



Education Activity Report
Michael Sobell House
in conjunction with
Mount Vernon Cancer Centre

***“Contemporary Cancer and Palliative
Care Education and Practice Development”***

Annual Report

January – July 2007

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1. Executive Summary

This is a summary report of the development and activity of the Michael Sobell House Education Team from January to July 2007. The report identifies the referral activity pattern, satisfaction with the service and plans for future development.

The service objectives continue to be:

- Appropriate provision and evaluation of core and specialist palliative care education and training in line with national, network and local priorities and targets.
- Collaborative working with Mount Vernon Cancer Centre for planning and delivery of oncology education.
- Reviewing working practices and management of the education team and a unified vision for the current and future service.

The main influences on the service are:

- Recommendations from the NICE Guidance for Supportive and Palliative Care for Adults with Cancer (2004), Department of Health End of Life Care Initiative (2004) and proposed strategy (2007), concentrating especially on the Gold Standard Framework, the End of Life Care Pathway and the Preferred Place of Care Initiative; and Department of Health Cancer Plan, Cancer Reform Strategy and Improving Outcomes Guidance.
- Michael Sobell House Palliative Care Strategy and Mount Vernon Cancer Centre Strategy
- Mount Vernon Cancer Network Education Strategy
- National Supportive Care Agenda and the Mount Vernon Cancer Network Action Plan
- East and North Herts NHS Trust
- Institutes of Higher Education Curriculum planning and design
- Local multiprofessional education and practice development needs from within MSH and MVCC.

Since 2004, the team has increased the variety and scope of education sessions (2004 – 94, 2005 – 121, 2006 – 140 , January to July 2007 140 sessions) with a subsequent increase in attendance numbers (2004 – 989, 2005 – 1417, 2006 – 1566, January to July 2007 - 1270 participants).

The team structure has had increased administrative support and is now able to develop the oncology part of the education programme with the recent appointment of the Oncology Lecturer Practitioner (funded by Mount Vernon Cancer Centre). Within the Palliative Care side of the programme the team has been able to further develop the communication education sessions, junior doctor training and teaching and presentation skills.

2.1 Introduction

Education has been a key priority for Michael Sobell House. In June 2003, the Friends of Michael Sobell House funded a full time Lecturer Practitioner (LP) in Palliative Care. This enabled the delivery of a formal education programme from Michael Sobell House (MSH). The aim of the role was to develop and provide a multi professional palliative care education programme to MSH, Mount Vernon Cancer Centre (MVCC) and the surrounding areas including District Nurses and Nursing Home Staff. Education is a key aspect of good clinical practice and incorporates a variety of approaches including formal days and sessions, learning sets, role modeling, clinical practice development and expert resource as an educator and clinician. The education programme was originally run out of the Seminar Room in the MSH resource area and moved into the purpose built lecture hall (provided by the Friends of Michael Sobell House) in January 2007. Since 2003 the programme has grown and developed. This report will summarize the key aspects of:

- Team Structure
- Role of Team
- Activity (including attendance data, satisfaction and session types)
- Achievements/Accolades
- Future Developments and Challenges

2.2. Service Objectives:

- Appropriate provision and evaluation of core and specialist palliative care education and training in line with national, network and local priorities and targets.
- Collaborative working with Mount Vernon Cancer Centre for planning and delivery of oncology education.
- Review working practices and management of the education team.
- Unified vision for the current and future service

2.3. Context of the Service: The Main Relationships

Michael Sobell House

- Core Education Team (Palliative Care Lecturer Practitioners, Administration, Secretary & Volunteers)
- Lead Palliative Care Nurse, Palliative Care Consultants and Medical Director
- Multi Professional Team (Inpatient Unit, Day Therapy Unit, Outreach Team, Social Work Team, Volunteers, Audit Research Nurse, Administration and Chaplain)
- Fundraising Team, Trustees and Friends of Michael Sobell House
- Bridge Club

Mount Vernon Cancer Centre

- Head of Nursing & Modern Matron
- Oncology Lecturer Practitioner

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- Hospital Macmillan Palliative Care Nurse(s)
- Education Programme Coordinator
- Post Graduate Centre including the Medical Clinical Tutor and Library
- Multi Professional Team and Tumour Specific Clinical Nurse Specialists
- Cancer Centre Multi Professional Education Group

Mount Vernon Cancer Network

- Education Group
- Nurse Director
- Other educational providers (NHS and independent)

Institutes of Higher Education

- University of Hertfordshire (Degree in Cancer & Palliative Care)
- Bucks Chilterns University
- University of Bedfordshire

Other

- Department of Health – Advanced Communication Skills Training Strategy
- Hillingdon PcT Palliative Care Strategy
- East and North Herts NHS Trust

2.4. Factors Influencing the Service

The main influences on the service are:

- Recommendations from the NICE Guidance for Supportive and Palliative Care for Adults with Cancer (2004), Department of Health End of Life Care Initiative (2004) and proposed strategy (2007), concentrating especially on the Gold Standard Framework, the End of Life Care Pathway and the Preferred Place of Care Initiative; and Department of Health Cancer Plan, Cancer Reform Strategy and Improving Outcomes Guidance.
- Michael Sobell House Palliative Care Strategy and Mount Vernon Cancer Centre Strategy
- Mount Vernon Cancer Network Education Strategy
- National Supportive Care Agenda and the Mount Vernon Cancer Network Action Plan
- East and North Herts NHS Trust Education and Nursing Strategy
- Institutes of Higher Education Curriculum planning and design
- Knowledge and Skills Framework and Agenda for Change

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- Local multiprofessional education and practice development needs from within MSH and MVCC.

2.5. Team Structure and Roles:

Since 2003, the team has grown particularly in terms of administration support but not significantly in terms of lecturer practitioner role (LP)

Lecturer Practitioners (Band 7)

- Palliative Care – A full time (1WTE) Lecturer Practitioner (LP) was appointed in June 2003. In November 2004, she was joined by a part time LP and they job shared the role at 1.1 WTE. In November 2005, with the departure of one of the post holders the remaining post holder continued as a 0.8 - 1 WTE LP. In 2007, this was increased again by the appointment of another part time LP making the post 1.1 WTE between both post holders. The Palliative Care LP role is funded by the Friends of Michael Sobell House
- Oncology – This post has been vacant since 2005 and is now filled by one post holder in a 0.8 WTE. This role is funded and managed by MVCC and the Head of Nursing, but hosted by MSH and the lead LP in order to continue the smooth collaboration of cancer and palliative care education sessions.

The role of the LPs is to design, deliver, plan and facilitate multi professional education sessions in formal and informal settings as well as incorporate a clinical practice development responsibility. The education sessions must reflect and be responsive to the demands and needs of the national, cancer network and local cancer and palliative care agendas. The service also contributes to the curriculum planning and delivery of degree and master level programmes at the University of Hertfordshire, Bucks Chilterns University and University of Bedfordshire. The lead lecturer practitioner has also run and delivered an MSc module in End Stage Respiratory Care for the Education for Health/Open University MSc in Respiratory Care The lead lecturer practitioner is also responsible for developing and leading the Mandatory training programme at MSH/MVCC.

The oncology lecturer practitioner has been in post since the beginning of 2007 and is currently developing her role which includes the oncology development programme, new staff orientation, oncology focused education sessions and reviewing mentorship, preceptorship within the cancer centre. She is also involved in the delivery of degree level programmes at the University of Hertfordshire.

Administrative and Secretarial Support

- Support in terms of programme promotion, bookings and administration comes from the education programme coordinator - MSH funds 1 day a week for her. Her other days are funded by the cancer centre (3 days) and the Mount Vernon Cancer Network (1 day) for programme coordination duties

The Education Programme Coordinator is responsible for promoting and administrating the education programme for MSH and MVCC. This also includes managing bookings, payments for courses, designing flyers, liaising with pharmaceutical companies and senior members of the multi disciplinary team.

- At the end of 2006, further secretarial support was requested in order to meet the increasing needs for data collection, audit, evaluation and day to day administration of the service as well as releasing more LP time to deliver the formal and informal education programme. A post of 20 hours was funded to provide this. An additional 10 hours has been funded by the Cancer Centre for this role to administer and coordinate key mandatory training sessions in

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the cancer centre (Fire, Health and Safety, Life Support, Manual Handling and Infection Control).

The Team secretary is responsible for managing a data base of participants and evaluations and for working with the programme coordinator and lecturer practitioners to ensure the smooth running of sessions and courses for example by meeting and greeting delegates, ensuring delegate packs are ready and appropriate and dealing with day to day office administration and secretarial duties.

- The MSH volunteers have also provided an essential programme support

The education volunteers provide a vital role in terms of photocopying, office duties and supporting the team as a whole.

Currently the team is led and managed by the lead LP role.

Title	Band	Whole Time Equivalent and Funding Source
Lead Lecturer Practitioner	7	0.8 WTE (MSH)
Palliative Care Lecturer Practitioner	7	0.27 WTE (MSH)
Oncology Lecturer Practitioner	7	0.8 WTE (MVCC)
Programme Coordinator	5	0.2 WTE (MSH) 0.6WTE (MVCC) 0.2WTE (MVCN)
Education Secretary	4	0.6 WTE (MSH) 0.2WTE (MVCC)
Volunteers	0	0.1 WTE (Volunteers)

2.6 Clinical Practice

The lecturer practitioner role was developed as a way to bridge the gap between theory and clinical practice. Currently the palliative care clinical practice role encompasses clinical supervision and ward based education and role modeling. The oncology lecturer practitioner role incorporates 2 clinical days a week – but the role is developing.

3.1 Service Priorities & Delivery

Many of the below service priorities are collaboratively led by the Palliative Care and Oncology Lecturer Practitioners. The overall service vision is to enable *'confidence and competency in staff in order to be comfortable to deliver high caliber cancer and palliative care clinical practice'*.

- I. **MSH Education Programme** to include core and specialist cancer and palliative care sessions – curriculum planning, delivery, and facilitation of others to deliver (see attached education programme). This programme has grown significantly in terms of breadth and depth of delivery. It is fully linked into the national Knowledge and Skills Framework – essential for all staff to access training and to demonstrate professional development. The programme developed from an initial training needs analysis in 2003 and subsequent continuous audit and evaluation of session's attendance and satisfaction. The programme curriculum design is also influenced by expressed training needs and demands from the cancer centre, MSH, MVCN and national education drives such as the national End of Life strategy, Improving Outcomes Guidance and Supportive guidance. MSH provides a cancer network agreed programme of core cancer and palliative care education as well as add on and local needs based sessions.
- II. **Providing an Education Lead** in MSH, the cancer centre and network working across boundaries and disciplines to provide an appropriate content, teaching methods and learning outcomes in the

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education programme. This also includes expert education planning and content advice and empowering and facilitating others within the cancer centre to deliver education sessions.

- III. **Teaching Improvement Programme (TIPS).** From 2006, enabling others to deliver and present sessions has been a key priority of the service. This not only develops staff individually but also expands the direct teaching team. Examples include TIPS, Syringe Driver, LCP, Clinical Cases, Reflection on Practice, Conversations in Palliative Care and palliative care session facilitators drawn directly from the MSH and MVCC staff.
- IV. **Junior Doctor Essential Palliative Care Training** to include Communication Skills, Liverpool Care Pathway and Syringe Drivers. This programme was designed with the cancer centre medical clinical tutor to meet the needs of junior doctors. It is directly linked into their medical competencies programme
- V. **Supporting the Consultant led ‘Therapeutics in Palliative Care’** Course led by Dr H Jamal and Dr Y Saunders (the latter from Hillingdon Palliative Care Team)
- VI. **Supporting General Practitioner Training days** led by the specialist registrars in palliative care.
- VII. **Supporting education outreach to Serbia** – supporting outreach visits to MSH.
- VIII. **Oncology Development Programme** – led by the Oncology Lecturer Practitioner and open to the multi disciplinary team at MVCC/MSH
 - IX. **Oncology Skills Training and Development** – led by the Oncology Lecturer Practitioner and including Cancer drugs updates, supporting new staff members/ post registration students.
 - X. **Cancer Centre Tours** – open to the multi disciplinary team at MVCC/MSH as well as the Cancer network
 - XI. **Managing Difficult Questions Education Series** including Breaking Bad News, Managing Anger and Managing Difficult Questions – developed from evaluation analysis of request for sessions.
 - XII. **Advanced Communication Skills Training.** Both the Palliative Care LP's are accredited ACST facilitators. This is a national project based within the Cancer Action Team.
 - XIII. **Curriculum planning at Undergraduate Degree** level for the University of Hertfordshire and Bucks Chilterns.
 - XIV. **MSc in Respiratory Care** - From 2005 onwards, the lead LP has been responsible for designing and delivering the End Stage Respiratory Care Masters module for the multiprofessional Masters in Respiratory Care for Education at Health.
 - XV. **Curriculum delivery** for as above plus for other providers such as University of Bedfordshire and Bucks Chilterns University
 - XVI. **Collaborative working** to deliver Mount Vernon Cancer Network's key priorities to include Essential Communications and Advanced Communication Skills Training (ACST). The lead LP was Chair of the Network Education Group from 2005 to 2007 and during this time the group developed core training needs, education budget and guidelines and shared working.
 - XVII. **Cancer Centre Education Group** – set up in 2006, terms of reference includes multiprofessional planning and delivery of education in the cancer centre.
 - XVIII. **Cancer Centre Education Newsheet** providing a monthly education diary as well as educational material – this newsheet is driven by the cancer centre education group.

- XIX. **Clinical Supervision and Action Learning Sets** for staff from MVCC, MSH, Outreach Team and Junior Ward sisters
- XX. **Clinical Supervision Training** – supporting the Head of Nursing, Lead Palliative Care Nurse and Modern Matron in delivering and facilitating.
- XXI. **Northwood and Pinner Practical Palliative Care Competency Programme** – initially a weekly education learning set, then developed into a competency based mentorship programme facilitated by the Hillingdon Community Palliative Care Team.
- XXII. **Hillingdon Palliative Care Practical Palliative Care Mentorship Programme** – a mentorship competency project between MSH and Hillingdon Hospital Macmillan Team.
- XXIII. **Developing Managers in Practice** programme led by the Head of Nursing, Lead Palliative Care Nurse and Modern Matron – supporting programme design and delivery
- XXIV. **Mandatory Training** including Fire, Health and Safety and Life Support
- XXV. **MSH website resources** including useful resources and information.

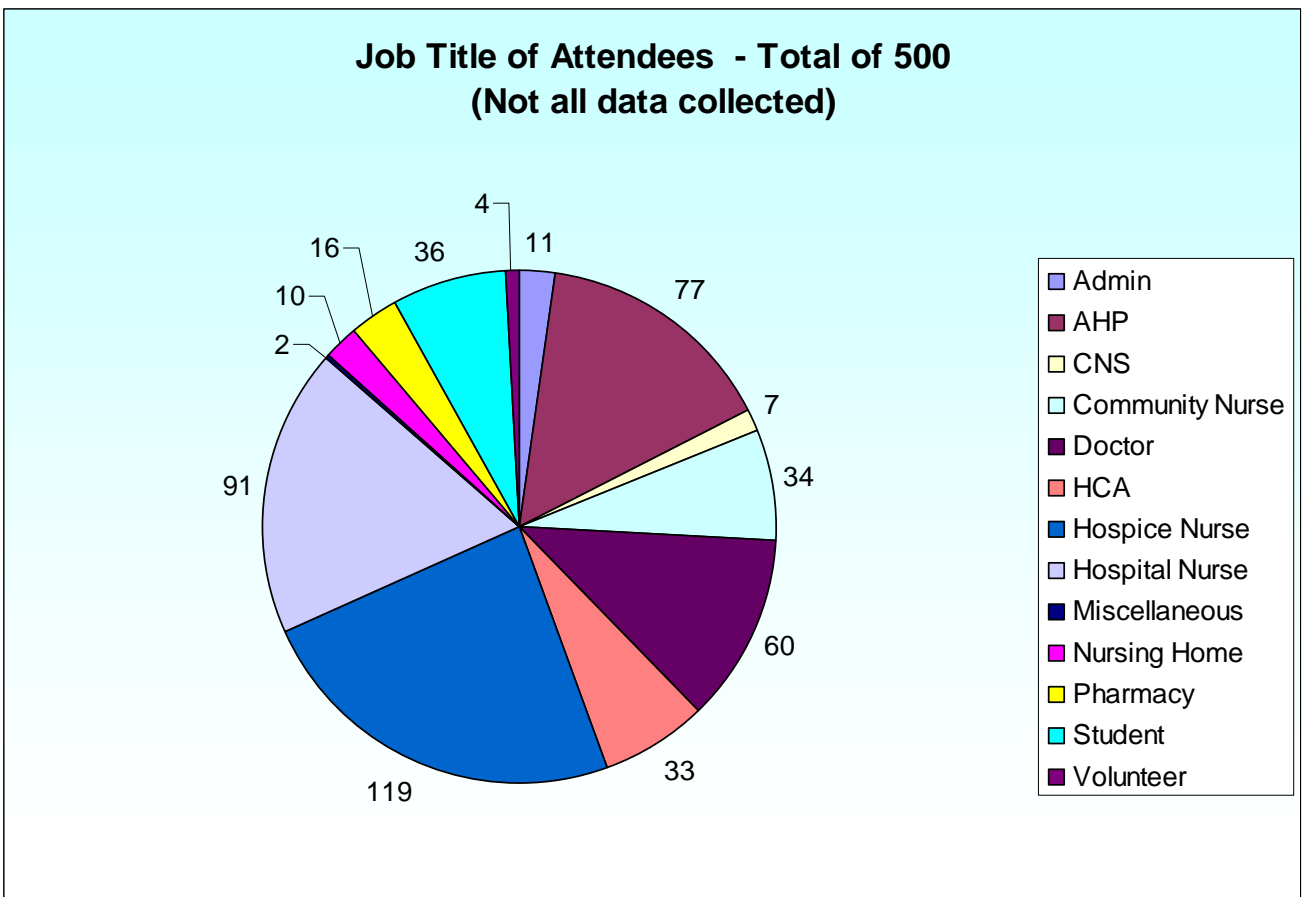
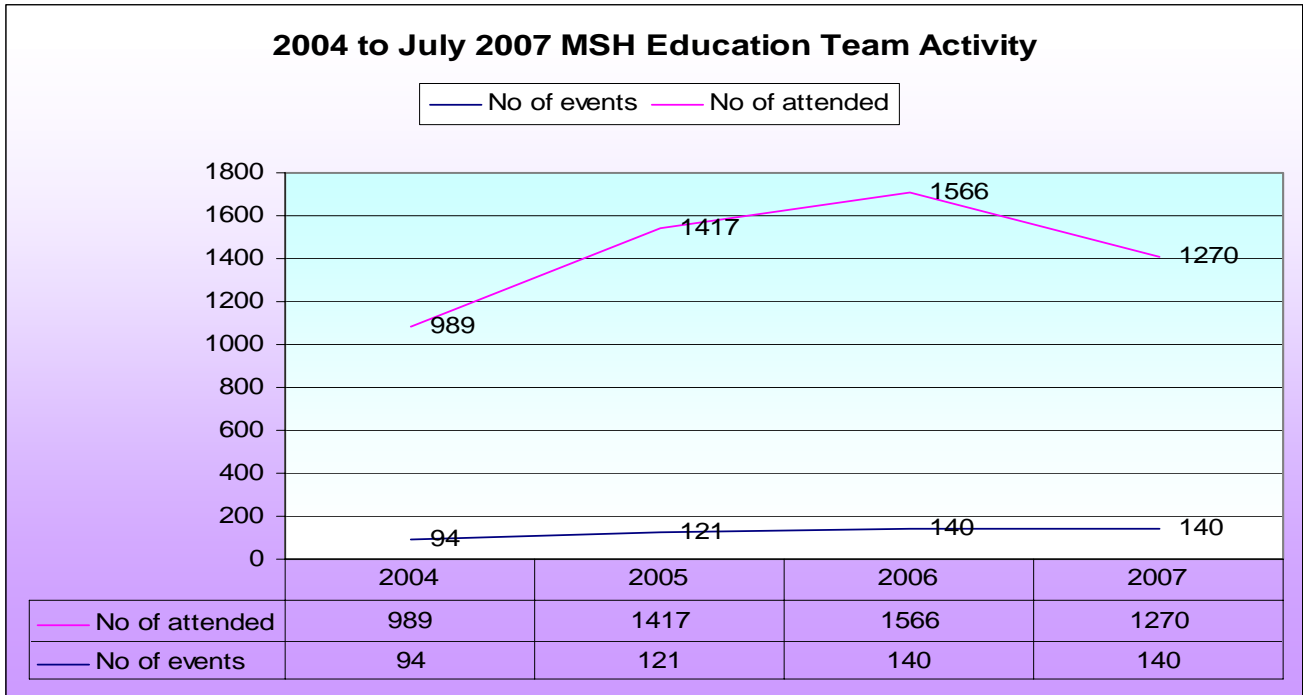
3.2 Barriers to Achieving Goals

- I. Workforce pressures – the service has increased the quantity and quality of sessions with only increased administration support. The demand and need for an increase in frequency and variety of courses has been driven by the national and network cancer and palliative care agenda specifically the NICE guidance of 2004, End of Life Initiative, Cancer Plan 2000 and Improving Outcomes.
- II. Funding issues – locally, in the network and nationally funding for educational sessions is under pressure and MSH and MVCC has experienced increased pressure to deliver sessions free of charge. External applicants for courses have consistently reported their difficulty in being released for courses. The national health care climate as a whole (e.g. payment by results, commissioning) has led to many PcT's having minimal funding for staff to attend sessions – in some cases study leave and funding has been frozen. There has also been a drop in external sponsorship for courses that we put on.
- III. Managing the education and clinical components of the LP role has been challenging in terms of maintaining a formal education programme as well as meeting the educational needs and having a profile in the clinical area/by the bedside.
- IV. As the LP role increases so does the demands upon the administration team, constant planning is necessary
- V. The team has worked hard to develop a shared team ethos and philosophy- which has been challenging at times with the increased work load and requests for education sessions.

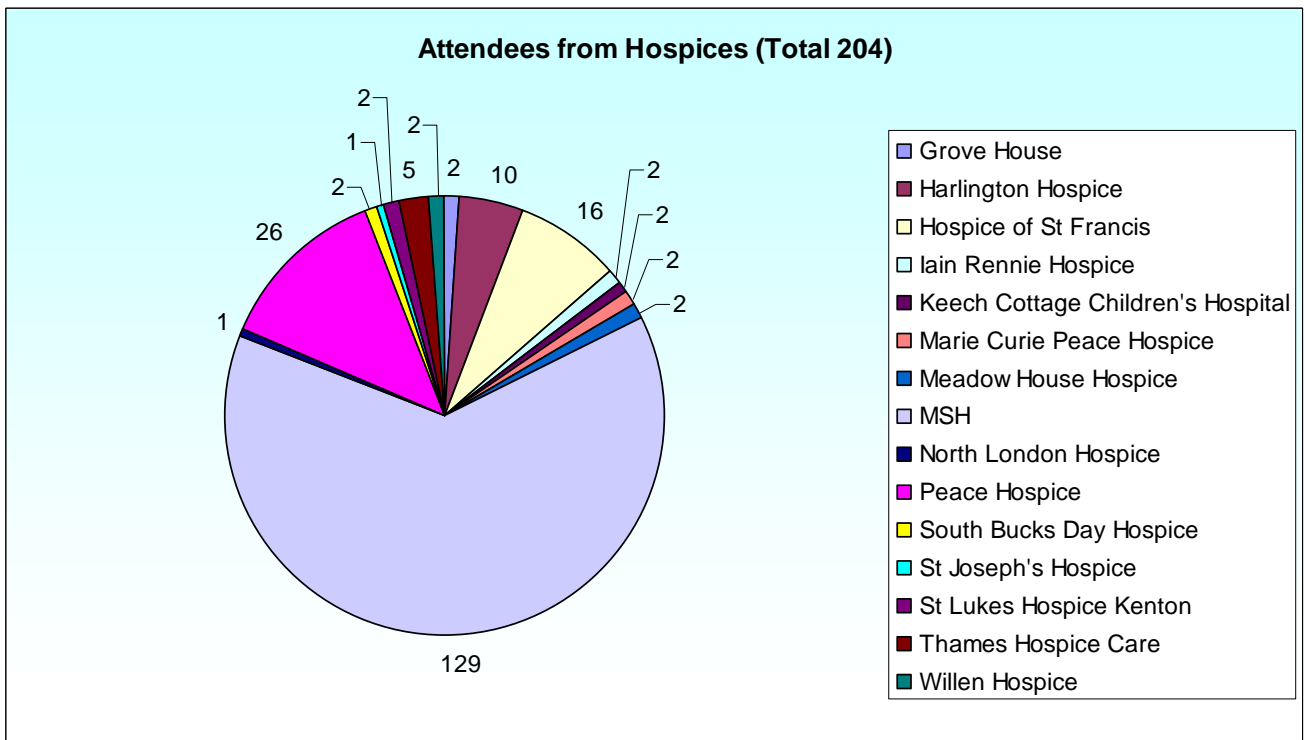
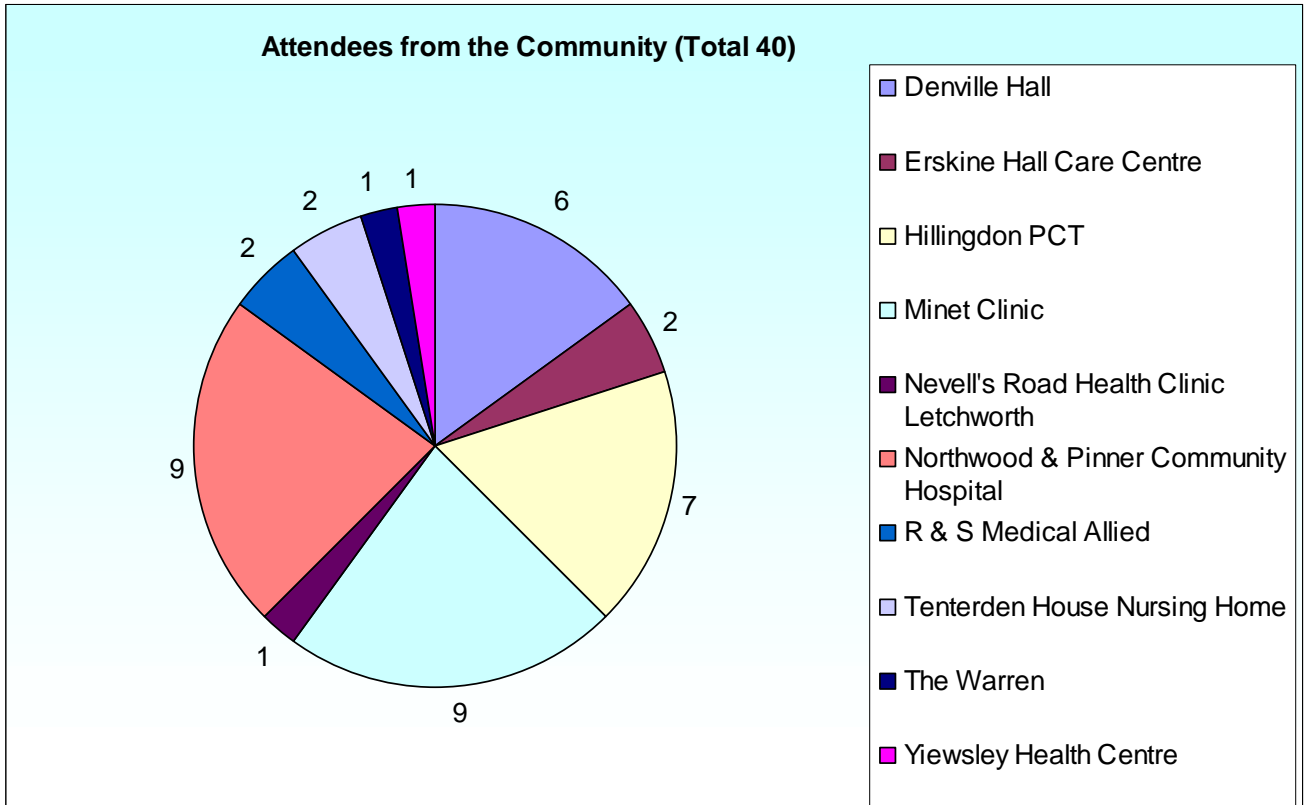
4.1. Service Activity (output) and Audit

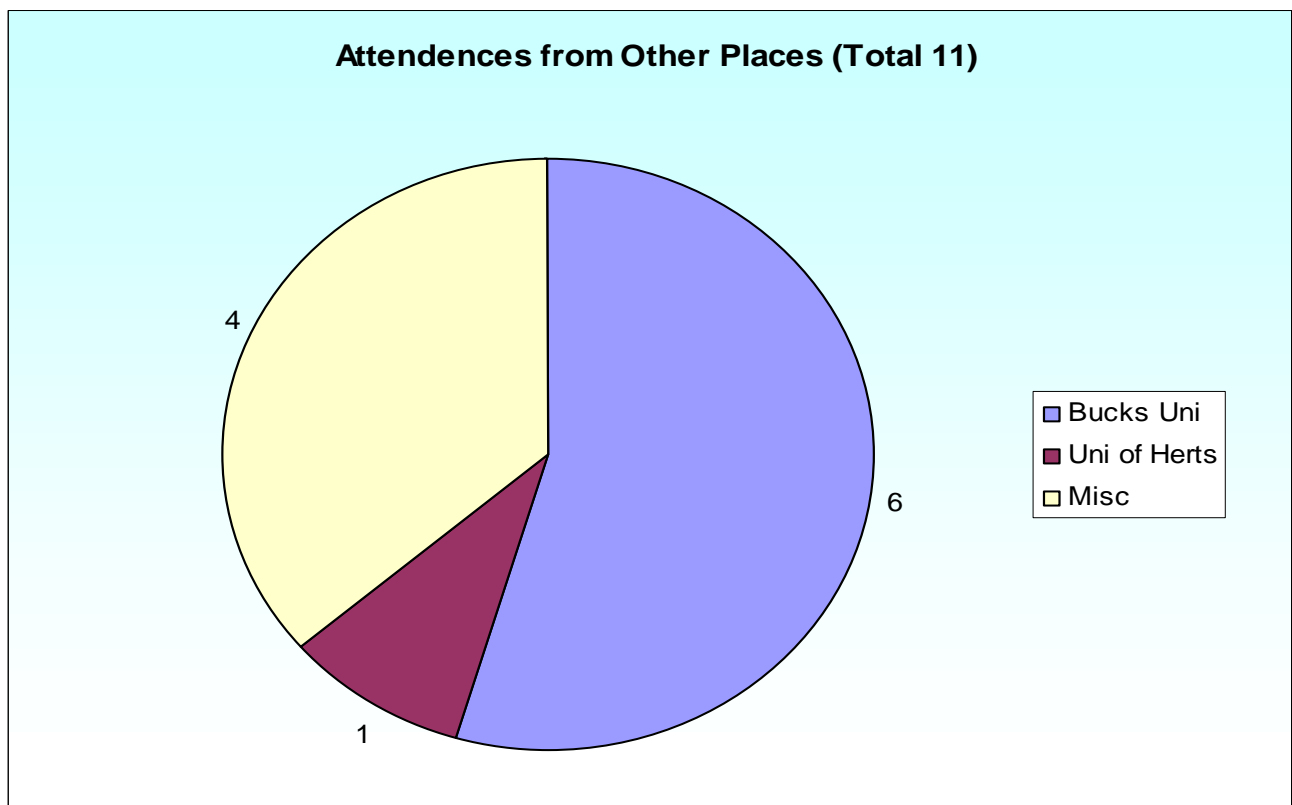
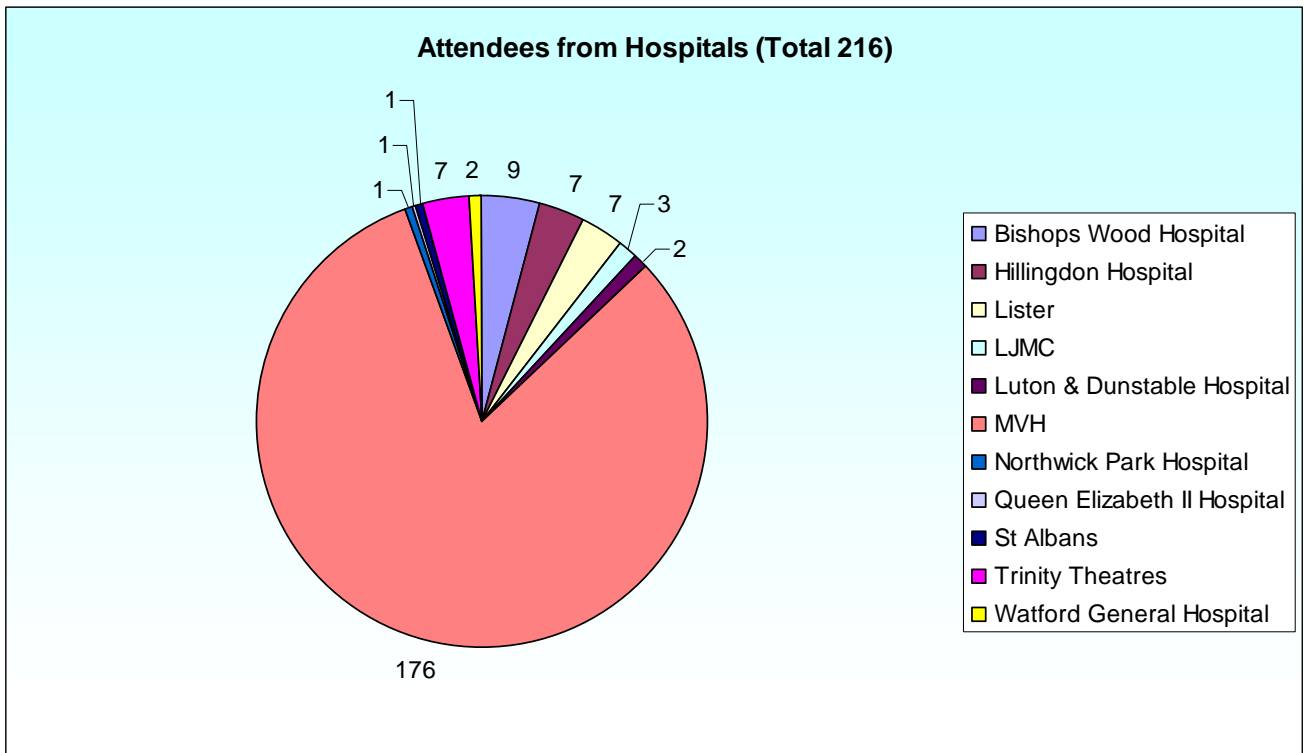
All events are measured in terms of number of attendees, place of work, and most are also evaluated in terms of satisfaction with content, delivery and expectations of session. Since 2003, the data collection methods have changed meaning that some data has been lost. It has only been in the latter part of 2007 with the appointment of a Team Secretary have we been able to provide more detailed audit information. However, overall numbers of attendance and the majority of satisfaction with sessions have been collected. This means that some of our figures are under reported rather than over reported.

2004 to July 2007 Activity, Attendance and Evaluation Overall Figures

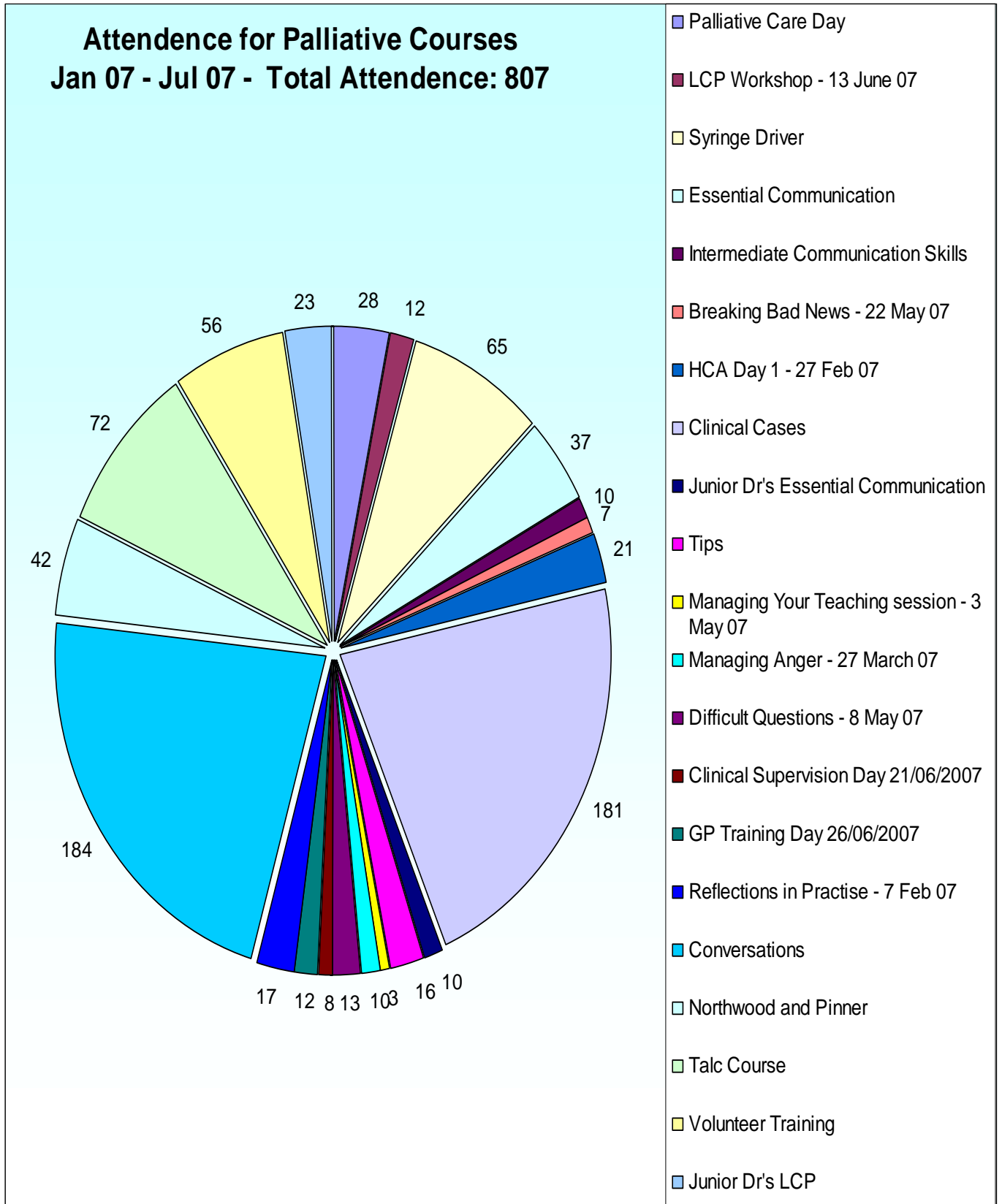


Place of Work (All Courses)

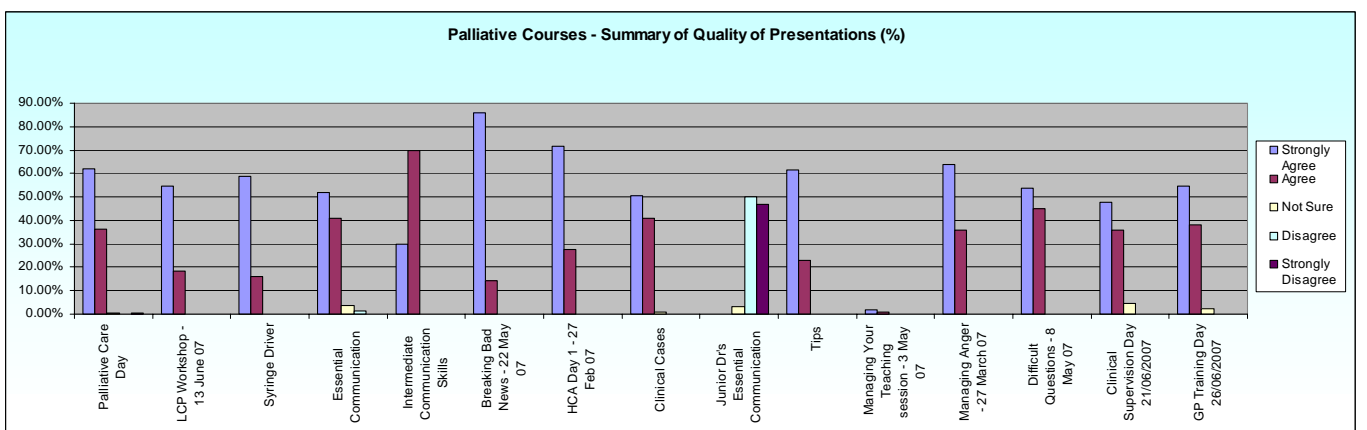
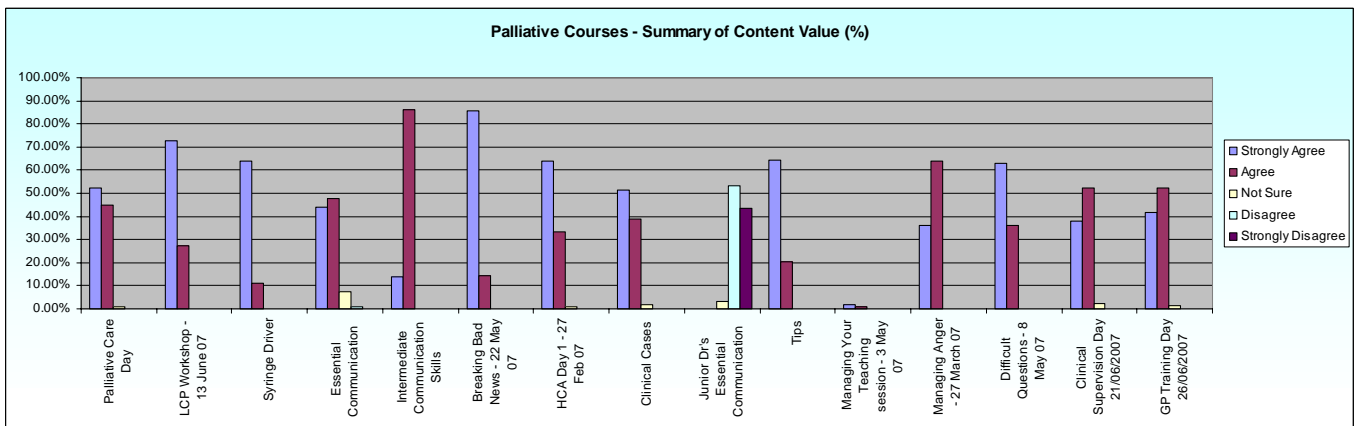
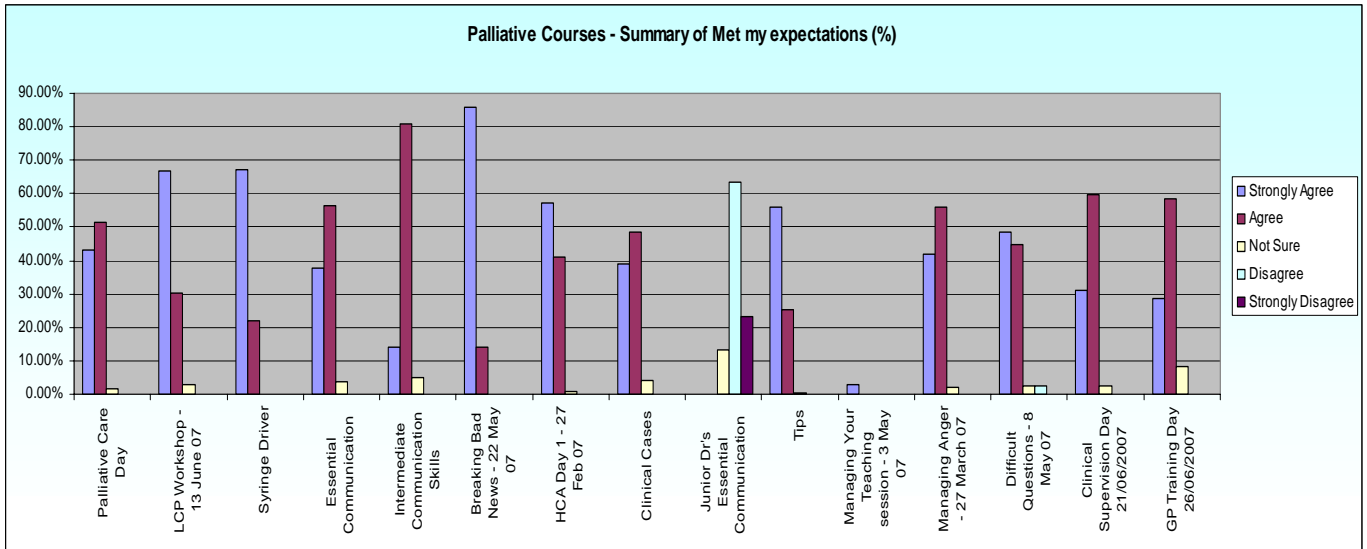




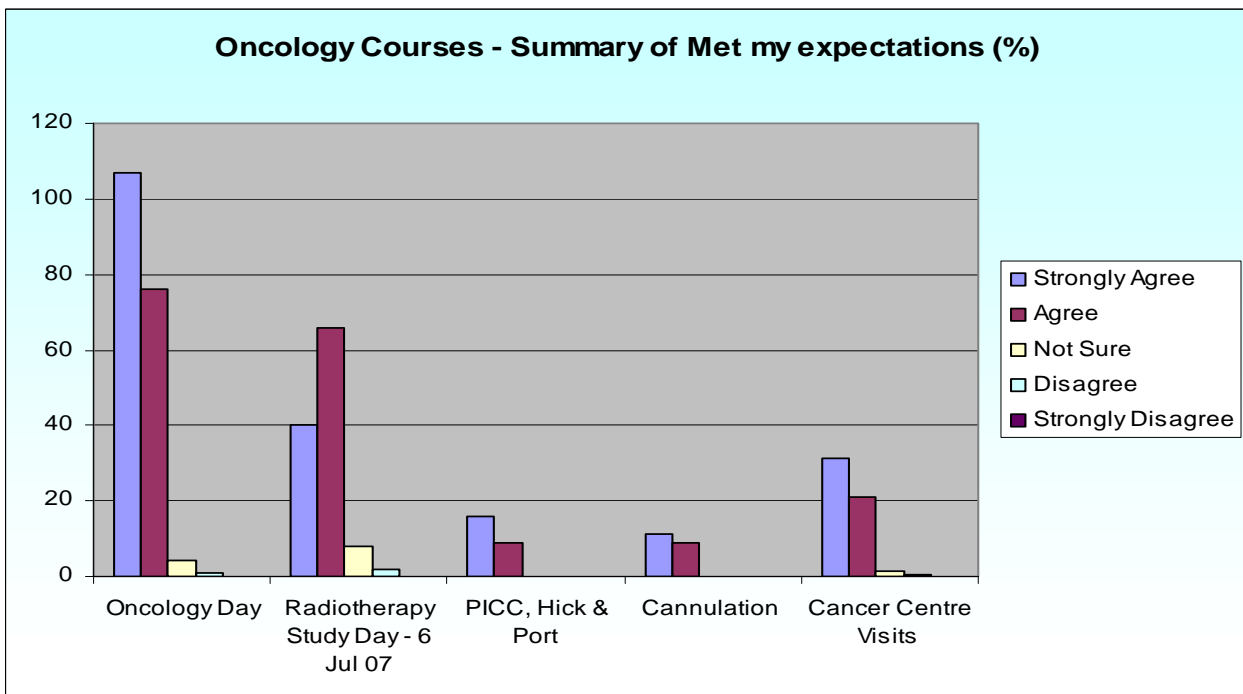
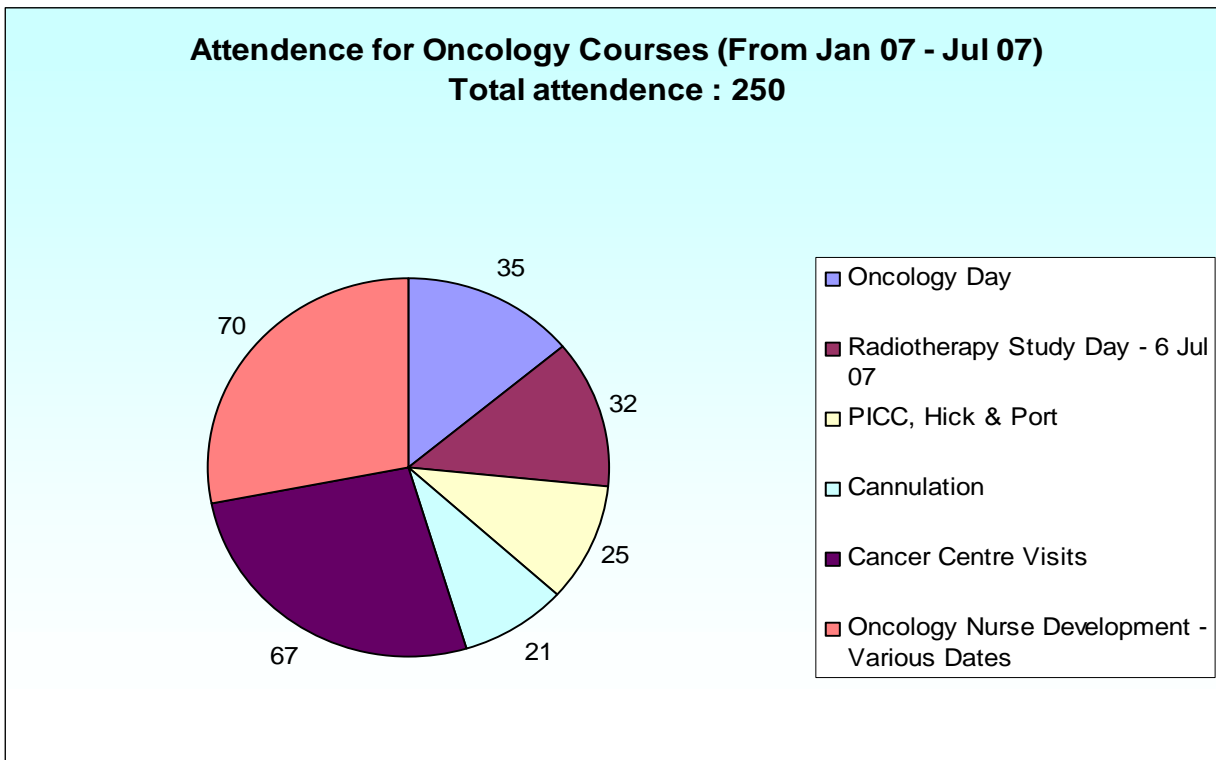
Palliative Care Sessions Overall Attendance and Evaluations



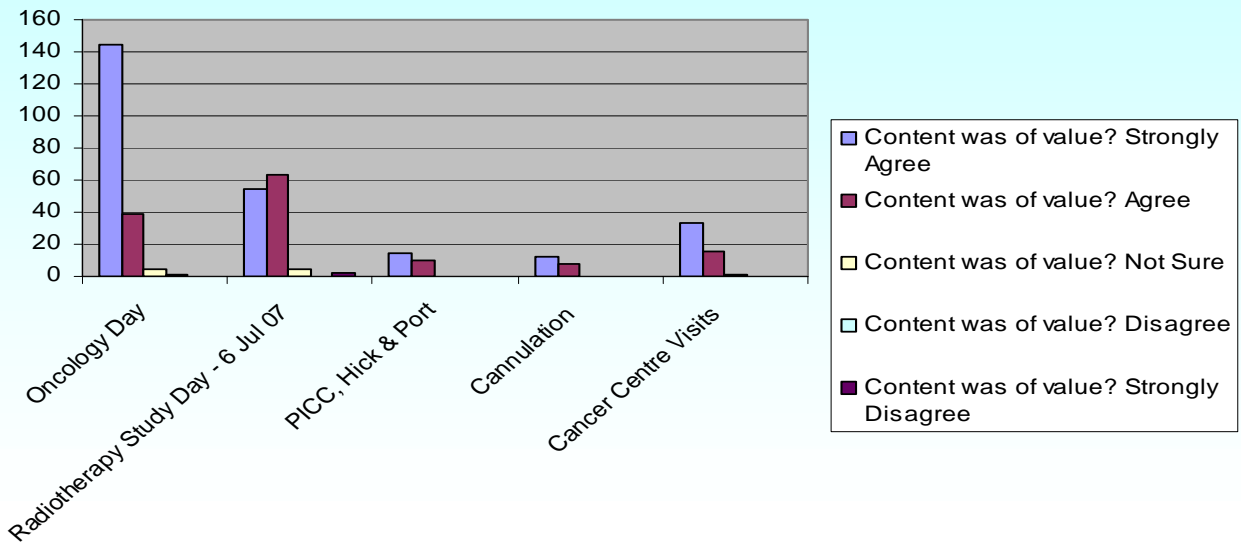
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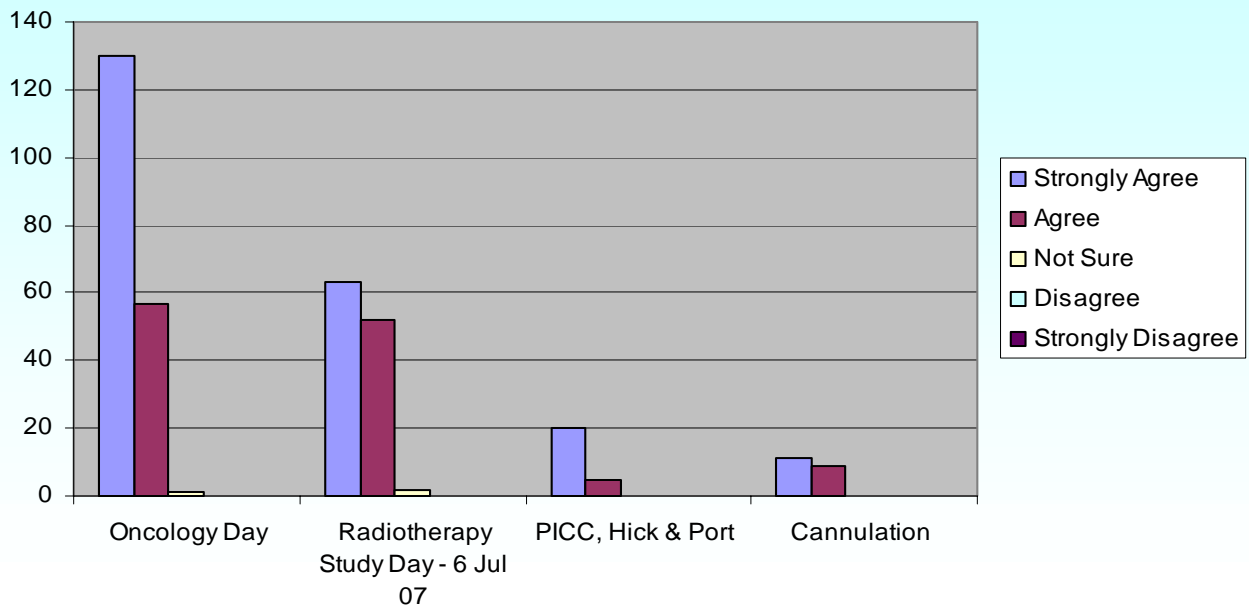
Oncology Sessions Overall Attendance and Evaluations



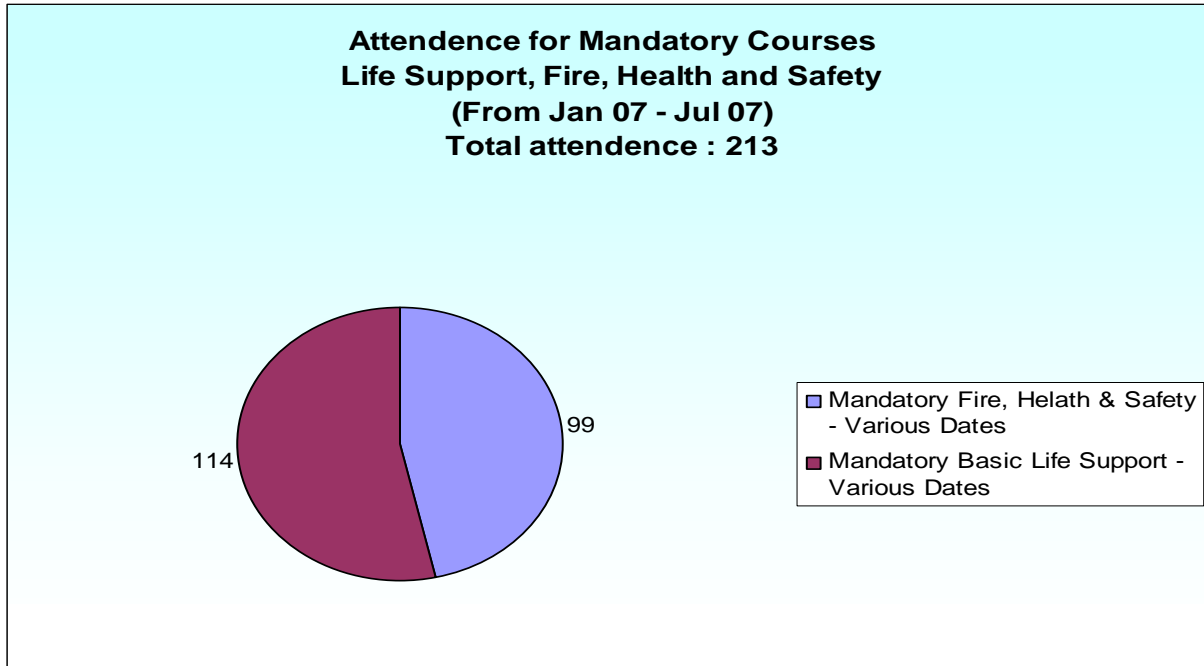
Oncology Courses - Summary of Content Value (%)



Oncology Courses - Summary of Quality of Presentations (%)



Mandatory Training Attendance January to July 2007



4.2 Key Regular Meetings

Education & Practice Development Meetings

Cancer Centre Education Group (+ sub groups)	4 – 6 weekly
Action Learning Sets (band 6, MSH Outreach & Research Sisters)	4 – 6 weekly
Clinical Supervision	4 – 6 weekly
MSH Clinical Governance	2 monthly
MVCC Clinical Governance	monthly

Policy and/or Strategic Meetings

Network Education Group	4 monthly
Network Lecturer Practitioner Group	4 – 6 weekly
Network Communications Group	4 monthly
University of Hertfordshire Curriculum programme Group	4 monthly
Cancer Centre Sisters Group	8 weekly
MSH Senior Nurses Meeting	8 weekly
MSH Strategy Group	4 monthly

4.3 Comments and Accolades:

Since 2004, there has been one complaint concerning promotional and advertising information.

The key publications and accolades during this time are:

- **2007** – Short listed for ‘Team of the Year’ Category – East and North Herts NHS Trust Annual Award
- **2007** – Highly Commended in ‘Educationalist of the Year’ Category, International Journal of Palliative Nursing Annual Awards
- **2007** – Palliative Care Book Chapter in COPD: A Guide to Total Patient Care – Current Medicine Group - In Press
- **2007** – Palliative Care and COPD – Book Chapter in Palliative Care: Enhancing the Spectrum of Care – Blackwell Publishing – In Press
- **2007** – End of Life Patient Information Booklet – British Lung Foundation – In Press
- **2007** - Invited speaker at the European Respiratory Society Annual Conference - COPD and Palliative Care – The Patient and Carer Experience
- **2006-** Commended as good practice for comprehensive education and training in Cancer Peer Review Report 2004 – 2007
- **2004** – Invited speaker at Royal College of Nursing Respiratory Matters Annual Conference – Non Malignant Respiratory Care
- **Consistent positive feedback such as:**

‘Really enjoyable informative study days.

They have helped me feel more confident to explore tools in place in own work area’

‘The teacher lady was really good. Kept us all interested and enjoyed. Thank you’
‘Study day interesting and well presented and covered topics relevant to our work setting’

‘Good course. Very relevant for GPs. Covered wide range of areas
Thank you. Marvelous inspiring speakers give me confidence in the service’

5.1 Future Plans and Strategy

The sustaining of the current multi professional education programme is a key object for the future of the education programme. Alongside that is also:

- Continued collaborative working with Mount Vernon Cancer Centre and the Oncology Lecturer Practitioner to develop education together.
- Linking in with the Michael Sobell House Strategy which is currently being revised.
- Supporting the further development of medical cancer and palliative care education with the Consultants in Palliative Care at Michael Sobell House and Mount Vernon Cancer Centre
- Working collaboratively with Mount Vernon Cancer Network in meeting the Supportive Care, Tumour Specific Groups and multi professional education needs agendas.
- Meeting the educational and training needs from the soon to be published End of Life National and Cancer Reform Strategies.
- Continuing to develop the skills and expertise of the team members **and** plan for future team expansion and development.

Acknowledgments:

The Cancer and Palliative Care Education Team at Michael Sobell House & Mount Vernon Cancer Centre

Ursula O Leary – Lead Nurse for Specialist Palliative Care, Michael Sobell House

Trustees and Friends of Michael Sobell House

Dr I Trotman and Dr H Jamal – Consultants in Palliative Care, Michael Sobell House

Michael Sobell House and Mount Vernon Cancer Centre Multi Professional Team

Kay Bell – Head of Nursing, Mount Vernon Cancer Centre

Sarah Payne – Modern Matron, Mount Vernon Cancer Centre

Cancer Centre Education Team

Appendix 1 - International Journal of Nursing Certificate and Nomination

International Journal of Palliative Nursing Awards 2007

Educationalist of the Year

Highly commended
awarded to

Cancer and Palliative Care Education Team

Michael Sobell House
and Mount Vernon Cancer Centre

Rickmansworth
Hertfordshire

March 23, 2007

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International Journal
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Educationalist of the Year (Team)

1. Name & contact details of nominator.

Sarah Russell – Lead lecturer practitioner in palliative care, Michael Sobell House 01923 844567 sarahrussell@nhs.net www.mshouse.co.uk

2. Which category is your nomination for?

Educationalist of the Year (Team)

3. Department details.

Cancer and Palliative Care Education Team – Michael Sobell House and Mount Vernon Cancer Centre, Northwood, Middlesex.

4. Names of individuals being nominated below.

Sarah Russell Part Time, Lead Lecturer Practitioner)

Anni Hall (Full Time Education Programme Coordinator)

Liz Carruthers (Part Time Lecturer Practitioner in Palliative Care)

Peggy Selby (Part Time Volunteer)

Brenda Collier (Part Time Volunteer)

Nomination Summary:

In an economic and political climate of change and uncertainty this small multi professional education team at Michael Sobell House has maintained and developed an exceptionally high standard of service in terms of delivery and quality (120 events per year with over 1500 participants with session feedback being rated at a national standard e.g. *'better than a RCN conference'*), across settings (participants from a wide range of backgrounds including Mount Vernon Cancer Network and surrounding networks), innovation (formal and informal sessions on a wide range of subjects incorporating individual and group action learning sets, half day workshops, conference days, monthly education newsheet, innovative junior doctor training in communication skills and end of life care, development programmes and links to visiting clinicians from other countries e.g. Belhospice in Serbia) and collaborative working (establishing links , developing staff and building a vision for wider education team for the whole site to including established ward based initiatives). This small team has worked cohesively to continue to provide and develop the service despite restricted financial resources, sickness, bereavement and under manning. The team has developed new ideas, to not only respond to but also to lead palliative care educational initiatives in the centre, cancer network and the University of Hertfordshire. The team has worked with shared goals and vision and a philosophy of *'comfort, competence and confidence'*, in other words enabling participants to develop and practice their skills and knowledge in cancer and palliative care whilst revealing their vulnerabilities and knowledge gaps. The team has also worked together to support others within the cancer centre and Michael Sobell House to develop their own teaching and presentation skills – the team message being one of *'all can be lecturer practitioners, but it is our job to enable and support them to so do'*

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In summary, this small multi disciplinary team has provided a consistently high standard and quantity of service, developed innovative ways of promoting and delivering cancer and palliative care priorities of education and learning. Despite having only a 1.1 WTE Lecturer Practitioner and 1 WTE administration support, the team is a leading provider of cancer and palliative care education in Mount Vernon Cancer Network

How the team works:

The team is a small one – 1 part time lead nurse lecturer practitioner (Sarah Russell), 1 part time therapy radiographer lecturer practitioner (Liz Carruthers), 1 full time programme coordinator (Anni Hall), 2 volunteers who provide 2 – 3 hours a week, plus bank administrative support.

Sarah Russell 0.8 WTE – Leads the team, overall responsible for designing and delivering programme and education strategy, plus working at cancer network level, interpreting national cancer and palliative care agenda, a clinical component, and facilitating and enabling rest of the team.

Liz Carruthers – 0.3 WTE – develops and leads the psychosocial component of the programme including communication skills.

Anni Hall 1WTE – responsible for administration and coordination of the education programme, promotion, advertising, bookings – first point of call to most participants.

Volunteers – working with above to ensure smooth running of programme and service.

The team meet for a regular brief weekly (accommodating part time workers), plus yearly away day for SWOT analysis, vision planning, nit picking, plus day to day working – as the team is small and we cover for each other at all times we have a intimate understanding of how each of us not only contributes to the whole but works.

The team decide together the key priorities and goals by sharing their individual perspectives and vision.

Background and goals:

The service has only really been up and running for 3 years – so year one (2004) and two (2005) were assessing needs vs. demands and auditing sessions provided. 2006 goals were identifying key core and additional education sessions and developing the TIPS (Teaching Improvement Programme) course in order to utilize as much as possible the natural resources around us (CNS, Doctors, AHP's etc) as lecturer practitioners. 2007 goals are to establish the 'whole education team', looking at core resources, develop further specialized sessions and network education programmes including specialized medical training and developing the clinical component of the role to develop practice in the clinical setting.

Progress to date:

The Michael Sobell House Education Programme is now established – attendance figures have grown from 909 (2004), 1417 (2005) to 1556 (2006) with the same staffing levels. It attracts attendance from across our network to Hillingdon, Harrow and other geographical areas. Not only does it provide its own education programme but it jointly leads the cancer and palliative care network education group, establishing agreed core cancer and palliative care education sessions.

Michael Sobell House Education Report January – July 2007

We work closely with the University of Hertfordshire for the BA (Hons) in Cancer and Palliative Care and run the End Stage Respiratory Care Module for the MSc in Respiratory Care at Education for Health/Open University. The team is also innovative in providing well attended and evaluated junior doctor communication skills and end of life training. The team also utilizes a wide range of teaching approaches and information technology including videoing, role play, workshops, reflective practice, website resources, DVD's and videos.

What happens when things go wrong? Which ever member of the team is present takes responsibility for immediately dealing with and then discussing events and action plan with the team. Sarah Russell takes overall team responsibility for all events and actions. As the team meets regularly we have the opportunity to reflect swiftly on the time line of events and how to learn from the experience. All mistakes and successes are seen as a team event.

How do we celebrate success? We are very good at celebrating success within the team through auditing of evaluations, feedback and team discussion – as above we share the success as a team as it is not dependent upon one person. We are not so good at celebrating externally or in the trust – this nomination is partly a way to redress this. But much of our job satisfaction comes from the feedback of one off and returning participants, attendance figures, and designing our programmes together.

What obstacles have we found?

- Prioritizing demands and needs of participants, stakeholders and commissioners
- Appearing to be a seamless service – we often have the appearance of a swan – all serene and calm on top but paddling frantically underneath as e.g. a speaker wants last minute adjustments to their session or does not turn up !
- Financial resources – it is difficult to remunerate visiting speakers or fund lunch/refreshments – we have to be very innovative as to how we do this.
- Providing a service at a time when it is difficult for staff to either be released or pay for a course – we charge for only some of our sessions so our philosophy has been focused on the quality of the programme so that managers see our sessions as part of their staffs personal development plans in terms of content as well as quality as well as complimenting university courses or meeting practical skills needs.

What has been the biggest benefit? This small team is a leading provider of cancer and palliative care education in Mount Vernon Cancer Network. We also develop staff to contribute to the departments and trust education as a whole – this not only develop the confidence of staff, meets their educational component of their job descriptions but also enables a minimal cost outflow to pay for outside speakers. The team is small but visionary, innovative and hardworking. These aspects are the biggest benefit to Michael Sobell House, Mount Vernon Cancer Centre and the Trust as a whole.

Appendix 2 – East and North Herts Nomination Form for Team of the year - 2007

Name & contact details of nominator.

Sarah Russell – Lead lecturer practitioner in palliative care, Michael Sobell House 01923 844567 sarahrussell@nhs.net

www.msouse.co.uk

Which category is your nomination for?

Best Team

Please enter the department details below.

Cancer and Palliative Care Education Team – Michael Sobell House in conjunction with Mount Vernon Cancer Centre

Please enter the names of individuals being nominated below.

Liz Carruthers (Part Time Lecturer Practitioner in Palliative Care)

Anni Hall (Full Time Education Programme Coordinator)

Annette Henn (Temporary part time secretarial support)

Peggy Selby (Part Time Volunteer)

Brenda Collier (Part Time Volunteer)

Please give the reasons why your nominee should be considered for this award.

This small dedicated multi professional cancer and palliative care education team at Michael Sobell House (supported by the Friends of Michael Sobell House) and Mount Vernon Cancer Centre, has maintained and developed an exceptionally high standard of service in terms of innovation, strategy, delivery and quality (over 120 events per year with over 1500 participants with session feedback being rated at a national standard, across settings (participants from a wide range of professional backgrounds and geographical locations including Mount Vernon Cancer Network and surrounding networks), innovation (range of teaching and learning strategies in formal and informal sessions on a wide range of subjects incorporating individual and group action learning sets, half day workshops, conference days, monthly education newssheet, innovative junior doctor training in communication skills and end of life care, development programmes and links to visiting clinicians from other countries e.g. Belhospice in Serbia) and collaborative working (establishing links, developing staff) and building a vision for wider education team for the whole site to including established ward based initiatives (focusing on developing the whole multiprofessional team as educators through a systematic teaching and presentation skills improvement programme). Committed to Life Long Learning and contributing to the retention and developing of staff with available resources, the team has

developed new ideas, to not only respond to but also to lead cancer & palliative care educational initiatives in the centre, cancer network and the University of Hertfordshire. The team has worked with shared goals and vision and a philosophy of 'comfort, competence and confidence', in other words enabling session participants to develop and practice their skills and knowledge in cancer and palliative care in order to improve clinical care directly (through their care) and indirectly (through influencing others). The team has successfully worked to support others within the cancer centre and Michael Sobell House to develop their own teaching and presentation skills – the team message being one of 'we are all partly lecturer practitioners, but it is our job to enable and support you to so do'

Signed. *Sarah Russell*. Date. .22nd Jan 2007 . . .

(Note: The person identified in 1. above may be contacted for further details about the nomination). Please ensure you complete the correct attached proforma and return to Ethel Morrell at L50 by 5pm on Monday 5th February 2007. Late entries will not be accepted.

1. Explain how your team works, how are roles assigned, how do you ensure shared working towards end result?

This small team consists of a part time lead nurse lecturer practitioner (0.8 WTE), a part time therapy radiographer lecturer practitioner (0.3 WTE) , a full time programme coordinator, 2 volunteers who provide 2 – 3 hours a week, and bank secretarial support. The service has only really been up and running for 3 years – so 2004 and 2005 were assessing needs vs. demands, auditing and evaluating sessions provided and devising a strategy which would utilize as effectively as possible the actual lecturer practitioner time and skills. The team meet for a regular brief weekly (accommodating part time workers), plus yearly away day for SWOT analysis, vision planning, nit picking, plus day to day working – as the team is small and we cover for each other at all times we have a intimate understanding of how each of us not only contributes to the whole but works.

The team decide together the key priorities and goals by sharing their individual perspectives and vision.

2. What were the specified goals and timeframes?

2006 goals were identifying key core and additional education sessions, responding to the national and cancer network education agenda and developing the education strategy through the TIPS (Teaching Improvement Programme) course in order to utilize as much as possible the natural resources around us (CNS, Doctors, AHP's etc) as lecturer practitioners. 2007 goals are to establish the 'whole education team', looking at core resources, develop further specialized sessions and network education programmes including specialized medical and allied health care professional training, incorporating the vies of patients and users, e learning and developing the clinical component of the role to develop practice in the clinical setting.

3. Describe progress to date.

The Education Programme is now established – attendance figures have grown from 909 (2004), 1417 (2005) to 1556 (2006) with the same staffing levels. It attracts attendance from across The Mount Vernon Cancer Network to Hillingdon, Harrow and other geographical areas. Not only does it

provide its own education programme but also it jointly leads the cancer and palliative care network education group, establishing agreed core network cancer and palliative care education sessions. The team works closely with the University of Hertfordshire for the BA (Hons) in Cancer and Palliative Care and also runs the End Stage Respiratory Care Module for the MSc in Respiratory Care at Education for Health/Open University in Warwick. The team is innovative in establishing multi professional links e.g. providing well-attended and evaluated junior doctor communication skills and end of life training as well as developing and supporting the local multi professional education group. The team utilizes a wide range of teaching approaches and information technology including videoing, role-play, experiential learning, workshops, reflective practice, website resources, DVD's and videos. However the teams greatest strength is through the empowering of others not just through the TIPS programme but through enabling others to provide formal or informal education through learning networks such as journal clubs, action learning sets and reflective practice sets

4. (a) What happens when things go wrong?

Which ever member of the team is present takes responsibility for immediately dealing with and then discussing events and action plan with the team. Sarah Russell takes overall team responsibility for all events and actions. As the team meets regularly we have the opportunity to reflect swiftly on the time line of events and how to learn from the experience. All mistakes and successes are seen as a team event.

(b) How do you celebrate your success

We are very good at celebrating success within the team through auditing of evaluations, feedback and team discussion – as above we share the success as a team as it is not dependent upon one person. We are not so good at celebrating externally or in the trust –this nomination is partly a way to redress this. But much of our job satisfaction comes from the feedback of one off and returning participants, attendance figures, and designing our programmes together.

5. What form of communication is used between all team members?

Weekly briefing/stress relief Daily catch ups as and when

E mail We share a central office

Plus 1:1's with Sarah Russell

6. What obstacles have you found and how have they been overcome?

- Sustaining and developing the service with 1.1WTE Lecturer practitioner
- Prioritizing demands and needs of participants, stakeholders and commissioners
- Appearing to be a seamless service – the team often have the appearance of a swan – all serene and calm on top but paddling frantically underneath as e.g. a speaker wants last minute adjustments to their session or does not turn up!
- Financial resources – it is difficult to remunerate visiting speakers or fund lunch/refreshments.
- Providing a service at a time when it is difficult for staff to either be released or pay for a course –some of the sessions are charged for, but the team is committed to the cancer networks vision of core or essential cancer and palliative care education so the philosophy has been focused on the quality of the programme so that managers see the sessions as part of their staffs personal development plans in terms of content as well as quality as well as complimenting university courses or meeting practical skills needs. We have linked all our sessions to the KSF framework and are working to link it into a competency framework.

7. What has been the biggest benefit for your Department/Trust?

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This small team is a leading provider of cancer and palliative care education in Mount Vernon Cancer Network. Committed to a policy of life long learning with an aim to retain, recruit and train staff, we develop staff to contribute to the departments and trust education as a whole. Staff are developed to share their expertise and knowledge – this directly improves clinical care by developing the confidence of staff to practice new found skills as well as share their skills and knowledge.

Appendix 3 – Cancer Peer Review Report Mount Vernon Cancer Network – August 2006

LOC – MCVN E Herts: Michael Sobell House	1*		1 & 2	
Topic 3A – Palliative Care Team	12/24	50%	4/10	40%

General Profile

This is a team with strong leadership and many examples of good practice were provided. The team has no administrative support, and no oncologist extended membership, although this was felt to be an appropriate arrangement for this team. The compliance of 50% with the 1* Measures is due in part to the difficulty of applying the Peer Review Measures to a Hospice situation, though the team are thanked for their participation in this process.

The team is awaiting Network guidance on Key Worker policy and 09.00 – 17.00 specification. There is a 24-hour help-line available to patients and professionals.

All Measures in relation to nurse specialist training are met, and nurse responsibilities are agreed.

There is no formal policy for access to the MDT, although there are information and contact cards given to patients. There is also good patient information, patient permanent consultation (out patients are offered copies of their GP letters), and individual treatment plans recorded.

Although there is work being done on guidelines for Palliative Care in the Network, these have not yet come to fruition. There is no Network agreed MDS, but there is collection of the Hospice Information Service MDS. The team has participated in Network audit, and are to be commended on their strong audit activity and the participation in the MDT of Research and Audit Sister.

Further consideration/concerns

Patient Experience

- There is no key worker policy; this is recognised as a Network rather than a team issue. There is no policy for access to the MDT, and no plans for undertaking a patient survey.

Good Practice

Leadership

- There was strong leadership in the team, although the Lead Clinician is moving to a new role.

Corporate Governance

- There is good evidence of strong governance arrangements.

Clinical Governance

- There is a clinical governance group, and related audit activity. There is very comprehensive education and training offered by the team throughout the Network for District Nurses and Nursing Homes.

General Points

- The team has a good relationship with Mount Vernon Cancer Centre. Many examples of good practice were offered; education and training; clinical governance and audit; outreach services; counselling team; bereavement support and staff support.