

**Report to Trust Board**  
**Date: 26 January 2017**

<b>Title of Report</b>	Annual Education Report to Trust Board
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<b>Responsible sub-committee</b>	Education Board
<b>Date of paper</b>	18 January 2017
<b>Executive Summary</b>	<p>The Trust has been through enormous change in the last eighteen months. The opening of The Northumbria has brought expected and unexpected problems to training. The ED department now has 24 hour consultant presence and has worked to design rotas around training; ensuring staff are well supervised. Our Foundation Doctors rated us 2<sup>nd</sup> in the country for clinical supervision. Our Nursing and Midwifery Survey shows the high sense of camaraderie and peer support in spite of nursing shortages and we continue to have huge success recruiting in Pharmacy.</p> <p>However concerns are being raised about morale, our ability to recruit and retain staff and some specific concerns about how and where we train our staff. Staff value training and development, responsibility, trust and most importantly being part of a cohesive team. By supporting and developing our educators, our supervisors and our educational facilities the Trust will make big steps to improve care, quality and staffing for the future.</p> <p>We have therefore invested in the DASH simulation facilities; we have developed posts to support training, like our nurse practitioners, our teaching fellows and innovative roles in pharmacy. We are looking to recruit our first Physician Associate. We have implemented the new junior contract and Guardian roles successfully. We are working closely with the medical school to deliver their new curriculum and we strive to expand our nursing and our apprenticeship programmes. Our Business Units are starting to see Education as part of their key roles and we are developing metrics around this. We need an organisational culture that allows learning on the job. The lack of formal educational space in The Northumbria is a concern with: a shortage of rooms to teach anything other than small numbers BACF has approved our business case for space redevelopment in The Northumbria and we hope to work on longer term development of education facilities at The Northumbria to last us into the future. This case is scheduled for FIP at the time of submitting this report.</p>

<b>Risk and assurance</b>	Each year the Trust signs the HEE Learning and Development Agreement (LDA), the formal agreement between ourselves, Health Education England and local Education Providers. In order to ensure that we continue to meet the requirements of the LDA we need to ensure that we provide appropriate education and training resources.
<b>Legal implications/ regulatory requirements</b>	Whilst we are not in breach of any statute we are failing to meet some of the conditions defined within the LDA. We need to address this in order to ensure that we provide appropriate education and training resources.
<b>Actions required by the Board</b>	The board is asked to: <ul style="list-style-type: none"><li>• Note the contents of this paper.</li><li>• Consider and prioritise the strategic importance and financial implications of maintain excellent training in the Trust for all grades</li></ul>

## Education Report to Trust Board January 2017

### Overview

The Trust has been through enormous change in the last eighteen months. The opening of The Northumbria has brought expected and unexpected problems to training. The Emergency Care department now has 24 hour consultant presence and has worked to design rotas around training; ensuring staff attend teaching, receive feedback and are well supervised. This has turned around the training experience on that unit. Our Nursing and Midwifery Survey shows the high sense of camaraderie and peer support in spite of nursing shortages and we continue to have success recruiting in Pharmacy by the dynamic expansion pharmacists' roles crossing traditional boundaries to support clinical teams in the acute and community setting. We have also just successfully secured places for our dieticians to be supplementary prescribers. All examples of the innovative ways we work.

However concerns are being raised about morale, our ability to recruit and retain staff and some specific concerns about how and where we train our staff. Recruitment is difficult facing 150 whole time equivalent nursing vacancies and an inability to fill regional training gaps in the medical professions, leaving some training schemes such as GP and psychiatry with 20% gaps in their rotas. We are lucky to be able to recruit to consultant vacancies in the Trust; we have done well by retention of staff who trained here in the past.

What we are facing for our medical training is concerning as our trainees (both undergraduate and postgraduate) are not rating us as highly as they used to. We are rated in the GMC national training survey every year and have fallen from a ranking of 40<sup>th</sup> out of 203 training organisations to number 113. Our undergraduates are reporting that they do not want to work here for their first jobs anymore because of the pressures they see on our current junior staff.

We need to think now about what attracts and keeps staff. Staff value training and development, responsibility, trust and most importantly being part of a cohesive team. By supporting and developing our educators, our supervisors and our educational facilities the Trust will make big steps to improve care, quality and staffing for the future which will extend beyond medical trainees and junior doctors to other staff groups.

The lack of formal educational space in The Northumbria: a shortage of rooms to teach anything other than small numbers; no community space or areas where teams can get together; no significant library facilities and no access to WiFi are all factors influencing our trainees' experience. A proposal is going to FIP to help manage this in the short term, but a longer term plan is required to safeguard our future medical staffing and associated income.

We also need to think about how we train, taking into account "The Millenials" and "Generation Y" and their preferred learning styles. This means more about engaging to people to learn in ways that work for them, less e-learning and more group/ peer and self-directed learning. We need an organisational culture that allows learning on the job.

## Finances

### Income

Medical Education brings significant income into the Trust. During 2016/17 MADEL (Medical and Dental Education Levy – the money received to pay and train postgraduate medical staff) will bring in £6.57million while SIFT (Service Increment for Teaching – the money we receive to train undergraduate medical students) will bring in £3.33million. These funding streams are linked to our LDA (Learning and Development Agreement) contract with Health Education England and are to be used to enable us to meet our LDA commitments.

During financial year 2016/17 **MADEL will see an increase of around £175,000, while SIFT is due to receive an income increase of £657,200.** Further, it is anticipated that in financial years 2017/18 and 2018/19 there will be additional uplifts into SIFT. **The net result will be SIFT will eventually receive an additional income of around £1,244,200 as compared to 2015/16.**

**During the year our NMET (Non-Medical Education Training) income has reduced from £1.04million in 2015/16 to £618,000 in 2016/17.** This funding is provided to support Midwifery training and student nurse placements. We are also facing a reduction in the CWD (Continuing Workforce Development) fund and the loss of the NHS nursing bursary.

### Expenditure

The majority of MADEL income is used to fund junior doctor salaries, study leave and study leave expenses. During financial year 2016/17 the increase in MADEL income will be used to offset a significant portion of the cost of funding the Clinical Supervision of junior doctors, a GMC requirement.

SIFT income is used to support teaching and support staff posts and is used extensively to support our Education Centres Libraries and the new DASH Simulation Centre at Wansbeck. The additional SIFT income is to be used to improve our teaching resources. A significant portion of this additional income will be needed to fund new consultant-led teaching sessions which, if we are to maintain our undergraduate teaching standards, is essential that we provide. However, there is significant scope for SIFT to assist with the funding of a Conference Centre reconfiguration.

## Postgraduate Medical Education

The NHS is always in the news but this year those in training have made the headlines several times. The junior doctors (this covers anyone who has just left medical school right until they become a GP, consultant or Staff and Associate Specialist) went on strike for the first time ever in January and February of 2016. Their dispute is about a new contract that has been implemented in December 2016 for the most junior grades. Other grades will transition to it in August 2017 unless they are on one of our region's longer term training contracts. The new contract brings new levels of protections for junior doctors in terms of their training, rotas and hours with rights of appeal and the ability to incur fines to the organisation if terms are breached. This is through the new "Guardian of Safer Working" role which we appointed to in October 2016. The rotas and protections are complicated and described in detail on the NHS Employers website at

<http://www.nhsemployers.org/your-workforce/need-to-know/junior-doctors-2016-contract/faqs>

The numbers of patients presenting to both primary and secondary care keeps rising, there is a serious shortfall of doctors in many specialties affecting GP and Psychiatry most of all. In our own region 20% of GP training posts and psychiatry posts are unfilled. There are higher reported levels of stress than ever before and doctors are choosing to leave the country and their jobs at a rate which is causing alarm. The alarm has been sounded by the GMC in their State of Medical Education and Practice Report 2016

[http://www.gmc-uk.org/SOMEPEP\\_2016\\_Full\\_Report\\_Lo\\_Res.pdf\\_68139324.pdf](http://www.gmc-uk.org/SOMEPEP_2016_Full_Report_Lo_Res.pdf_68139324.pdf)).

What this means for us as a region is that we are competing for doctors in training with the rest of the country. The South has always been seen as more attractive for trainees (they have a much better fill rate) and so a huge amount of time and effort has gone in regionally to promote the area and out training opportunities through events, conferences and the NHS "Find Your Place" project – see them at <http://www.nhsfindyourplace.co.uk/>.

The right to host a doctor on a training programme is dependent on recognition of the post by the Postgraduate Dean in HEENE. The Dean must be reassured that the post delivers the training promised to a high standard in an environment that is safe and supportive. The GMC quality framework demands we quality assure training in this way. We must be able to demonstrate we do the following:

- Support trainees
- Support trainers
- Deliver the curriculum and assessments required
- Have a supportive environment and culture
- Governance of education and training

We have mixed feedback when it comes to training. Our Foundation Doctors rated us second in the country in the GMC National Survey for clinical supervision and 9<sup>th</sup> for our supportive environment but as a Trust overall we fell from a ranking of 40<sup>th</sup> out of 203 training organisations to number 113. Our undergraduates are reporting that they do not want to work here for their first jobs anymore because of the pressures they see on our current junior staff.

In this highly-competitive and under-resourced market place we need to be seen as being an outstanding provider of medical education opportunities, support and development. If we fail to do this then junior doctors will not come to Northumbria.

## **Undergraduate Medical Education**

Newcastle University Medical School place medical students across the region. The Northumbria Base Unit (one of four in the region) comprises of Northumbria and North Cumbria Trusts and at any one time we can have up to 190 medical students placed in the Base Unit. The Medical students are here to put their university theoretical knowledge into practice and to learn everything that they need to if they are to graduate and become GMC-registered doctors.

The Trust has used the SIFT income to create many teaching posts at consultant, junior and nursing levels. At present Undergraduate Medical Education funds/partially funds 54 consultant-level posts, 10 junior doctor posts, 8 Nursing posts and a number of administrative and support posts. Our reputation with other Base Units as a provider of extensive and diverse teaching posts is second to

none and has always been something that they have aspired to match. However, the recent changes to consultant working patterns have made it very difficult for consultants to continue to contribute to programmed teaching. As a consequence we are increasingly relying on junior doctors to fill the gap, which puts us at risk and deprives the students of expert teaching.

We have always punched above our weight in terms of student popularity and pass rates but recently we have seen student evaluations drop significantly and most tellingly in terms of final year students preferred place of employment.

In addition, the lack of education space at The Northumbria has been interpreted by the students as unwelcoming and, in terms of workplace based learning, the educational climate at The Northumbria affects undergraduates in the same way as the rest of us. In a survey last year only 16% of our final year medical students said that they would be returning to us as Foundation doctors. Our student exam pass rates remain high but the students do not feel inclined to return to the Trust as junior doctors.

We are currently working with Business Units to identify new ways of working which can benefit both the BU and Undergraduate Medical Education. The increased SIFT income will enable us to address historical under-investment in craft specialty teaching and widen horizons to include Pharmacy and other professions that have a significant role to play in medical education.

The Medical School are undertaking a complete review of the medical curriculum and roll-out for Year One students starts in September of this year. The main impact of the changes will hit us in 2019 but in order to be prepared for this we are in the early stages of planning and investing now. A significant portion of the SIFT increase will be needed if we are to bridge the gap between current and new curriculum requirements, especially as both curricula will be running in parallel for several years to come.

The undergraduate medical income (SIFT) has been used effectively for some years to fund the provision of libraries and education facilities and to subsidise the operating costs of the new DASH simulation centre and will also finance the redevelopment of the education and associated facilities in The Northumbria. The potential removal or non-placement of medical trainees in the Trust in future risks the continuation of this and would transfer substantial costs to the Trust to meet.

## **Nursing and Allied Health**

The Trust employs around 3,000 registered nurses, midwives and health visitors including bank staff, this is headcount, and have around 150 vacancies that need to be filled on a near constant basis.

In the autumn statement of 2015 there was a declaration that all university based degree level nurse training would become fee paying from September 2017. Northumbria University (NU) is currently commissioned by HEENE to deliver the undergraduate pre-registration nurse training programmes. It is anticipated we **will not** see an increase in the numbers of nurse training places offered by NU as their business model does not support an increase.

The impact on entry numbers of the fee paying route into nursing is hard to determine, however the NU have reported that the numbers of applicants for nurse training is down this year compared to last and there are anecdotal reports of similar experiences in many other universities. It would

appear that the **emerging national picture of the impact of the loss of the bursary is one of reduced numbers applying for entry to the profession via this route.**

### **Return to Practice**

In 2016 we embarked on a new model of encouraging nurses who registration had lapsed to return to practice. Building on the “create a cohort” success of the 18 month programme we recruited 12 previously registered nurses to paid student nursing roles to enable them to gain the clinical experience required to apply to regain their registration. The clinical employment at 15 hours per week runs alongside a day per week studying at the university and within 6 months all will be back on the register. We have offered additional clinical educational support and all are supported in practice by a mentor – the same as any other student nurse. We are just in the process of recruiting a further cohort, to begin training in March 2017.

### **18-month Trust-Commissioned APL Route**

The vacancy rate and struggles to recruit to registered nurse posts, prompted the Trust to examine ways in which we could “grow our own” registered nurses. In summer of 2015 a plan to commission training places on a work based route was developed. Through a procurement exercise we appointed Northumbria University to work with us to create and deliver a shorter route to registration as an adult nurse.

The principles underpinning the course are that we accredit prior academic and clinical development as being equivalent to that of a nurse who is halfway through training. Prospective students are required to provide evidence of this before being accepted onto the course. Once on the course they follow a very similar pathway to registration as other student nurses – the difference being that they are employees of the Trust.

The course was fully validated by the NMC in December 2015 and our first cohort of 10 students began their training in March 2016. They will qualify as registered adult nurses in September 2017. We are just recruiting to our second cohort of trust employees and we are also testing the self-funding market for this route. If we have learned anything from the introduction of the 18 month route it is that students really value that sense of “belonging” to the Trust and to a discreet cohort of learners where peer support had been immeasurably invaluable. They also see and value the investment in themselves as employees and were all willing to sign study bonding agreements with the Trust for 3 years after they qualify which provides The Trust with a return on its investment.

### **Apprenticeships**

Announced in the government’s Summer Budget 2015 and a feature of the Comprehensive Spending Review, the purpose of the Apprenticeship Levy is to increase both the number and quality of apprenticeships and to promote apprenticeships as an attractive alternative to University as a route to a fulfilling career. It is estimated that the NHS is likely to be the largest contributor to the Apprenticeship Levy, providing an estimated £200- £300 million of funding for apprenticeship programmes. With effect from 6th April 2017 an Apprenticeship Levy comes into force in the UK. This is effectively a 0.5% tax on all employers with a gross pay bill of £3m or more.

The levy will be deducted on a monthly basis by HMRC through PAYE into a Digital Apprenticeship Service account. All employers subject to the levy will also receive a £15000 allowance for training apprentices. In addition to the levy, it is anticipated that a public sector duty will be introduced,

which will require all public sector organisations to have a minimum of 2.3% of the workforce employed as apprentices.

For NHCFT this means c. 225 Apprentices in 2017/18 (The exact figure will be determined by the Trusts headcount as at 31/3/17) EMT has agreed to utilise a 'hybrid' delivery model in the first instance. What this means for NHCFT is some apprentices will be young people recruited into the apprenticeship role. Some will be existing staff who access an apprenticeship rather than other vocational or academic qualifications. Where the Trust is currently accredited to deliver existing qualifications, these may be suitable to convert to apprenticeship programmes and finally outsource some apprenticeships to a local college

There are currently apprenticeship trailblazers in development aimed at staff in bands 1-4 and a further 19 in development and a higher or degree level. In addition, 20% of the levy funding for each qualification, will be utilised to pay for the 'End Point Assessment (EPA)' the EPA must be carried out independently of the organisation who provides the training. If NHCFT continues to provide apprenticeship training in-house, we will be required to commission an external provider to conduct our EPA.

There will additional Levy payments available for apprentices in the 16-18 age group and those with learning difficulties or physical disabilities. £1000 and £1500 respectively.

There will be more information made available over the coming months and we will be accessing regional workshops to better understand what this means for us. For example members of Learning & Development and Finance will be attending any future HENE workshops. The link below contains details of the funding allocations for standards ready to deliver now.

<https://www.gov.uk/government/publications/apprenticeship-standards-ready-for-delivery>

It is suggested that Education board would be the forum for managing the internal governance of the Apprenticeship programmes, trailblazer development and levy contributions.

**The Trust, in partnership with HEE.NE, is currently involved in the development of the following apprenticeship standards, Adult nursing Degree, Advanced Clinical Skills, Mentorship and Leadership & Management.**

## **Pharmacy**

The Northumberland Vanguard has seen our Clinical Pharmacists and Pharmacy Technicians undertaking new, extended roles within General Practice. The goal for this initiative is to increase capacity whilst improving patient care, quality and outcomes. The rotational nature of this service allows recently qualified pharmacists to gain clinical skills in hospital whilst practices still have the input of a full time pharmacist. Our 'Band 6 Clinical Pharmacist Development programme' is being continuously reviewed and updated to reflect the training needs of staff undertaking these new roles.

In early 2017, we will be interviewing for new Pharmacy Lecturer Practitioner posts, to support undergraduate medical teaching across various hospital and primary care settings. Staff will undertake the Certificate in Clinical Education at Newcastle University as part of their development within these roles. Pre-registration Pharmacy Technicians must undertake a 2 year vocational

qualification before they are eligible to register with the General Pharmaceutical Council (GPhC). Currently, Newcastle upon Tyne Hospitals NHS FT (NuTH) employs all of the region's hospital Pharmacy Technician trainees. We are hosting five students, (3 first year, 2 second year), all of whom are assigned an in-house tutor and an NVQ assessor.

Upon qualification, our Pharmacy Technicians are supported through their early development via the use of a 'Band 4 Technician Handbook'. This extra in-house post-qualification support reflects the 'gap' between the current initial education and training (the L3 qualification) and the scope of our Technician roles at Northumbria.

If we are awarded less than 100% funding for future cohorts, Trusts will have to find the additional money to train a Pharmacy Technician. At a time when the Technician role is expanding, (particularly within the Vanguard service), this leaves us at risk of being unable to fulfil our future workforce requirements.

### **Pre-registration Pharmacists**

Of the seven Pre-registration Pharmacists we trained during 2015/16, six were recruited to Clinical Pharmacist posts within the Trust upon qualification. The pass rate for the GPhC registration exam was 100% for our 2015/16 cohort. We received 44 applications for eight pre-reg places in 2016/17, and 66 applications for eight posts to start in August 2017. We successfully recruited to all of these places during the first round of interviews.

### **Pharmacy Undergraduates**

We host two to three Level 1 Pharmacy UG clinical placement students from the University of Sunderland each week throughout the academic year. Placement 1 is currently based at NSECH, introducing our ward-based Clinical service to the students; Placement 2 is at NTGH, where students can see the dispensing robot and understand the different medicines supply routes throughout the Trust.

In Summer 2016, we recruited eight Band 2 weekend UG Pharmacy students to support the Pharmacy teams at NSECH. Students are given a structured training package, enabling them to become competent in patient counselling and various medicines management tasks at an early point in their UG development.

18 undergraduate Pharmacy students will undertake week-long summer placements in 2017. They will follow a similar programme to the weekend students. Although these placements are shorter than those offered in previous years, it is hoped that the training package, plus the relatively larger number of trainees this enables us to accommodate will help to mitigate some of the anticipated risks associated with future pre-reg recruitment via ORIEL.

### **Post-registration training**

For newly qualified Pharmacists, a postgraduate clinical Pharmacy qualification is required to increase clinical knowledge and skills. It also enables us to provide a sustainable, resilient 7 day acute clinical service, clinical work in primary care and Vanguard settings, and prepares Pharmacists for the Independent Prescribing course. To complement this qualification (and to address the 'gap' between currently available qualifications and the scope of our Pharmacists' roles), our newly qualified Clinical Pharmacists are supported through an in-house development programme, utilising

a Clinical Handbook and the General Level Framework, with feedback being provided via Mini-CEX and Case Based discussions.

As soon as they are eligible (having two years post-reg experience), our Clinical Pharmacists are encouraged to undertake the practice certificate in Independent Prescribing. Pharmacist Independent Prescribers (PIPs) work across acute, primary care and Vanguard settings. Our PIPs prescribe for most of the patients admitted to NSECH, as well as providing input to surgical pre-assessment clinics and Pharmacist Haematology clinics.

Pharmacists currently have a role in the education and training of other staff groups (Nurses, Medical UGs, Junior Doctors and (in the near future) Dieticians). The development of the new Lecturer Practitioner posts will see this educational support expand even further. One of our Senior Clinical Pharmacists is currently undertaking the HEE-sponsored MSc in Genomic Medicine at Newcastle University.

### **CWD funding**

The shortfalls in CWD funding for all staff groups have necessitated greater use of in-house training. This will allow us to develop Pharmacists with a transferable skill set - "growing our own" and will also help us to overcome the current disparity between the speed at which the workforce is developing and the available educational options.

We are linking with the Centre for Postgraduate Pharmacy Education (CPPE) for specific education and training needs identified within the Vanguard. Areas of particular focus for the CPPE are: clinical expertise, developing bespoke medication plans, assisting with communication across boundaries, monitoring complex long-term conditions, managing repeat prescription requests, managing medication shortages, increasing the uptake of new medications, mentoring junior staff and supporting innovation/research and development.

### **Bands 1-4**

We continue to receive modest annual income from HEE NE in support of Bands 1-4 development (£123k in 16/17). This is designed to support the wider workforce development needs and recognises that historically the majority of funding relates to registered posts and medical education. This is used for a number of activities within the trust.

Additionally the Trust has historically received HEE NE funding to support the delivery of apprenticeships in support of growing our future workforce. This equates to c £163k for 16/17 and is further financed by the Trust and Bands 1-4 income. The trust has a proud history of providing apprenticeships though faces challenges with the impending introduction of the Apprenticeship Levy in April 2017.

### **Physician Associates**

The Physician Associate (PA) is a relatively new role in the UK but is well established in America, Canada and Australia. The typical PA has a degree in a biomedical related science (usually 2.1 or higher). They then go on to complete a two year training programme trained in the medical model of which enables them to deliver care under the supervision of a doctor. The training is a broad rotation of placement and they sit a national examination before qualification as well as retaking this exam every six years to maintain their skills. Their roles include taking a medical history, conducting

a physical examination, ordering and interpreting appropriate tests. They can diagnose and treat injuries and illnesses and can work in defined clinical areas or across clinical teams.

Newcastle University are just about to start a PA programme and are seeking help in its delivery. It would be strategically beneficial to be part of the early uptake into this programme to help recruit the PA's as they emerge in two years. We have seized an opportunity to work with Newcastle University to part fund one experienced PA posts with an 80% clinical, 20% university split on a Band 7 in Paediatrics (aiming to advertise in Feb 2017). They will be part of the Newcastle University Faculty teaching the next cohort and would place us at the heart of the developing programme. However, the Trust does not yet have a strategy for how it might develop or use this new role.

### **Nursing Associates**

Work has begun at national and local levels to prepare for the new Nursing Associate role which will be introduced in 2017. **Its function will be to support and compliment care directed by registered nurses.** The role requires a 2 year clinical educational programme and will lead to a foundation degree and employment at a band 4 within the NHS. The Trust has agreed to be a pilot site for training and plans are in place to select our first 20 trainees from our current workforce early in 2017. The fees for education and placement cost of this group have been provided centrally however the Trust will need to pick up the cost of backfill for study time salaries and other support costs.

It is anticipated that post 2017 this training will sit with an apprenticeship framework.

It is early days to predict the impact of the role but it anticipated that the scope of the role, which includes administration of medicines, and is designed to work across age groups and fields of practice will be supportive and complementary to the role of the registered nurse. Work will need to be undertaken within the Trust to determine how the role will be integrated into current establishments.

### **Higher Apprenticeships in Nursing**

In addition to the new Nursing associate role 2017 will also see the introduction of a higher apprenticeship training scheme leading to a BSc Hons degree and registration as a nurse in any of the exiting 4 fields of practice (adult, children's mental health and learning disability). The Trust has participated in a national trailblazer group to establish the apprenticeship framework for the role and we anticipate that we will be among the first trusts to run this work based training programme. The programme will lead to the same degree and level of registration as the university based programmes, but course fees will and support costs will be funded form the apprenticeship levy.

As the nature of all apprenticeships is work based students will need to be employed by the Trust and therefore earning a wage. With course fees covered and students earning a living wage makes this a very attractive alternative route for many. News of this route into nursing has been widely reported in the press and social media and it may partially account for the current drop in university applications. It is anticipated that many will choose this route into registered nurse training because the entry requirements are less than those required by universities.

## Education Facilities

We are extremely proud to have opened brand new state of the art Simulation Facilities at Wansbeck Hospital.

The Trust, with substantial financial help from the Dinwoodie Foundation and the Trust charity, opened "DASH" – The Dinwoodie Assessment and Simulation Hub. The Duchess of Northumberland opened this facility officially on the 23<sup>rd</sup> November 2016. This is a ward sized facility with multi-function rooms, high end simulation technology and staff that are training all of our staff. The space has been used by external bodies already like the Royal College of Surgeons and is booked out months in advance. It has created a new space to run exams and get people together to learn in a safe environment.

We do try to move staff to other sites for training but it is essential we can train on all sites to accommodate where our clinical staff are and how long they need to be away from the workplace. An extensive review of medical student, junior doctor and teaching staff was undertaken over the summer of 2016. The review found that "all groups have identified that the NSECH Conference Centre, Library and IT/wifi systems are woefully inadequate for education and training purposes." In another report a letter from the Deputy Director of NHS Library & Knowledge Services North to the trust's Chief Executive stated, "We strongly recommend that the Trust develop an action plan to provide more appropriate library facilities at the NSECH."

In the 2016 GMC National Trainee survey NSECH was the only Hospital in the North East region to be a red outlier for 'Access to Educational Resources'. The lack of wifi capability contravenes our agreement with Health Education England and is having a significant negative impact on medical students and junior doctors. It is imperative that this is resolved as soon as possible.

The result of centralising services at The Northumbria has created a desperate need to provide appropriate medical student teaching facilities at The Northumbria. This need can be expected to increase as a result of the Medical School redesign of the medical curriculum and the recent Government declaration that they will look to increase medical student numbers. As a result we can fully expect to see a significant increase in the number of medical students being placed in the Trust.

Junior doctors and medical students require access to a Mess/Common room; these requirements are a fundamental expectation of the LDA and the BMA and enable juniors and students to review their learning and discuss current issues away from the public and senior staff.

The only real solution to this is to develop a new Education facility at The Northumbria but, of course, this would be significantly expensive. As an interim measure we are working with the Estates and Finance Departments to reallocate 'void' space and create a Seminar and combined Doctors' Mess/Student common Room. We are also working to create a new Library which will be able to support all students and staff based in the hospital.

## **The strategic importance of Education to the Trust**

To be seen as one of the best training organisations, both nationally and regionally, we need to create an environment in which we support and develop our staff. Education needs to be seen as Core Business for the Trust or we risk staff becoming demotivated and dispirited and many will leave to go elsewhere. Recruitment of trained and experienced staff will falter and we will see it becoming increasingly difficult to attract medical students, nurses, pharmacists and new junior doctors, the consultants of the future.

The Trust's Education board is developing a strategy to address these issues while maintaining the delivery of clinical services. This requires substantial investment in facilities at The Northumbria to support training and recognition of the importance of the training time and role of all staff.

We need physical space at the Northumbria for

- Library facilities
- Multi-use teaching spaces to serve small and large groups
- Lecture theatre
- Staff space for supervision and support meetings
- Mess facilities
- Simulation facilities and space
- Office space to support those working there

Other sites need maintenance and modernisation of facilities

We need infrastructure

- Public access Wifi
- Implementation of NerveCentre technology
- Video linking kit and broadband

We need to ensure education and training are regarded as core activities, reportable by Business Units to Board in exactly the same way as their clinical activities to drive the changes we need to make.