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The Caring Workforce: educating the full spectrum

- Professor Judith Ellis MBE
- Executive Dean
- London South Bank University

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Get Staffing Right	Deliver Care	Measure Impact	Patient Experience	Staff Experience
Safer Nursing Care Tool (AUKUH) HURST PANDA Birth Rate+ E Rostering NHPPD	Productive Care Safety Express High Impact Actions Essence of Care NW Care Indicators	Productive Care Safety Express High Impact Actions Nurse Sensitive Outcome Measures	Real-time Monitoring Experience Based Design EMSA Patient Stories	High Impact Actions Real-time Monitoring Health and Well Being

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Get staffing right - workforce planning

- Acuity and Dependency – AUKUH/ PANDA
- Numbers
- Skill Mix
- Patient Outcomes (Kane et al 2007, Griffiths and Maben 2008) etc all demonstrate the value of high registered graduate nurse (including ratios to non registered) in terms of metrics, mortality, length of stay etc.) (UK Rafferty)

Measure nurse staffing Impact
% variance associated with staffing (Kane 2007)

• Surgical Wounds infection	85%
• Unplanned extubation	51%
• Hospital acquired bloodstream infection	36%
• LOS	24%
• Mortality	4.2%

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Nursing Indicators

(Griffiths and Maben 2008)

Safety e.g.

- Pressure Ulcers
- Falls
- HAI
- Medication errors

Effectiveness e.g.

- Staffing levels
- Staff satisfaction
- Sickness
- Bank & agency use

Compassion e.g.

- Communication
- Use of restraints

T 09 - care thermometer – Ward : Board

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NURSE STAFFING

SICKNESS:

STAFF NUMBERS (ACUITY/DEPENDENCY):

EXPERIENCE

STAFF SATISFACTION:

PATIENT SATISFACTION:

OUTCOMES

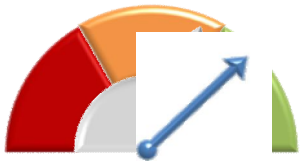
FALLS:

NUTRITION AND HYDRATION:

PRESSURE ULCERS:

COMPLAINTS:

CLINICAL INCIDENTS:

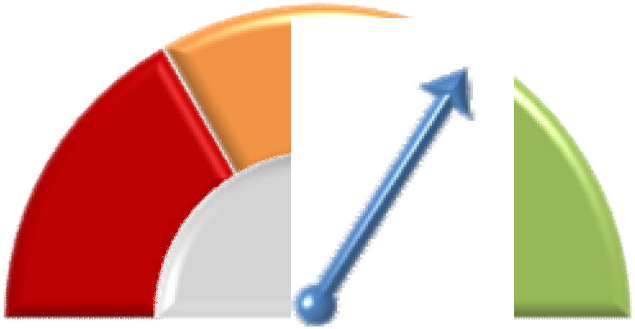


OUTCOMES

MEDICATION INCIDENTS:

INFECTION (MRSA):

OVERALL PERFORMANCE



Public Display

UCL HOSPITALS

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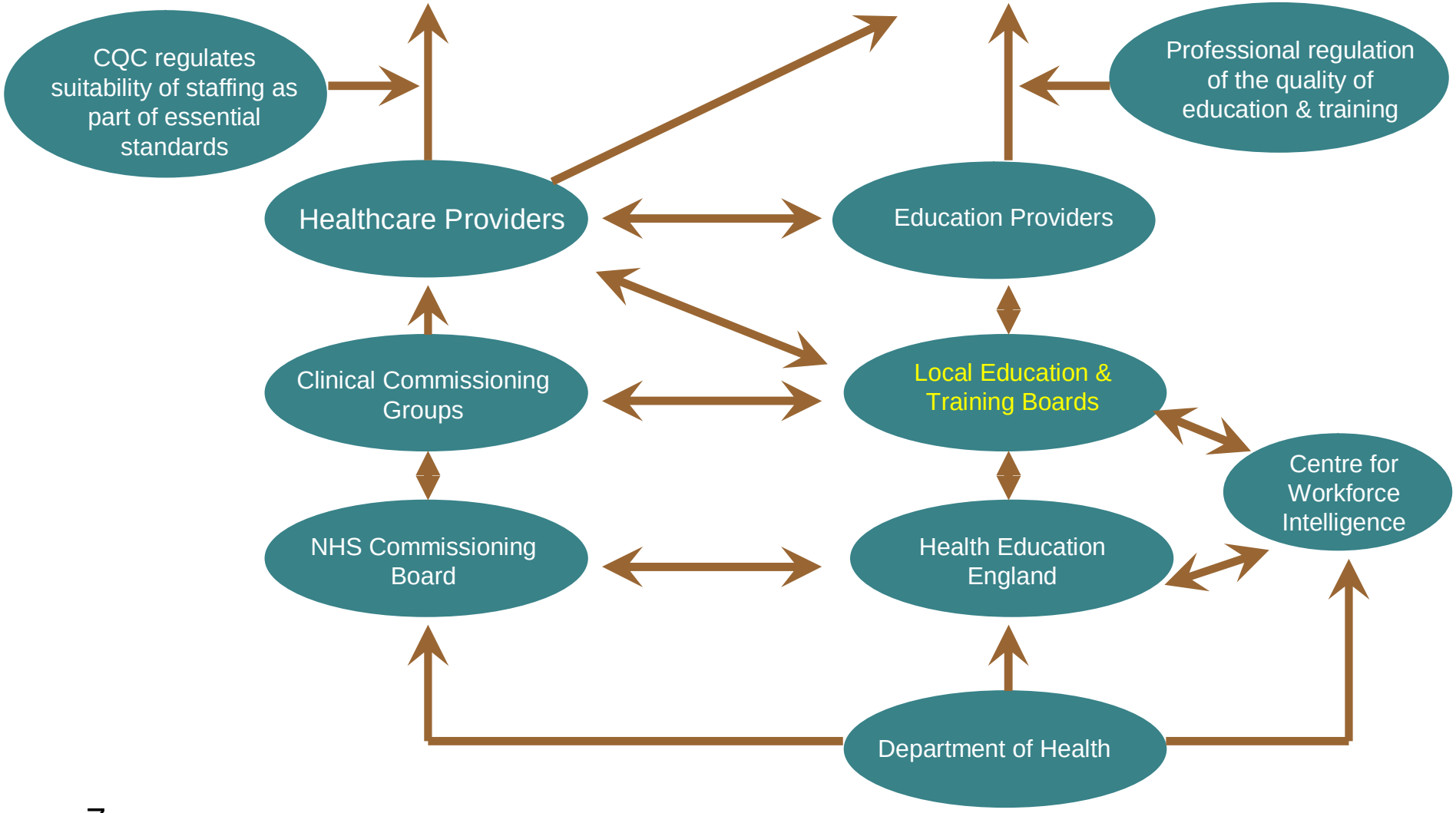
Education & Training System Overview

Patients receive safe, high quality care as their needs are met by appropriate numbers of staff with the right skills, qualifications and experience

Sufficient numbers of people are being educated and trained with the right capability, skills, and flexibility to meet future health needs



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Deciding on Commissions

- What to commission
  - skill mix
  - Pre registration
  - CPPD
- Numbers to commission

Costs: Medicine / Nursing

- Doctor = £548,708 cost to public (undergraduate self. F1 and F2)

- Nursing = £37.059 cost to public (tuition fees and bursary)

Nurse Education

- BSc
- Nursing and Midwifery Council - validation and annual review
  - Quality assure nursing and midwifery education
  - Standards and Competences
- HEI delivered
- 50% theory and practice (2300 hours each)
- Commissions by NHSL -> Local Education and Training Boards

Education and Training
A report from the NHS Future Forum

"**Healthcare education and training must deliver excellence in practice** but must also strive to ensure that a world class healthcare education system is developed and maintained...**Education and training are regarded as an essential part of the NHS** not only to deliver excellence but to ensure that the NHS is responsive to changes in patient needs and in healthcare."

Julie Moore
Chair, Education and Training Group
Chief Executive
University Hospitals Birmingham NHS Foundation Trust

Changes in health care

- Change demographics
- Increase technology and survival rates
- Increased dependency and acuity
- Community based care delivery
- Chronic condition care in community – advance care planning
- Increase preventative medicine – public health role – healthy living
- Public expectations
- Information Society

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Changing role of Nurses

Supervision HCA

Advanced Practice

- Increase competences
- Assessment / Examination
- Prescribing
- Admitting rights

Not mini doctor but Maxi nurse

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Education and Training

being highly educated

and caring is

not mutually exclusive

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Issues for Quality Education ?

- Numeracy and literacy
- Values based recruitment not only based on academic ability
- Time in clinical practice
- Support in the clinical area + joint appointments
- Use of simulation
- Failing to fail – attrition rates / confidence
- Clinical career paths
- Value of evidence and research

Government response to the NHS Future Forum report (20 June 2011)

"To reinforce its importance, **we will introduce an explicit duty for the Secretary of State to maintain a system for professional education and training as part of the comprehensive health service**.

To ensure consistently high quality around the country, we will **develop a national education and training outcomes framework,** setting out the outcomes that HEE would expect providers to meet."

Educational Outcomes Framework

- A high level strategic workforce planning, education and training framework providing a clear line of sight, and improvement, to patient outcomes [NHS, PH, SC Outcomes Frameworks] through high quality education and training

- The accountability mechanism between DH & HEE and it will also form the basis of contracts between HEE & LETBs and LETBs & Education and Service Providers

- A catalyst for driving quality improvement and outcome measurement throughout the NHS by encouraging a change in culture and behaviour, including a renewed sense of focus on addressing variation in standards and ensuring excellence and innovation in education provision

Draft EOF

Educational Outcomes Framework Outcomes

- **Excellent quality care in learning environments** – ensuring students have an excellent experience and education & training is delivered in a safe environment for patients, staff and learners.
- **Competent and capable staff** – ensuring that people are cared for by staff who are properly qualified, having the requisite knowledge, skills and values to do their job
- **Fitness for purpose and leadership** – ensuring all staff are competent in each of the five core leadership framework domains: demonstrating personal qualities, working with others, managing services, improving services and setting direction
- **Excellence of education, learning and development** – enhancing the quality of care by ensuring excellence of education, training and CPPD for the current and future workforce delivered in a way that enables staff flexibility that is patient focussed and responsive to service demand.
- **Individuals and professional groups aligned to workforce demand**- ensuring a balanced approach responding to local employer need and national priorities.

Pride and Privilege