **high level summary** any challenges or important issues you would like HEE NE to be aware of now.*

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.

Please also include any inspections or findings such as ratings from the CQC.

Domain 1 Learning Environment and Culture

For additional guidance refer to HEE Quality Framework, page 10

1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.

1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.

1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).

1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.

1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.

1.6. The learning environment promotes inter-professional learning opportunities.

Response:

Nursing

- With the advent of multiple HEI provision, we have found that the information on ARC PEP to be less inclusive and accurate than required. It is not appropriate for clinicians to update the system. The PPF and senior nurses and IT department have created a way of reporting from the ESR and training system that reflects mentor provision in real time.
- Whilst we believe work is being undertaken to allow access to all of the local HEIs to ARCPEP there has been no collaboration with Trust. As an organisation we provide placements to student nurses, trainee nursing associates, paramedics and apprenticeships therefore going forward the Trust will need to take a more active role in placement allocation there should not be an assumption that HEI will lead in this regard there needs to be much greater collaboration.
- Practice placement tariff – awaiting DOH guidance

Psychology

- Due to recent Trust restructure some services are undergoing redesign/restructure along with a new leadership and management structure.
- Reorganisation of location of services may put pressure on space available for trainees & students

SALT

- SALTs are a small resource in the Trust & tend to be small clinical teams. Any absence impacts on the capacity teams have to offer student placements. This also has an impact on the type of placements possible including part time working, to ensure student is fully supported at all times
- Preparation time for necessary placement planning, pre - & post- planning, organising appropriate practise opportunities in line with student goals/competencies, on-going support & supervision, involvement with wider team etc. impacts on clinicians' clinical time and work capacity.
- Due to the complex nature of the clients we prefer where possible to offer placements to final year students only.

Occupational Therapy

- Challenges include time and pace of work and capacity and demand issues
- Ring-fenced CPD time, a culture that embraces research, audit and that new learning and development is essential to improving quality.
- In Neurological services due to the complex and challenging nature of our patients we do not offer placements to Year 1 students within the inpatient services. Our community teams do take first years.
- In other areas of the Trust first year students are accepted on placement. Patient

presentations are becoming more complex – becoming more difficult to ensure that students have contact across the range of presentations but may have more limited ability to be autonomous with those needing specialist/complex interventions in some areas.

- With competing demands on time/space/resources we are no longer able to provide a specific OT student desk and they may need to hot desk during placement.
- When staffing resources are low (sickness/AL/vacancies) this does determine whether placement areas have the capacity to take students due to the increasing workload.
- Increasing pressure on staff within clinical intervention therefore taking a student has an added pressure to ensure sufficient support and patient contact and learning opportunities without compromising patient care.
- Students will when appropriate be included in all aspects of the service, including challenges within the services and the process for dealing with these. Students are encouraged to participate in the discussions ensuring the link between theory and practice.
- UNN were suggesting that clinicians could offer to supervise students on role emerging placements where they won't have an OT in their setting. A request has been made for a member of staff to do this for a student who was in a school for her placement. UNN have noted that it would ease pressure on their staff as they have to supervise them all currently. However, this model would put additional pressure on our limited resources.

Physiotherapy

- We always have a conversation with students prior to their arrival to discuss pre-placement issues and expectations from both the learner's and educator's perspective e.g. special requirements to enhance student learning.
- We only accept students who are in their 2nd or 3rd year due to the complex nature of the patients and to ensure that adequate support can be provided.

Dietetics

- Dietetics is a small service and any vacancies impact on the services capacity to train students.
- This is further exacerbated by the recruitment issues faced in dietetics. There is a need to train the future dietetic workforce in the specific skills needed for a dietitian working in mental health.

Pharmacy

- A reduction on consultant psychiatrists may result in less availability for DMP role, also pressure on extended roles of pharmacy and expanding workforce.

Domain 2 Educational Governance and Leadership

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

2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.

- 2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.
- 2.3. The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.
- 2.4. Education and training opportunities are based on principles of equality and diversity.
- 2.5. There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

Response:

Nursing

- Limited inclusion of mental health and learning disability in adult programme which can affect patient experience. Group Nurse Director recently raised at Nursing and Midwifery Sub Group the potential role of Learning Disability Nurses in their services and the need to include in their workforce planning
- With the advent of multiple HEIs there is a subsequent increase in the level of complexity of mentorship. The chief issue is that all our partner HEIs have different systems, assessment tools and PAD documents, so there is a lot more guidance to understand.
- Efforts to simplify the approach would be very welcome with one audit for all HEI to minimise clinicians time

SALT

- Limited inclusion of MH education on current curriculum – placement was offered in this area which led to a lot of extra support being required. SALTs looking to provide/work with University to see how this can be addressed going forward.

Dietetics

- The present education system for dietitians concentrates on developing their skills for working in the acute sector and does not develop their skills for working in mental health.
- Due to there not being a dietetic course in the North East it makes it more difficult to influence decisions about student training in mental health. The development of the course at Teesside will hopefully improve this moving forward.

Domain 3 Supporting and Empowering Learners

For additional guidance see HEE Quality Framework, page 13 - 14

- 3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.
- 3.2. Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.
- 3.3. Learners feel they are valued members of the healthcare team within which they are placed.
- 3.4. Learners receive an appropriate and timely induction into the learning environment.
- 3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

Response:

Clinical Psychology

- There have been some issues between the Trust and the Newcastle University Course re the assessment of competencies of trainees. A partnership Board is being set up to address this and to ensure a joined-up approach.

SALT:

- Challenge to ensure team set up and/or client population enables effective placement for students at different levels whilst giving level of independent opportunities to students to use initiative & work in partnership with others e.g. within Inpatient services including forensic
- SALTs looking at how placements could be shared across SALT teams within a placement to address some of these issues

Occupational Therapy

- Feel educational and pastoral support is there and could be enhanced if capacity issues were less 'relentless'
- New capacity options are currently being examined through the New Models in Practice work which will improve capacity but also may improve student support and peer learning.
- Staff have aspirations to be and do more but pressure of work impacts. Challenges – difficulties of having a student who is not meeting competencies and scaffolding to support process lacking.

Pharmacy

- Limited internal capacity to deliver and support our own workforce training.

Domain 4 Supporting and Empowering Educators

For additional guidance see HEE Quality Framework, page 15

- 4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.
- 4.2. Educators are familiar with the curricula of the learners they are educating.
- 4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.
- 4.4. Formally recognised educators are appropriately supported to undertake their roles.

Response:

Nursing

- See domain 2
- Mentors are updated yearly, with regard to the curriculum detail for all the programmes. This is complex at present due to the increasing numbers of HEIs involved in education and training.

Clinical Psychology

- Pressures on the Trust to make significant cost savings may entail freezing vacant posts and reducing the availability of placements.

- Clinicians' clinical productivity targets may impact on time available for education, training and research responsibilities

SALT

- As stated in domain 1 SALT is a small resource so there is an impact to the team with every placement.
- Time for planning, sorting out timetables, organising caseloads, engaging with other professionals for students to discuss roles & develop their understanding, arranging training needs for placement, getting consent from those to be involved etc. all take time from a clinician's job
- SALT teams have templates, timelines, contacts etc. available to reduce the impact of the organisation of placements. The organisation is also shared within teams so not to be same person affected.

Occupational Therapy and Physiotherapy

- Feel educational and pastoral support is there and could be enhanced if capacity issues were less 'relentless'.
- Staff have aspirations to be and do more but pressure of work impacts. Challenges – difficulties of having a student who is not meeting competencies and scaffolding to support process lacking.
- Inequity of requirements of training for Practice Educators across the AHP groups – i.e. APPLE for OT but not for other AHPs
- Support for Educators – i.e. contact with guidance tutors during University break when students will be on placement – this may take time if guidance tutor on annual leave.

Dietetics

- Dietetics is a small resource so there is an impact on the team with every placement. Educators are supported through the team and their supervisor if issues arise.

Pharmacy

- Currently no funding to support staff wanting to fulfil structured accredited training and development within education

Domain 5 Developing and Implementing Curricula and Assessments

For additional guidance see HEE Quality Framework, page 16

5.1. The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.

5.2. Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.

5.3. Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

Response:

Nursing

- Need to ensure co-production of curriculum across all HEI the example of the recent work undertaken with Sunderland University could act as a template
- No access (other than through the student if they choose to divulge) to whether the student has successfully achieved the level required in the curriculum within the University.

Clinical Psychology

- Some changes have been made to the order of placements by Newcastle University which is impacting on the fit between providing learning opportunities and clinical service delivery.
- Changes to the curriculum to increase depth of training in some areas have led to concerns about the impact of this on the wider experience that we believe trainees need to acquire.

Pharmacy

- Pharmacist independent prescribing course still does not prepare mental health pharmacists with the adequate skill set to practice with confidence. Trusts in the region lack the opportunity to engage with HEIs and develop postgraduate training to meet the needs of the hospital pharmacy workforce.

Domain 6 Developing a Sustainable Workforce

For additional guidance see HEE Quality Framework, page 17

6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.

6.2. There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.

6.3. The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.

6.4. Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

Response

Nursing

- There is no formal mechanism to review attrition yearly with the universities
- Changes to student finance may impact on application particularly smaller branches such as Learning Disability: risk HEI does not consider viable
- Nursing workforce demographics demonstrates the need to ensure mental health and learning disabilities branches maintained and where appropriate numbers are increased

Clinical Psychology

- There are opportunities for the Clinical Psychology workforce to step into new roles to deliver the workforce capacity required in NTW where there are recruitment problems (e.g. in psychiatry) however this would mean an increase in training numbers would be required and this has not yet been agreed.

IAPT

- The withdrawal of backfill funding for mainstream IAPT high intensity trainees has limited our ability to offer trainee posts as this impacts on ability for the service to deliver mandatory targets

Dietetics

- Dietetics have recruitment issues at Band 5 and 6 level. This is national issue but particularly felt locally as there is not a dietetic course in the North East at present. A course at Teesside is presently being developed which may help to ease issues. Nationally other universities are also setting up new courses and the profession is involved in setting up Modern apprenticeships for dietitians. These developments will hopefully help the present recruitment issues however the recruitment issues are likely still to last for the next 2 years.

Pharmacy

- There is demand from primary care to attract clinical pharmacists from the hospital sector due to increased national funding in this sector only. This puts pressure on an already stretched pharmacy resource to support the workforce shortages in psychiatry.
- Pharmacy is investing to up skill all staff to allow for more patient facing care; this will require funding to cover core roles fulfilled by pharmacy.
- Changes to the CWD commissioning for the postgraduate clinical diploma will require a change in recruitment process in terms of qualifications expected and career pathways if the Trust does not have the available funds to provide for the additional modules. There will be geographical variation which may impact on recruitment.

3. Good Practice items

Focus on innovative and breakthrough ideas, including new approaches, which have potential for wider dissemination and development, thus sharing good practice and driving improvement

Also supporting the standards, please list any good practice items that you would like to highlight as an exception over and above the supporting profession/workforce group unit information. These may include trust wide initiatives as well as profession/working group unit examples. When considering items to list here, please consider the third guiding principle from the NHS Constitution:

“The NHS aspires to the highest standards of excellence and professionalism

It provides high quality care that is safe, effective and focused on patient experience; in the people it employs, and in the support, education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population. Respect, dignity, compassion and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported.”

You do not need to duplicate items from the successes section of the SAR.

HEE Quality Domain 1 Learning Environment and Culture	
1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.	
Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
<p>AHP</p> <ul style="list-style-type: none"> Opportunity for students to see the implementation of a recovery model within secure services 	<ul style="list-style-type: none"> Recovery model and nature of secure ‘mandatory’ detention and treatment at historic odds. Positive to see cultural change towards collaborative coproduced assessments, risk assessments, language change and recovery college initiatives.
1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.	
Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
<p>AHP</p> <ul style="list-style-type: none"> All members of staff and students encouraged to engage in peer group supervision in both an MDT and discipline specific contexts <p>Vocational Training</p> <ul style="list-style-type: none"> Vocational Training and Development’s Manager received a Recognition Award from the National Apprenticeship Service at the Apprenticeship Ambassador Conference 2017 for promotion of apprenticeship opportunities within the North East. Annette.connor@ntw.nhs.uk 	<ul style="list-style-type: none"> Good to expose and challenge both positive and negative attitudes and behaviours in a supportive group context. Following our success at the Apprenticeship Awards the Education and Skills Funding Agency have named NTW as one of England’s <i>Top 100 Apprenticeship Employers</i>. This will be officially announced at the Apprenticeship Awards National ceremony on Thursday 18 January 2018. (we can’t advertise until after the 18th)

	<ul style="list-style-type: none"> Apprenticeships are the initial component of our career pathways this is important as it will attract Apprentices to the Trust and encourage individuals to consider a career in mental health and learning disability service
1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).	
Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
<p>Clinical Psychology</p> <ul style="list-style-type: none"> Trainees have the opportunity to do research as part of a programme approach to improving evidence based practice <p>Rob.Dudley@ntw.nhs.uk Guy.Dodgson@ntw.nhs.uk</p> <p>AHP</p> <ul style="list-style-type: none"> Student work within secure care expected to come within the NICE accredited practice guidelines for OT in secure settings and reflect upon the limitations within the evidence base. Also consider how to generate practice based evidence. 	<ul style="list-style-type: none"> Outcomes for service users of mental health services can only improve if we invest in relevant research to improve our understanding of peoples' difficulties and the kinds of interventions which enable recovery and improved wellbeing. We need to ensure the next generation of clinicians takes this forward. OT only profession within secure services to have NICE accredited practice guidelines. Ensures practice is genuinely evidence based.
1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.	
Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
<p><u>Nursing</u></p> <ul style="list-style-type: none"> Peer Support Workers are key members of the multi – disciplinary team. They are actively involved in both student induction and in Practice Development Sessions (PDS). Pauline.carr@ntw.nhs.uk <p><u>Pharmacy</u></p> <ul style="list-style-type: none"> Senior pharmacist attendance at the Serious Untoward Incidents panel and learning Claire.thomas@ntw.nhs.uk – Deputy Chief Pharmacist <p><u>Clinical Psychology</u></p>	<ul style="list-style-type: none"> Peer Support Workers provide insight through lived experience in these interactive sessions. Focus on co- production of care planning through using case studies Pharmacy Learning from incidents to prevent recurrence.

<ul style="list-style-type: none"> • Trainees have the opportunity to get involved with co-production with service users e.g. with co-produced training and research initiatives Janet.Bostock@ntw.nhs.uk <p><u>AHP</u></p> <ul style="list-style-type: none"> • Students are supported to undertake the recovery star with patients as a means to produce a collaborative outcome measure and set priority goals. • Students are encouraged to coproduce a recovery college course with a service user drawing on their strengths and experiences 	<ul style="list-style-type: none"> • Working in partnership with service users and carers is a core aspiration of mental health services to improve experience and outcomes and address as far as possible the power imbalance • Actively recognises patients as experts of their own needs and encourages them to support others with their expertise. Students reflect on distinction between 'coach' and clinician.
<p>1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.</p>	
<p>Description of good practice (and a named contact for further information)</p>	<p>Description of why this is considered to be good practice</p>
<p>1.6. The learning environment promotes inter-professional learning opportunities.</p>	
<p>Description of good practice (and a named contact for further information)</p>	<p>Description of why this is considered to be good practice</p>
<p><u>Nursing</u></p> <ul style="list-style-type: none"> • The COMET IPL case discussion events. A recently launched Community of Multi-Disciplinary Education and Training (COMET) facilitates multi-disciplinary case presentation discussions. Pauline.carr@ntw.nhs Alan.law@ntw.nhs.uk 	<ul style="list-style-type: none"> • Jointly delivered by Practice Placement Facilitators (PPFs) and Peer Support workers, the aim is to gather students from different disciplines to lend their perspectives to discussing a presented anonymised or fictionalised case.
<p>HEE Quality Domain 2 Educational Governance and Leadership</p>	
<p>2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.</p>	
<p>Description of good practice (and a named contact for further information)</p>	<p>Description of why this is considered to be good practice</p>
<p>2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.</p>	
<p>Description of good practice (and a named contact for further information)</p>	<p>Description of why this is considered to</p>

contact for further information)	be good practice
<p><u>Pharmacy</u></p> <ul style="list-style-type: none"> Redesign of undergraduate placements to be more practice based and supported by a mentor Martina.khundakar@ntw.nhs.uk <p><u>Nursing</u></p> <ul style="list-style-type: none"> A significant piece of work has been undertaken to align NMC requirements with internal reporting systems. Aligning mentorship update and triennial review to ESR has enabled the use of dashboards to monitor compliance strengthening the governance arrangements and clearly identifying both as mandatory training. The NEF has oversight of compliance taking action where required. Alan.law@ntw.nhs.uk Michelle.hall@ntw.nhs.uk 	<ul style="list-style-type: none"> Pharmacy Ensures a much better student experience The development of a mentor database enables the PPF team to maintain a more accurate real-time picture It can enable more adjustments to capacity as staff move and rotate through our services, and highlight areas whose capacity can increase
2.3. The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.	
Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
<p>The Trust has launched a Training Academy the Academy Boards membership is made up of Executive and Operational Directors including the Group Nurse Director Safer Care and Director of AHPs & Psychological Services. Gail.bayes@ntw.nhs.uk</p>	<p>The Training Academy will provide multidisciplinary educational leadership and provide clear links to Trust workforce group</p>
2.4. Education and training opportunities are based on principles of equality and diversity.	
Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
<p><u>Vocational Training</u></p> <ul style="list-style-type: none"> The Vocational team were approached by the Government's Apprenticeship Service to join the national Apprenticeship Diversity Champions Network. & submit a pledge based on principles of equality and diversity. This was approved by the Network Chair Helen Grant MP on 4th December 17. We have been asked to take part in their event in London as part of Apprenticeship Week. Annette.connor@ntw.nhs.uk 	<ul style="list-style-type: none"> The Pledge involved a commitment to ensure our apprenticeships campaign incorporates widening participation, looking at what we can do to work to support people to move into apprenticeships, including collaborative work with Project Choice on the development of apprenticeships suitable for learners with additional needs, as well as collecting further

<ul style="list-style-type: none"> The Vocational team have work place risk-assessments for all apprenticeship placements. In January 18 we will begin the roll out to all apprentices of the <i>Side by Side</i> training, devised by the Education and Training Foundation, which covers: Radicalisation and Extremism Staying Safe Online Critical Thinking British Values. Annette.connor@ntw.nhs.uk 	<p>diversity data across the apprenticeship programme.</p> <ul style="list-style-type: none"> All FE providers have a duty to safeguard their students – and Prevent is about safeguarding our students to keep them both safe and within the law. The Prevent Duty is not about preventing students from having political and religious views, but supporting them to use those concerns or act on them in non-extremist ways
<p>2.5. There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.</p>	
<p>Description of good practice (and a named contact for further information)</p>	<p>Description of why this is considered to be good practice</p>
<p>Clinical Psychology</p> <ul style="list-style-type: none"> Setting up a partnership board with Newcastle University to oversee the D Clin Psy course Vivien.Twaddle@ntw.nhs.uk Jon.McDonnell@ntw.nhs.uk 	
<p>HEE Quality Domain 3 Supporting and Empowering Learners</p>	
<p>3.1. Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.</p>	
<p>Description of good practice (and a named contact for further information)</p>	<p>Description of why this is considered to be good practice</p>
<p><u>Nursing</u></p> <ul style="list-style-type: none"> The Trainee Nursing Associates are supported within their base placements where they have a recognised mentor, they have a nominated tutor within university and a supervisor in placement. To compliment this the PPFs meet with them every 6 weeks for peer support. Within these sessions trainees are able to share any concerns they may have. The PPF also meets with them individually providing an extra 	<ul style="list-style-type: none"> This is considered to be good practice as it offers the trainees the opportunity to meet as a group, to share experience and reflect. We are developing an educational element within these sessions which is determined by the needs of the trainees.

opportunity for supervision. Corinna.thompson@ntw.nhs.uk	
3.2. Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.	
Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
3.3. Learners feel they are valued members of the healthcare team within which they are placed.	
Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
<u>Nursing</u> <ul style="list-style-type: none"> The development of the intranet resource, "SharePoint" It is available to all members of the healthcare team and there is a variety of educational information available to support learning. Michele.hall@ntw.nhs.uk Victoria.conway@ntw.nhs.uk 	<ul style="list-style-type: none"> It's an extra resource that has specific student related information, but also the open parameters promote the idea that students are part of the "nursing family".
3.4. Learners receive an appropriate and timely induction into the learning environment.	
Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.	
Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
HEE Quality Domain 4 Supporting and Empowering Educators	
4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.	
Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
<u>Nursing</u> A significant piece of work has been undertaken to align NMC requirements with internal reporting systems. Pauline.carr@ntw.nhs.uk	Aligning mentorship update and triennial review to ESR has enabled the use of dashboards to monitor compliance strengthening the

	governance arrangements and clearly identifying both as mandatory training. The NEF has oversight of compliance taking action where required.
4.2. Educators are familiar with the curricula of the learners they are educating.	
Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
<u>Trainee Nursing Associate</u> <ul style="list-style-type: none"> To support the introduction of this important new role the PPF team are rolling out awareness sessions for managers and team leads to build understanding of the programme and role. In addition, this information has been embedded in the mentor updates Corinna.thompson@ntw.nhs.uk 	<ul style="list-style-type: none"> The programme came on line very quickly and as this is a new role and curriculum to support the development and implementation of this role the PPF are delivering sessions for managers and team leads across the organisation
4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.	
Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
<u>Nursing</u> <ul style="list-style-type: none"> Through policy addendum, the triennial review dates are gradually being re aligned with the mentor's revalidation dates. Pauline.carr@ntw.nhs.uk 	<ul style="list-style-type: none"> Good practice for ease of use for mentors, and time efficiency.
4.4. Formally recognised educators are appropriately supported to undertake their roles.	
Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
HEE Quality Domain 5 Developing and Implementing Curricula and Assessments	
5.1. The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.	
Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
<u>Nursing</u> <ul style="list-style-type: none"> The PPF team have measured student activity in 2016; it showed great peaks and troughs across the year with distinct pinch points. 	<ul style="list-style-type: none"> This information was used to inform the curriculum development to consider placement related logistical

<p>Alan.law@ntw.nhs.uk Pauline.carr@ntw.nhs.uk</p>	<p>concerns.</p> <ul style="list-style-type: none"> Following the developments capacity was projected over the next 4 years. The proposed streaming has had a useful effect, as despite increased student numbers the peaks and troughs are more evenly distributed.
<p>5.2. Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.</p>	
<p>Description of good practice (and a named contact for further information)</p>	<p>Description of why this is considered to be good practice</p>
<p><u>Nursing</u></p> <ul style="list-style-type: none"> NTW have worked in partnership with Sunderland University and TEWV Trust to co-produce both a mental health and learning disability nursing pathway. curriculum” and recognised our focus on innovative placements across the patient’s pathway. Michelle.hall@ntw.nhs.uk 	<ul style="list-style-type: none"> This included curriculum design workshops with nursing staff from across our services; consulted on and refined via the NEF and Nurse Leadership Forum and attendance at the validation event of mentors, PPF and senior nursing staff. The NMC commended our partnership “for its approach to collaborative, provider led development of the nursing The ideas from practice were clearly influential on the programme, and post the events, modules were rewritten following further consultation on the detail The PPFs were consulted on Practice placement alignment, and the ideas were threaded into the programme.
<p>5.3. Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.</p>	
<p>Description of good practice (and a named contact for further information)</p>	<p>Description of why this is considered to be good practice</p>
<p>See 1.4 Peer Support Workers</p>	

HEE Quality Domain 6 Developing a Sustainable Workforce

6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.

Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
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6.2. There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.

Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
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6.3The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.

Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
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Vocational Training

- The Vocational team are promoting career pathways and succession planning through work with Workforce planning to promote apprenticeship opportunities for both internal staff and new recruits.
Annette.connor@ntw.nhs.uk

- One example is working with teams to provide information and advice on physiotherapy higher apprenticeship opportunities.

6.4. Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

Description of good practice (and a named contact for further information)	Description of why this is considered to be good practice
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Nursing

- Learners are invited to apply for posts within the trust. There is a workshop run jointly by the trust and university, replicating the trusts value based recruitment process.
- Successful applicants are invited into the trust for x2 contact days whilst still in their nurse training prior to taking up post
- During these events the preceptorship framework is shared, there are

- It is well documented that the transitional period is an anxiety provoking time. The theme of these interventions is to minimise any apprehension the students have, by giving information, responding to queries and providing some core training that the students feel they would benefit from.
- During the preceptee days they meet with preceptees from

<p>meetings with HR colleagues to support in the transitional period, and an opportunity to meet members of their new team.</p> <ul style="list-style-type: none"> On commencement of preceptorship, the preceptors are invited to x3 peer support days which are both educational and reflective. <p>Corinna.thompson@ntw.nhs.uk</p>	<p>previous cohorts, and have a Q and A session with them.</p> <ul style="list-style-type: none"> All the preceptee days have reflective sessions where they share elements of their journey.
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4. Professions or workforce areas at highest risk of not meeting a standard

Please list any professions or workforce groups that are not fully meeting a standard. Please list the profession or workforce group and the standard

Please list any professions or workforce groups that are not fully meeting a standard. Please list the profession or workforce group and the standard. This section is a list only – detail should be in challenges by domain

N/A as professions and workforce groups are meeting standards

5. Summary of LEP Policies and processes (self-assessment) against the standards

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

Please ensure that the narrative includes a list of associated key trust policies and processes which supports how the organisation meets the standards

<p>HEE Quality Domain 1 Learning Environment and Culture <i>For additional guidance refer to HEE Quality Framework, page 10</i></p>
<p>1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.</p>
<p>In 2016 the Trust was awarded an overall rating of Outstanding by the CQC and has recently been awarded the HSJ Provider of the Year, which recognises an organisation offering “excellent patient-centric care built on strong engagement with clinicians within and beyond the organisation and with a clear understanding of how they will need to adapt to create a viable long-term health economy” The Judges were impressed with the depth of embedded strategy describing the Trust as;</p> <p><i>“a true exemplar of how focusing on evidence based, value driven and safety focused care - complemented with a clear digital strategy has enabled fantastic performance and a thought leader within the NHS provider community “</i></p>

A significant number of services are also accredited with external quality awards such as the Royal College of Psychiatrists AIMS awards.

Following a recent re-structuring of operational services, the Trust has implemented a new Safer Care Directorate led by Group Nurse and Medical Director's. The Directorate includes Patient Safety, Physical Health and Wellbeing and Professional Nursing Development and Recruitment.

The Trust has a strong culture of incident reporting with robust mechanisms for learning lessons supported by comprehensive policy. The Trust has a significant number of clinical, operational and workforce policies designed to ensure delivery of safe and effective care (see attached list)

The Trust Training programme is underwritten by policy including;

- statutory and mandatory training
- induction both organisational and local
- preceptorship both Registered Nurse and Assistant Practitioner
- Vocational Training programme / Apprenticeship

Head of Equality and Diversity carries out an impact assessment on policies. Staff have access to a wide range of education and training supported by an Appraisal system. New staff to the organisation are provided with a comprehensive induction programme .

1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.

The Trust recognises the importance of education and training plays in the delivery of a high-quality person centered service and has invested significantly in career and development pathways; ensuring staff have access to principle based, flexibly delivered education and training which will enable them to make the best use of current up to date practice; meeting their personal and professional goals and most importantly, service user needs.

We have launched a Training Academy which will provide multidisciplinary educational leadership and the intention is to have a School of Nursing by 2019. Training strategies are aligned to workforce planning and there is a Trust Workforce Strategy supported by professional strategies. There are a number of policies which are aligned to this standard including;

- Appraisal, Staff, Policy NTW(HR)09
- Appraisal-Staff-Training-Develop Need Analysis Process PGN - SA-PGN-01 - NTW(HR)09
- Continuing Professional Development, Study Leave PGN - SL-PGN-01 - NTW(HR)23
- Dignity and Respect at Work Policy - NTW(HR)08
- Induction Policy - NTW(HR)01
- Revalidation, Nursing, Triennial review -Appraisal PGN - SA-PGN-03 - NTW(HR)09
- Equality, Diversity and Human Rights Policy - NTW(O)

- Research Governance Policy - NTW(O)47

1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), improving evidence based practice (EBP) and research and innovation (R&I).

The Trust Research and Development Strategy aims to;

- Improving the way research is embedded into our services, so that clinical staff are aware of opportunities to refer service users to appropriate research studies, and also to ensure that the learning and knowledge from the research we are involved in is acted upon and we use it to improve and develop the services
- Improving the knowledge, understanding and skills of our staff to enable them to contribute more widely to research in general, and more specifically developing the next generation of key senior researchers and research leaders so that the research agenda of the Trust and collaborators is led from within and can be shaped by the clinical needs of the Trust.

The strategy is supported by Library & Knowledge Services development framework which provides access for all staff and students supported by policy;

- Research Governance Policy - NTW(O)47
- After Action Review (AAR) - Incident PGN - IP-PGN-03 - NTW(O)05
- Audit, Internal, Policy - NTW(O)25
- Learning Lessons - Incident PGN - IP-PGN-05 - NTW(O)05

1.4. There are opportunities to learn constructively from the experience and outcomes of service users, whether positive or negative.

Services have a care pathways approach, which is underpinned by evidence based practice, utilising 5 P formulation and collaborative user inclusive care planning. The co-production of care plans provides opportunity for learners to work collaboratively with service users.

Theoretical models around positive behaviour support and safer care (via the positive and safe model) are integrated into policy care and practice. The nursing strategy emphasises the 6Cs, and all policy changes and updates are written with reference to the document TALK First

Feedback from service users and carers about their experience of care and treatment is captured in a number of ways including quality networks, peer reviews and Points of You survey which incorporate the national family and friends test. Clinical staff access feedback about their service via “Staff, Service User and Carer Experience” dashboard. Clinicians evaluate service user outcomes and experience and students and trainees participate in this process when on placement. Patient consent is sought by all professions before involvement of students in their care.

- Promoting Engagement with SU's Policy -V03.2 - Issued Dec 17 - NTW(C)07
- Promoting Engagement-CYP-PGN-V02 - Issued Dec 17 - PE-PGN-01 - NTW(C)07

1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge.

See 1.3

1.6. The learning environment promotes inter-professional learning opportunities.
<p>Multidisciplinary working is part of the culture within the organisation and students from all disciplines are encouraged to learn more about one another's roles through the use of case studies and Schwartz rounds providing inter-professional learning opportunities.</p> <p>All clinical policies outline the role of clinicians and emphasise the importance of working together</p>
<p>HEE Quality Domain 2 Educational Governance and Leadership <i>For additional guidance see HEE Quality Framework, page 11 -12</i></p>
2.1. The educational governance arrangements measure performance against the quality standards and actively respond when standards are not being met.
<p>The Trust has robust governance arrangements reflected in terms of reference. Corporate governance frameworks are supported through clinical policy development and implementation</p>
2.2. The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.
As above
2.3. The educational governance structures promote team-working and a multi-professional approach to education and training where appropriate, through multi-professional educational leadership.
<p>Professional strategies emphasise the importance of team and multi professional working. This is strengthened by the implementation of the Training Academy Board.</p> <p>Internal training programmes are multi-professional. Trust policy reflects this.</p>
2.4. Education and training opportunities are based on principles of equality and diversity.
<p>NTW is an equal opportunities employer, and as a mental health and disability service conscious of its responsibilities to act fairly with its staff and student group. Equality and diversity training is mandatory for all staff and supported by Trust policy. Education and training needs are identified at Appraisal via a joint development review with the individuals' manager supported by Trust policy.</p> <ul style="list-style-type: none"> • Equality, Diversity and Human Rights Policy - NTW(O)42 • Equality, Diversity and Human Rights-Impact Assessment PGN - EHDR-PGN-01 - NTW(O)42
2.5. There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.
<p>The Trust works with HEI policy regarding student performance issues. The Trust has policies including</p> <ul style="list-style-type: none"> • Safeguarding NTW(C)24 V04.1 • Adults at Risk and Raising Concerns Policy - NTW(HR)06

- Safeguarding Children NTW(C)04 V04.2
- Supporting Staff Involvement in an Incident PGN- IP-PGN-08 - NTW(O)05

HEE Quality Domain 3 Supporting and Empowering Learners

For additional guidance see HEE Quality Framework, page 13 -14

3.1. Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.

All students are inducted into the clinical environment in which their supervised practice will take place on commencement of placement The induction process is standardised to ensure quality and supported by policy;

- Induction Policy - NTW(HR)01
- Induction Arrangements for Student Nurses - I-PGN-03 - NTW(HR)01
- Clinical Supervision and Peer Review Policy NTW(C)31 V05
- Raising Concerns Policy - NTW(HR)06

All students receive regular clinical supervision and are encouraged to reflect on practice experiences. Students have access to the Trust Training Programme accessing skills based and professional educational opportunities.

3.2. Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards or learning outcomes.

As above

3.3. Learners feel they are valued members of the healthcare team within which they are placed.

As above

3.4. Learners receive an appropriate and timely induction into the learning environment.

As above

3.5. Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

As above

HEE Quality Domain 4 Supporting and Empowering Educators

For additional guidance see HEE Quality Framework, page 15

4.1. Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.

NTW takes its responsibility to educate, train and support the future workforce seriously and places a high value on this aspect of our work. All mentors/practice educators have completed an accredited programme approved by their professional body and are required to attend annual updates to maintain knowledge of curriculum and all placement areas are subject to annual audit. The role of mentor/supervisor is included in appraisal with clinical supervision build into practice.

- Appraisal, Staff, Policy NTW(HR)09
- Appraisal-Staff-Training-DevelopNeedAnalysis Process PGN - SA-PGN-01 - NTW(HR)09
- Appraisal-Nursing Revalidation-Triennial Review PGN - SA-PGN-03 - NTW(HR)09
- Continuing Professional Development, Study Leave PGN - SL-PGN-01 - NTW(HR)23
- Study Leave Policy - NTW(HR)23
- Study Leave PGN -Continuous Professional Development- SL-PGN-01- NTW(HR)23

4.2. Educators are familiar with the curricula of the learners they are educating.

Refer to page 15

4.3. Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.

See 4.1

4.4. Formally recognised educators are appropriately supported to undertake their roles.

See 4.1

HEE Quality Domain 5 Developing and Implementing Curricula and Assessments

For additional guidance see HEE Quality Framework, page 16

5.1. The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.

Curricula, assessments and the training programme are set by the University and accredited by (as per profession) by Nursing and Midwifery Council, Health Care Professions Council and the British Psychological Society. Clinicians are able to contribute to curriculum development, methods of assessment and participate in validation.

Students' individual timetables are organised to include a range of experiences/ opportunities to support them to meet their individual learning outcomes and are encouraged to take responsibility for organising opportunities as the placement progresses.

5.2. Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.

The practice learning required by students is outlined within the practice assessment documentation and in the practice competencies. Each NTW mentor meets with the student early in their placement to establish a programme of experience based on their individual requirements.

Where there are new practice developments, presentations are arranged with teaching staff to discuss any implications around teaching, or new practice language. The principle care pathways approach is a good example of this, and also, the changes in ethos and approach required by the "talk safe" and safer care initiatives.

The PPF team collect themes and concerns in relation to curriculum from mentor updates and feedback to HEI.

5.3. Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

There is patient and carer involvement in the curricula development, and in the recent innovations in care at the trust. (PCP, safer care, care coordination)
Peer Support Workers are actively involved in both student induction and in Practice Development Sessions (PDS) providing insight through lived experience.

HEE Quality Domain 6 Developing a Sustainable Workforce

For additional guidance see HEE Quality Framework, page 17

6.1. Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.

See response on pages 30 – 31

6.2. There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.

6.3. The organisation engages in local workforce planning to ensure it supports the

development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.

6.4. Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

Appendices for Additional Information/Questions Appendix A - Continuous Workforce Development

Continuous Workforce Development

Appendices (i) and (ii) below provide high level information on the CWD accessed by your organisation in 2016/17. Please review the information and respond to the questions below.

Please provide answers to the following questions.

Questions	Trust's response
<p>Q1. What value and impact do you think accessing this provision has brought to your organisation?</p> <p><i>Please consider the following:</i></p> <ul style="list-style-type: none"> ➤ <i>Benefits to patients and service provision</i> ➤ <i>Capacity and skill mix</i> ➤ <i>Knowledge and skills</i> ➤ <i>Improvement projects</i> 	<p>It has allowed the Pharmacy to build its professional workforce by being able to attract and develop pharmacists into becoming independent prescribers by building clinical knowledge and extending practice. This has a direct positive impact on patient care</p> <p>Nursing</p> <p>Development of Non-Medical Prescribing and RC/ACA as part of the workforce strategy in order to develop the role to support workforce shortages in other professions.</p>
<p>We have worked in close partnership with all foundation trusts to improve the efficiency of the CWD contracts. In 2016/17 the non-attendance for your trust was £7,900 (9% of usage). The CWD policy outlines the processes each trust has agreed to put in place (e.g. standard study leave wording, study bonds, tracking mechanisms for applications and monitoring students' progress, tracking mechanisms for cancellations).</p>	<p>We are reviewing our study leave policy as part of the development of the NTW Academy. It is our intention to embed a more robust system of tracking for applications. We expect that when the HEE NE SharePoint system and robust reporting from the universities is fully in place this will support us in more closely monitoring attendance and completion and allow us to better manage cancellations.</p>

<p>Q2. How would you assess your trust's progress in implementing these processes?</p>	
<p>The CWD portfolio is compiled from trusts' workforce education requirements, which are submitted annually. The robustness of this process is dependent on capturing the needs of the workforce across the service areas of each organisation.</p> <p>Q3. How far do you feel awareness of and participation in the CWD commissioning process has been embedded across your organisation?</p> <p><i>Please consider any good practice and further improvements to take forward.</i></p>	<p>The CWD process has become further embedded in 16/17. Professional leads are aware of the process as are workforce planning colleagues and senior locality managers. We generally provide our information in a timely manner. There are often frustrations at the lack specific specialist mental health and learning disability topics available from the current contract as many are required to be delivered by accredited institutes.</p>
<p>Additional comments</p>	

Appendix (i) – CWD module data

The table below shows the number of CWD modules accessed by your organisation from August 2016 to July 2017. Note this data is indicative and a final outturn dashboard will be provided to your organisation later in the autumn. Your CWD lead receives detailed raw data reports by student each month.

	Northumbria		Sunderland		Teesside		Sheffield Hallam		TOTAL		Value (£)	Wastage	
	Attended	Not attended (charged to contract)	Attended	Not attended (charged to contract)	Attended	Not attended (charged to contract)	Attended	Not attended (charged to contract)	Attended	Not attended (charged to contract)		£	%
Modules	92	10	33	2	3		11		139	12	£84,910	£7,900	9%

Appendix (ii) – modules accessed by title and university

HEI	Module Name
Northumbria University	Adult Critical Care
	Chemotherapy: Enhancing Practice
	Children and Young People Recognition and Emergency Care in Critical Illness
	Developing Leadership Capacity and Managing Change (Level 6)
	Developing Leadership Capacity and Managing Change (Level 7)
	Developing Skills for Service Improvement Planning
	End of Life Care for All
	Foundation of Sexual Health Practice
	Foundations in Acute and Critical Care
	History Taking and Physical Assessment (Adult/Child)
	Independent Nurse Prescribing
	Managing Pain and Symptoms in Advanced Disease
	Mental Health and the Older Person - Dementia, Delirium and Depression
	Mentor/Educator Preparation (L5)
	Mentor/Educator Preparation (L6)
	Mentor/Educator Preparation (L7)
	Mentor/Educator Preparation (Level 6 APEL)
	Preparation for Community Practitioner Prescribing
	Prevention and Early Intervention in CAMH
	Supplementary Prescribing for Nurses and Allied Health Professionals
The Principles of Palliative Care	

	Tissue Viability Management
University of Sunderland	Practice Certificate in Independent Prescribing for Pharmacists
	Undergraduate Certificate of Achievement in Clinical Skills
	Undergraduate Certificate of Achievement in Preparation for Mentorship
Teesside University	Advancing Non-medical Prescribing

Appendix B - Library and Knowledge Services

Q1. What funding (in addition to the educational tariff funding) is your Trust putting in to the library and knowledge service to deliver on the Health Education England Policy? (see <https://www.hee.nhs.uk/sites/default/files/documents/Knowledge%20for%20Healthcare%20Policy%20Statement%20Nov%202016.pdf>)

Response:

NTW receives its funding through many different sources and types of contracts. Library and knowledge services do not have their own distinct income stream but are funded from various different income streams to the desired level within our organisation.

NTW Library and Knowledge Services (LKS) are located across four main sites:

- St Nicholas Hospital Gosforth
- St Georges Park Morpeth
- Walkergate Park Newcastle
- Hopewood Park Sunderland

A further small library, locally managed unstaffed resource is situated at Ferndene Unit Prudhoe which library staff attend on a 6-weekly basis to hold a library surgery and library steering group meeting.

NTW staff members also have access to 8 other NHS libraries in the region, including:

- Gateshead Health NHS FT (Queen Elizabeth Library)
- Newcastle upon Tyne Hospitals NHS FT (Freeman and RVI)
- Northumbria Healthcare NHS FT (North Tyneside, Wansbeck, Cramlington and Hexham Hospitals)
- South Tyneside District Hospital

Q2. Describe how your Trust is implementing the HEE library and knowledge services policy 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
- Developing NHS library and knowledge services into a coherent national service that is

proactive and focussed on the knowledge needs of the NHS and its workforce.”

Response:

NTW has an explicit Library and Knowledge Services (LKS) strategy which is based on Knowledge for Healthcare, current LQAF compliance score 96%). This ensures that all NTW staff have access to library and knowledge services, increasingly in a remote way, although we still maintain four physical library spaces.

Library & Knowledge Services plays a key role in supporting the education and continuous learning of the whole workforce, through building up links with the NTW Academy as well as further strengthening well-established links with Medical Education but in addition this framework is interlinked with a range of other strategies within NTW:

- The NTW Clinical Effectiveness Strategy, in particular its objective to ensure “rapid access to evidence for frontline staff”.
- The NTW Nursing Strategy, which aims to promote “safe and effective practice by building a culture of shared knowledge, information and good practice” and takes into account the NMC Code of Practice (2015) which requires nursing staff to practice effectively using the evidence base and the need to revalidate every three years.
- The NTW Research and Development Strategy which has a mission to contribute “as much as possible to the generation of new knowledge for the benefit of all patients with mental health and disability problems, as well as rapidly implementing research-informed, evidence-based practice for the direct benefit of patients under its care”
- The NTW Workforce Strategy 2015-2020 aims to “educate and equip staff with the necessary knowledge and skills to do their job”.

LKS is managed as a part of the Trust Clinical Effectiveness Department and as such play a key role in disseminating evidence on care and treatment relevant to the Trust’s services and providing evidence in response to clinical questions and queries.

We have a clinical effectiveness librarian who works closely with clinical teams to provide evidence-based clinical solutions. In addition, the LKS has close working links with other regional services, and is working towards more streamlined processes around promotion of regional current awareness in a range of topics related to mental health, while further initiatives around links with academic partners will develop this regional approach further.

Q3. What is your Trust’s most recent NHS Library Quality Assurance Framework (LQAF) compliance score?

(see <http://www.libraryservices.nhs.uk/forlibrarystaff/lqaf/>)

Response: **96%**

Q4. If your LQAF compliance is below the Learning and Development Agreement's requirements of a minimum of 90% what actions is the Trust taking to improve the compliance level?

Response: **N/A**

Appendix C - Simulation Training

This year we would like to map and describe in more detail the activity and support for simulation based education across the region. In order to support this, please consider and populate each section below; considering the following standards which are used to quality assure simulation based education and investment.

Noting the multi-professional nature of simulation, you may wish to liaise with colleagues across clinical professions. Some of this information may also be with colleagues within medical education, who will also have the opportunity to comment on simulation activity, engagement and investment as part of their reporting return.

Governance, Organisational & Management:

Active participation in all forms of governance. Continuous improvement in the quality and outcomes of training.

- Does your facility have a designated individual with overall responsibility for the strategic delivery of all simulation based education programmes?
- What processes are in place with regard to management of simulation activity and equal access to facilities across healthcare learners?
- Is the mission of the facility aligned to the wider organisational and stakeholders' needs, in particular with respect to acting as a quality and risk management resource for organisations to help achieve the goals of improved patient safety and care quality?

Simulation training is increasingly being used to provide innovative education and training as the examples below describe. Medical staff have been extending the use of simulation training over the last three years and have appointed a medical simulation lead with nursing support in order to develop a consistent approach.

The Head of NTW Training Academy has responsibility for the development and delivery of the Trust training programme and plays a significant role in continuing to develop the use of multi-professional simulation training and to strengthen the links with medical staff.

Supporting Trainers

Appropriately trained educators/trainers are developed to reflect their training responsibilities

- For facilitators delivering simulation based education, what process is in place to ensure that they are suitably trained to deliver such sessions, in particular maintaining the principles of the safe learning environment and conducting effective debriefing?
- What process is in place to ensure faculty engage in appropriate continuous professional development, including regular peer and learner evaluation?
- For centres with dedicated simulation technicians and technologists, whose primary role is to support delivery of simulation based education, what provisions are in place in relation to continuous professional development opportunities to allow them to work towards professional registration with the Science Council?

The Trust has a training team with a number of clinical trainers. All staff complete an annual appraisal which includes a joint development review during which the individual agrees with their manager the CPD required to deliver their role. Trainers are supported with access to training both internal and external in order to deliver their role.

The Tissue Viability Nurse has been supported to undertake post graduate qualifications and is a member of local and regional forums as well as strong links to colleagues in acute trusts

All staff involved in the simulation training listed above are experienced clinicians with access to post graduate CPD and annual appraisal and joint development reviews

Supporting Learners:

Learners receive training to meet requirements of learning outcomes expected of the relevant professional standards

- How does the facility ensure simulation-based education programmes are developed in alignment with formal curriculum mapping or learning/training needs analysis undertaken in clinical or educational practice?
- How many healthcare learner groups have access to the simulation facilities within your organisation?
- What opportunities for inter-professional simulation based education session or courses are provided by your facility?

NTW has 2 physical health skills labs with sim capabilities which are used for our foundation and advance physical health skills training that has been developed in house. Simulation is being further developed as part of our positive and safe violence reduction

programme particularly around medical emergencies.

NTW Academy trainers are looking to include simulation elements in our management development /management skills course particularly masterclasses around chairing disciplinary panels and dealing with complex sickness cases.

NTW Clinical Police Liaison Lead coordinates RESPOND simulation training. This innovative and multi- agency training is open to nurses, paramedics, police, experts by experience and AMP's. The training uses visual and audio and around 3 scenario's;

- Crisis in a public place
- Crisis in a private residence
- Crisis in a mental health ward

During the training each participant is required to take on each other's roles to experience decision making from another's point of view and importantly each participant is able to take on the role of the person in crisis which enables them to gain experience from their perspective. To ensure participants do not pre judge or have bias identities are not revealed until the end.

NTW Liaison Team utilise simulation training during induction training. Participants take part in a one day workshop in which they are provided with a scenario, using actors the participants are asked to;

- Take a focused history
- Consider the risks
- Formulate an immediate treatment plan and discuss with the patient
- Discuss the plan including your recommendations with the Consultant using SBAR(D) Once the simulation is complete the participants are required to document their assessment of capacity

Participants are then debriefed utilising the diamond model and are able to reflect using evidence based reflective tool.

Simulation training in mental health act tribunals is a training package developed by medical staff and Northumbria University and covers both the delivery of oral evidence and preparation of reports. This training has now been extended to include Approved Clinicians.

Practice Development Sessions ; These multi-professional sessions are open to all learners including post graduate learners and are jointly facilitated by the PPF team and Peer Support Workers. Utilising " real life" anonymised case studies provides opportunity for participants to consider both from their own perspective as well as from the point of view of the service user and other professionals a journey towards recovery. The sessions have

become very popular and are attended by nursing, pharmacy, medical and AHP colleagues. Recently a community service asked to observe the process and are intending to use to facilitate MDT training

The Trust Tissue Viability Nurse provides the following ;

- Pressure ulcer prevention – We borrow from our acute trust colleagues a range of simulation dummies with a range of pressure ulcer wounds – we use these to demonstrate the type range and extent of damage a client could sustain. We have used these in the past to demonstrate packing of wounds and dressing use. We also have a skin analogue with different types of deep tissue injuries – again this is used to help teach packing of wounds.
- We have a number of laceration analogues which allows us to teach wound closure using sterile stripes, and wound contact layers - we are currently looking to purchase, skin tear and more laceration simulation wounds.
- Leg ulcers – we have a model which indicates different types of leg ulcers and conditions
- Topical negative pressure – we are in a position to borrow models from the company to assist in training on an as and when basis.
- Marc House Head of Training is also looking to develop the simulation suite in-house and I have approached him with a request for models – I do also have option to access the Freeman hospital simulation suite for wound specific models – usually relating to debridement
- We are in current collaboration with a company that produces medical model analogues to develop a range of self-harm type wounds – insertion injuries, deep tissue injuries etc.
- All of the above are tiered depending on who we are teaching, levels of expected competency and location – as you can imagine we have to be more flexible and creative particularly in forensic and medium secure settings