**Project Brief**

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| **Project Title:** | Improving CSTF Training Compliance for Ward 10 PRH |

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| **Division(s)** | | | | | | | | | | **Specialty/Department** | | | | |
| 223 Medicine and Emergency Care | | | | | | | | | | Ward 10 – Frail & Complex | | | | |
| **Project Brief Prepared By** | | | | | | | | | | **Date** | | **Genba Lead for Project** | | |
| Kathryn McCormick | | | | | | | | | |  | | Gary Francis/Jo Fothergill | | |
| **Section 1 - Project Information** | | | | | | | | | | | | | | |
| **Project Aim** | | ***(SMART - Specific, Measurable, Achievable, Relevant, Timebound)***  To increase training compliance for the CSTF modules to the trusts Target 90% for Ward 10 by 8th May 2023 report. Continue working with Ward 10 until they reach 95% to give leeway. | | | | | | | | | | | | |
| **Background** | | ***(Provide current position of service, reason for the project. Identify the problem to be addressed, key area for focus, drivers for change)***  Back in March 2022 Ward 10’s statutory and mandatory training had been 76%. In Aug their compliance increased to 87.9% This coincided with the introduction of the Learning Made Simple platform and it has been reasonably maintained to Dec at 85.8%, but feel it has stalled over the last 9 months. We have taken the opportunity to investigate this stagnancy in compliance %, looking at whether the introduction of the Learning Made Simple platform has been the main reason for compliance or whether other factors are involved. The LMS appears to have stalled training due to staff IT literacy, fear & lack of confidence in using the LMS system and the language used/infrastructure on LMS, i.e. Add to order, Pricing, Invoices etc.  The ward manager feels that members of staff require substantial support using LMS. I will be suggesting completing workbooks to raise the percentage, whilst offering staff support and guidance on LMS for the future.  Staff have been sent an email informing them of Elearning support sessions on LMS. | | | | | | | | | | | | |
| **Project Planning Start Date** | | 25/01/2023 | | | | | **Project Go-Live Date** | | 01/02/2023 | | | | | |
| **Section 2- Stakeholders – Who will be impacted by, or have an impact or influence on your project?** | | | | | | | | | | | | | | |
| Education Advisors | | | | |  | | | |  | | | | | |
| Education Co-ordinators/Assistant | | | | |  | | | |  | | | | | |
| Ward 10 Staff | | | | |  | | | |  | | | | | |
| Ward 10 Manager | | | | |  | | | |  | | | | | |
| Is the project a material change that requires public involvement? (if Yes or Unsure contact [hannah.roy@nhs.net](mailto:hannah.roy@nhs.net) ) | | | | | | | | Yes | **No** | | | | Unsure | |
| **Section 3 - Project Scope – IN**  **(what is included within this project?)** | | | | | | **Project Scope – OUT**  **(what is excluded within this project?)** | | | | | | | | |
| Completion of stat and mandatory training - CSTF | | | | | | Any other training | | | | | | | | |
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| **Section 4 - Learning from others (any other learning you could network with? e.g. GIRFT, Model Hospital, NHS Collaborations, FAB, other organisations).** | | | | | | | | | | | | | | |
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| Section 5 – Measurement - Work with the Improvement Hub to complete this section. | | | | | | | | | | | | | | |
| **How will you know your change is an improvement?** | | | | **Measure** | | | | | Data source | | | | | |
| **Outcome Measures (related to main aim)** | | | | Increase CSTF stat & mandatory training to 95% | | | | | Statutory and Mandatory Training Report | | | | | |
| **Process Measures (processes that need to happen to achieve aim)** | | | | Completing workbooks, in lieu of guidance & support on LMS. | | | | |  | | | | | |
| **Structural Measures (e.g. forms, equipment, training)** | | | | Workbooks, pens initially then MS TEAMS elearning supported sessions. | | | | |  | | | | | |
| **Balancing Measures (that might indicate adverse outcomes)** | | | | Use of LMS may decrease | | | | |  | | | | | |
| Section 6 – PDSA - Work with The Improvement Hub to complete this section. | | | | | | | | | | | | | | |
| **Proposed interventions (PDSA tests of change – Plan, Do, Study, Act)** | | | | | | | | | | | | | | |
| **Intervention** | | | | | | | | | **Start date** | | | | | |
| Test out completion of workbooks to complete stat & mandatory training. | | | | | | | | | 01/02/2023 | | | | | |
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| **Section 7 - Resource Requirements** | | | | | | | | | | | | | | |
| ***(Consider additional resources that could be required to support your project, for example; staff time, specialist input/ equipment, materials, data/ information or training)***  Staff time, Laptop, Printed Workbooks, Pens, Room availability for carrying out training at work. | | | | | | | | | | | | | | |
| **Section 8 - Communication Plan** | | | | | | | | | | | | | | |
| ***Will your project require any wider communication to your stakeholders?***  I have communicated to all relevant parties at this stage. Once the project is complete I will arrange for a case study to be written up and included in Trust comms e.g. Impact magazine & the SaTH Improvement Sharing Huddle | | | | | | | | | | | | | | |
| **Section 9 – Risks** | | | | | | | | | | | | | | |
| ***A risk is something that you need to plan for. (Low – Medium – High)***  Use of the LMS may be reduced – (low) | | | | | | | | | | | | | | |
| **Project Sponsor Sign Off** | | | | | | | **Link to Strategic Pillar** | | | **Link to CQC Domain** | | | | |
| **Name** | **Gary Francis/Jo Fothergill** | | | | | | **Our patients and community** | | | x | **Safe** | | | x |
| **Title** | **Ward Manager** | | | | | | **Our people** | | | x | **Effective** | | | x |
| **Contact Details** |  | | | | | | **Our service delivery** | | | x | **Caring** | | | x |
| **Improvement Hub Support** | | | | | | | **Our partners** | | |  | **Responsive** | | | x |
| **Improvement Hub team member** | | | **Rebekah Tudor** | | | | **Our governance** | | | **x** | **Well Led** | | |  |
| **Date** | | |  | | | |  | | |  |  | | |  |