

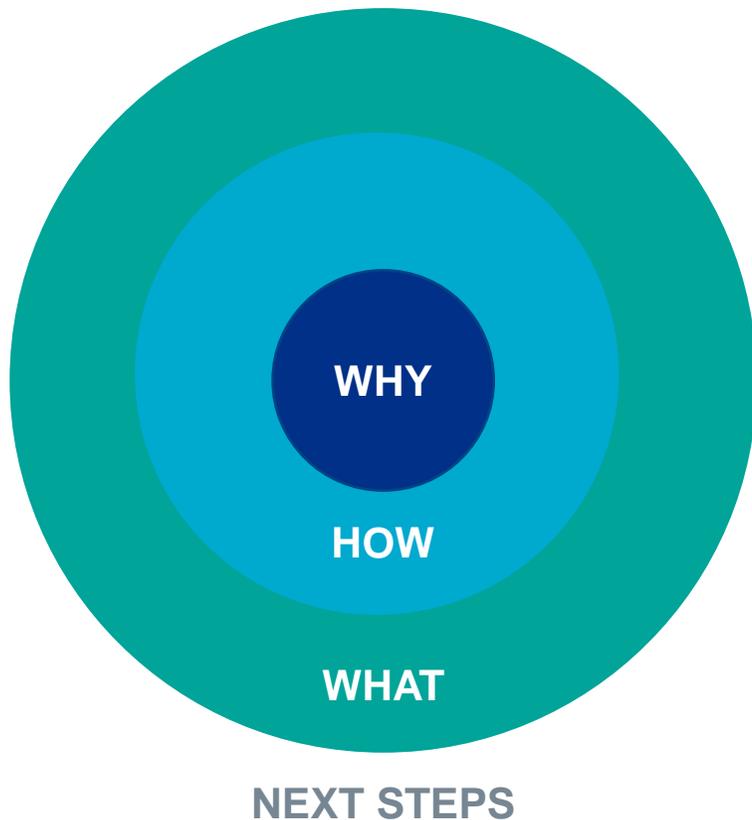
University College London Hospital (UCLH)

Case Study

Aneesah Peersaib, Senior Nurse for Postgraduate Education

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Executive summary



Why?

- Passport helped create a standardised approach to training, that was evaluated and shared across the sector, increasing the likelihood of sustainability
- The LTLC Early adopter programme provided an opportunity for the Trust to learn and share with others outside of sector

How?

1. Incorporated passports into Trust's existing structured critical care training programme, to enable staff to self-assess their skills and access to e-learning resources prior to attending
2. Close collaboration between Workforce team and Education team through regular meetings to identify staff and deliver training, in conjunction with matrons
3. Supernumerary shifts and "keeping warm" sessions offered to staff post-training programme

What?

- As of 6th Feb 2022 have achieved 23 NRSS and 80 RSC staff accessing the passports (but not all have completed)
- After the training, some staff transferred laterally to CC as a result of enjoying their CC exposure

Next steps?

- Asking staff that completed training to fill in the digital skills passports' self-assessment to re-assess how comfortable they still feel performing skills, now some time has passed
- If staff were to go back into critical care, to organise refresher shadow shifts

Key learning?

- Training programmes may need to be tailored to individual staff cohorts' needs, taking into consideration their previous clinical background and roles
- The passports provide a useful intro into skills required and how to access useful e-learning resources
- Staff's primary concern was that they weren't going to be helpful if deployed to CC – it is important during training to be clear on role expectations, which is where the passport's 'task-orientated' approach is helpful



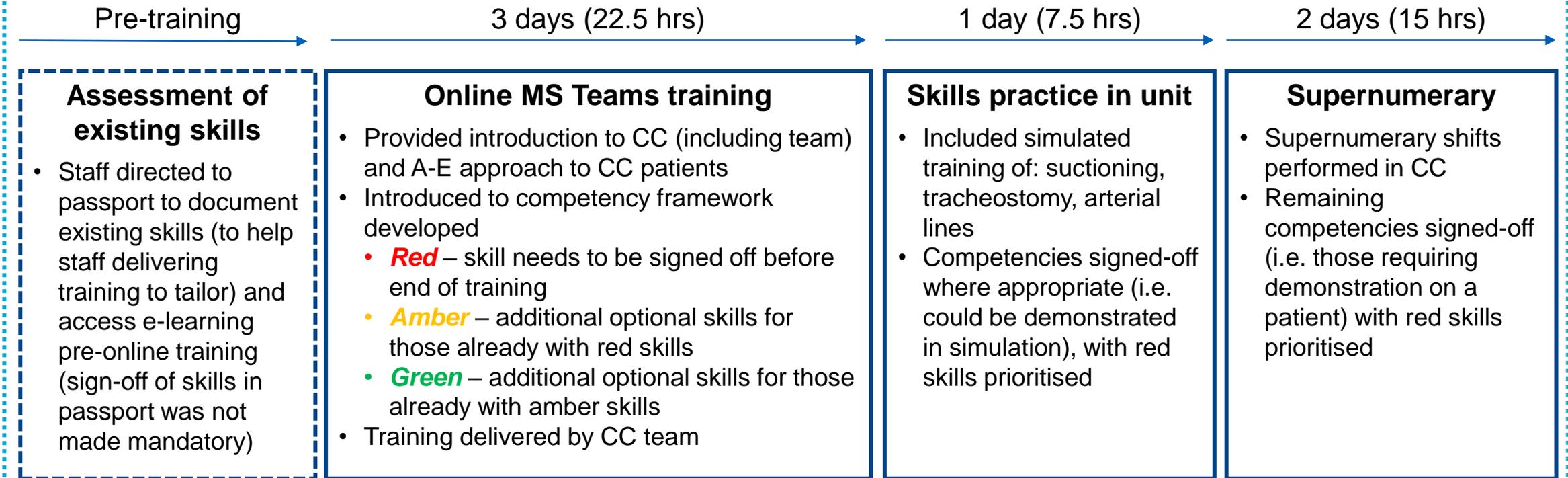
WHY

- Passport helped create a standardised approach to training, that was evaluated and shared across the sector, increasing the likelihood of sustainability. This was useful because:
 - There were a lot of different training programmes for deployed staff initially across different Trusts with varying levels of intensity
 - UCLH has already created a critical care (CC) training programme and competencies – so good to use the passport as a benchmark comparison standard to provide robustness but maintain the ability to tailor to the individual Trust's needs
- The London Transformation & Learning Collaborative (LTLC) Early adopter programme provided an opportunity for the Trust to learn and share with others outside of just the NCL networks, where information was already being shared



HOW

- The Trust had already created a structured critical care training programme (“Critical Care Core Competencies Programme”) by Wave 2, which the passports were incorporated into:



HOW

Who was involved?

- The CC training programme was developed and run by the CC Practice Development nurses and supported operationally by the Post Graduate Education team (senior nurse and practice educator)
- Senior-level buy-in was provided by the Deputy Chief Nurse for Education, the Deputy Chief Nurse for Workforce and Head of Education
- Workforce and Education team weekly meetings, and at one point twice weekly, held to discuss staff identified for next training round and what skill gaps there were, and any adaptations/evolutions required to training based on changes to workforce structure, feedback received etc.
 - E.g. Originally the NRSS and RSCs were in the same training programme (with NRSS only attending part of), but realised the RSC were predominantly nursing so separated

How were staff identified / released?

- The Workforce and Education teams worked closely together to identify staff for training in conjunction with the matrons. The Education team put together a framework of dates available and with Workforce team went to different areas to identify numbers of people that could be released



HOW

Post-training

- Supernumerary refresher shifts were offered to those originally trained in Q1/2 2021.
- At the end of 2021, the corporate Education team hosted some “Keeping warm” sessions on MS Teams. Invites were sent to everyone who had training who might be redeployed, and matrons and managers (so they were aware) and the sessions consisted of a 1-hour drop-in that provided:
 - Overview of current situation in the Trust regarding re-deployment etc.
 - Opportunity for staff to provide informal feedback on their experience of the training a few months later and any further support desired
 - Reminder of where key resources are located



HOW

Additional training provided

- Medical students were trained before Christmas 2021, but their programme was adapted to follow Trust guidelines (e.g. excluding medication giving)
- Trust also had developed an “Enhanced Care Qualification in Specialism (QiS)” run by the Medicines board and Patient Emergency Response & Resuscitation Team (PERRT) outreach team, for those being deployed to the medical wards. The passports were not used directly as skills required differed slightly (e.g. more CPAP was required), but the skills were used as a basis to inform the programme’s competencies



WHAT

57 staff have gone through the CC training programme, with the following number of passports accessed:

Trust	Non-Registered Support Staff				Registered Support Clinician					
	Started	Completed	Reviewed	Certified	Started	Completed	Reviewed	Certified		
University College London Hospital NHS Foundation Trust	20	3	0	0	23	54	26	0	0	80

- After the training, several staff transferred laterally to CC as a result of enjoying their CC exposure

Note: Started = No. of staff started self-assessment, Completed = No. of staff completed self-assessment, Reviewed = No. of staff who have received supervisor sign-off for all skills, Certified = No. of staff who have received final supervisor sign-off and certificate stating they are safe to work in the RSC or NRSS role. Data correct as of 6th February 2022



NEXT STEPS

- Asking staff that completed training to fill in the digital skills passports' self-assessment to re-assess how comfortable they still feel performing skills, now that some time has passed
- If staff are to come back to the CC, refresher shadow shifts to be completed to familiarise to CC environment and skills



Key Learning

- Training programmes may need to be tailored to individual staff cohorts' needs, taking into consideration their previous clinical background and roles (e.g. CC experience, exposure to unwell patients on ward).
 - Some cohorts were overwhelmed by the amount of information, checklists etc. provided at the start of the training programme, whereas others wanted all of it to digest in their own time
- The digital skills passports provided a useful intro into skills required and pointed people in direction of useful e-learning resources to get started, including the:
 - [360 degree ICU orientation](#) – enabled staff to familiarise themselves with the bedspace virtually, as the Trust couldn't offer this face-to-face during surge
 - [Moral Injury videos](#) – were circulated and embedded into learning to support staff psychological wellbeing
- Staff's primary concern was that they weren't going to be helpful if deployed to CC. Therefore, it is important during training to emphasise “these are your roles, these are the CC nurses' roles” (e.g. for medicines) – this is also where the passports are helpful, for making things task-orientated
 - It is also helpful for staff working in CC (e.g. Band 5 nurses) to understand what they can expect from deployed staff, to help navigate situations where they may be working with more senior deployed staff who don't have CC experience



For any comments or feedback, please email
LTLC@hee.nhs.uk