

**EXECUTIVE GROUP MEETING
CEDAR COURT HOTEL, WAKEFIELD
30 APRIL 2010**

Attended:

Chris Holroyd (CH)	NHS Yorkshire and the Humber
Alasdair Strachan (AS)	Montagu Clinical Simulation Centre
Dawn Ibbotson (DI)	Doncaster and Bassetlaw Hospitals NHS Foundation Trust
David Wilkinson (DW)	Yorkshire and Humber Postgraduate Deanery
Karen Shaw (KS)	Chair of CSN
Joanne Barrott (JB)	Montagu Clinical Simulation Centre
Angela Hope (AH)	Representative of CSN
Neil Pease (NP)	Hull Teaching PCT
Alan Wolfe (AW)	Sheffield Children's Hospital
Alan Mighell (AM)	Leeds Dental Institute
Fiona Harrison (FH)	Leeds Metropolitan University (Representing Richard Hogston)
Kate Truscott (KT)	Humber Mental Health Teaching NHS Trust
Tony Dudson	NHS Yorkshire and the Humber

Apologies:

Alison Woodhouse (AW)	North Yorkshire and York PCT, Provider Services
Rodger Gregson (RG)	Yorkshire Ambulance Service
Tracey Gray (TG)	Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Linda Crofts (LC)	Sheffield Teaching Hospitals NHS Foundation Trust
Andrew Jackson (AJ)	Mid Yorkshire NHS Trust
Patsy Stark (PS)	University of Leeds
Richard Hogston	Leeds Metropolitan University

Welcome and introductions

The group introduced themselves. It was noted that there is a need to re-appoint a representative from PCT Provider Services. There has been interest from the Doncaster area, however the group felt that representation from a different geographical area is required.

Minutes from last meeting

The minutes were agreed, however it was highlighted that the Surgical Skills Strategy part is unclear regarding the remaining funding.

Financial Position

TD provided the group with a summary of agreed bids for 2009/10 that were paid out by the SHA and the Deanery, and a list of bids approved for payment in the 2010/11 financial year (appendix 1). CH also approved further small bids (<£20k) that came from other funding streams and are not included in the summary.

For 2010/11 the SHA will be looking for funds from MPET slippage as there are no funds currently available. However, there needs to be a list of approved bids by Autumn in case funds become available at short notice. There will still be funding to cover administration and for the <£25k bids as per last year.

All Acute hospitals now have facilities with the exception of Harrogate who will require around £200k to convert existing buildings to a Clinical Skills facility. The Trust is currently trying to identify funding, as is CH. The committee agreed that this remains a priority. There will be ongoing discussions with the Trust and they are very realistic regarding their expectations.

Update of Bids

All successful bids agreed by the executive will be evaluated as agreed.

The bids that didn't come via the executive group will also be followed up. These were identified in 2009/10 at short notice and were agreed by the SMT prior to the executive committee forming.

Leeds – PS is involved in this project and will continue providing the group with updates

Hull – Adam Wardle is involved with this investment. There are a few difficulties, but AS, NP and KT are assisting the lead with the project

Sheffield – Tim Gilpin is involved from the SMT in overseeing the project. Building work will start in September. There needs to be staff engagement.

The deanery funded bids will be quality assured by the deanery and will expect 1 and 2 year reports, in line with the bids agreed by the executive committee. There are still gaps in provision, according to the deanery, and some specialist schools still need investment, but they have come a long way. There needs to be clarification from the SMT about how the deanery bids come through the executive committee as clinical skills need to be integrated.

Scarborough have almost completed building and looking to complete by June> They have an overspend on buildings which has reduced the spend on equipment. AS has received further requests for funding. AS will communicate with the Trust after the Executive the financial situation meaning that further funds are unlikely in the coming months.

There has been a considerable investment in Clinical Skills and organisations are moving towards the concept that training is required prior to practice. There is now a need to keep the focus on clinical skills. There is also a need to let people know about the work achieved in this area in a sensitive and appropriate manner to avoid unrest given the current climate. It was suggested that the focus could be on improving patient safety with modern technology and there is the opportunity for new centres to attract local press. CH to discuss with the communications team at the SHA.

Clinical Skills Project Workers

The group acknowledged that this project is an excellent opportunity for the region. JB is the Clinical Skills Regional Manager hosted by Leeds Metropolitan University and starts in post on 1 May 2010. The applications for the Project Workers are being short-listed on 30 April 2010 with a view to start in July. The project workers will not be delivering clinical skills training, it will be more of a project management role, taking forward issues locally and working with primary and secondary care and mental health to ensure facilities are shared.

Simulation Strategy (Appendix 2)

PS's electronic comments highlighted there is not a lot of mention of PCT and Mental Health. JB will take these comments on board for the final version. JB and DW will jointly prepare the appendices to ensure that all equipment is listed. DW suggested that the Deanery is also mentioned in the document. KT suggested the term 'low grade' staff needs re-wording, and unregistered workforce may be more appropriate. The group agreed that the action plan is excellent.

CH suggested giving the audience a context of the region, who it serves, how many PCT's and Acute Trusts, as an appendix.

Regarding the second appendix, JB and AH are gathering background information regarding equipment libraries. Some organisations haven't thought about it officially, there appears to be a will but there is a need for a basic agreement and list on a webpage for the Project Workers to take forward. KS advised the group that at a recent meeting she was in discussion with someone from an organisation in Sheffield has a Sim Man in a box but has never been used, and are looking to sell these second-hand. If PCT's are borrowing equipment, AS suggested there should be a nominal fee for consumables, and a budget line for it. Acute Trusts can also use this to income generate.

JB to incorporate comments and re-write for the executive group to view prior to going to the CSN Forum for comments.

Clinical Skills Strategy (appendix 3)

PS sent comments on the strategy electronically regarding Social Care, which is outside the SHA remit but within the Healthcare remit. The Local Authority funds this area but it is still pertinent and needs collaborative working, as with independent organisations. JB to include social care in the strategy as there is a need to see what their Clinical Skills needs are. JB has received comments regarding the strategic aim of strategy and the project workers and will alter the wording to avoid confusion.

The project workers will direct organisations regarding Training Needs Analysis. The project workers will report to the executive committee.

The group discussed page 4 of the strategy regarding increasing attendance to Clinical Skills training. JB envisages the project workers identifying why people don't attend training and act in a consultancy role to get people attending. NP suggested that PCT commissioners can have part of this embedded in their SLA's to hold Acute Trusts accountable. The group discussed how NHS commissioners can raise the profile of clinical skills. CH pointed out that the LDA has a schedule that mirrors that in Quality Commissioning. PCT's can stipulate within commissioning. NP to review competency areas for the next committee meeting to give the group an understanding of what is involved. This will be discussed with the SHA and deanery for exploration at a later date.

JB to incorporate comments and revise the strategy for the executive group to review prior to going to the SMT. The SHA will still support the clinical skills agenda, even if not financially.

CSN Update

Organisations need to be active members of the CSN Forum in order to bid for Clinical Skills funding. The forum is undertaking a needs analysis and it may mean that there are different levels of involvement in the forum. The results from the TNA may feed into the conference. At the next meeting Rona Patey from the Scottish Clinical Skills Network will be undertaking a video conference with the group.

AS pointed out that funding for projects / builds was provided subject to regular attendance at the meetings, so attendance needs to be kept. KS advised that this is ongoing.

QA Update

The QA group is on target to report to the executive group in July. They have looked at defining learning outcomes, defining criteria and standards for assessment. Sherree Hamburg (PLF in Bradford) has drafted a discussion paper looking at defining requirements and standards for assessors. This needs to go to the Deanery to make it multi-professional prior to release at the executive group. The QA group are meeting on 6 May 2010 to take their work forward.

The Montagu Clinical Simulation Centre is producing a quality framework that can be adopted to Simulation and Clinical Skills Centres at different stages of development. This will go to the forum and quality assurance group for comments.

Primary Care/Mental Health Update

As pointed out that there is a need to ascertain what PCT's and MH Trust actually need in terms of Clinical Skills. The CSPW's will work on this, and it may be possible to cover the identified needs with a peripatetic clinical skills trainer. The Clinical Simulation Centre already takes simulation into GP and Dental Practices. However, there needs to be an understanding of the actual needs in order to make a difference with funding.

JB and NP have met Sue Beacock from the University of Hull who has done a piece of work evaluating the needs in learning disabilities. Sue will review the work she has done already and extract themes from the results. As all needs are different and there are too many providers, a cross-section of professionals (GP's, practice nurses etc) will be invited to a focus group and semi-structured interviews. Jen Smith, the passport project worker will focus on primary care and Sue will focus on mental health. They will use a qualitative tool called Nvivo to identify themes and a pattern of requirements. It was pointed out that in some instances, they may need their needs defining for them. The information should be available by the July meeting with specific recommendations.

CH advised that Louise Metcalfe has a good idea of CS requirements from practice nurses, JB has provided Jen Smith with her details. The conference can be used to discuss this or to present back the findings and also to get PCT involved with the Project Workers.

There is an increase on care into the community, which is big issue for the DoH. There may be more requirements than initially thought of. The work should include a literature review. The title "Evaluation of Current Provision" was suggested.

Clinical Skills Passport Update

The group have been looking at different passport options for a number of months and have trialled a paper version of the passport which has highlighted a number of issues and identified that an electronic version is necessary. All professions are involved, with the exception of GP representation.

The group envision a passport that can be adopted from undergraduate level and remain with the individual until they end their career. A number of providers have presented to the group with various options, including TrainingPOD that have supplied DBH and Mid Yorkshire Hospitals with MP4 player training solutions. This solution will require flash player and IT infrastructure to work and cost in the region of £80k. 3M can offer an ePassport but are dictating a lot of the content.

F1 doctors at Rotherham piloted the paper version and the evaluation showed that it required a duplication of efforts to populate the e-portfolio and the paper passport. The group agreed that a full evaluation is required from all perspectives so that strong evidence is produced with recommendations. If the electronic version is recommended, then its requirements will need to be stipulated. The final part will be to commission the product regionally and it will need to go to tender. The quality assurance group is part of this process.

The group agreed that the electronic version wants something that is transferable across systems. Buy-in from all stakeholders is required whereby it is recorded on one but the information can be exported to their own records management. A company called Rejuvenate have presented a web-based solution that fits with the requirements for around £40k. NHS Hull are interested in leading this regionally and may be able to fund part of this.

Rejuvenate presented their passport solution (appendix 4) and the group asked questions around the concept.

Each region would need a superuser to administer the passport. The group agreed that the passport would interface with other management systems, such as e-portfolio and ESR. The company will assist the initial load-up process and individuals can self-register within 2-3 minutes. The educator can advertise their course to the region and individuals can book themselves onto the course. The educator will then verify the training and it will appear on the individual's record. The passport will be owned by Yorkshire and the Humber and hosting is undertaken by a third party. The data can be backed up daily and the system is stand alone so is easy for firewalls.

The group enforced that duplication of efforts must be avoided in recording on different records management platforms, and also needs to be transferable across the patch.

NP to provide an evaluation of the pilot with recommendations including options and risks by July for debate.

Conference

The first theme will be focussed on Surgical Skills, the second theme will be Primary Care and Mental Health and also a theme led by the Clinical Skills Network Forum. Speakers need to be booked as soon as possible to avoid disappointment.

Any Other Business

Sheffield Children's Hospital project is progressing well, demolition is completed. The bid was approved by the executive group last financial year and the Sheffield Children's Charitable Trust match-funded this investment to cover equipment costs.

JB will provide electronic updates of the Clinical Skills Project Workers. The revised Strategies will also be forwarded electronically for discussion.

PCT Provider representation is required. Doncaster PCT nominated themselves, but the group agreed that another geographical area needs to be covered. CH to provide Chris Bulmer's contact details in order for him to be invited to join the group.

Date and Time of Next Meetings

16 July 2010 – Aston Hall Hotel, Sheffield

8 October 2010 – Cedar Court Hotel, Wakefield

19 November 2010 – Annual Conference at Doncaster Racecourse