Annual monitoring visitors' report

Contents

Section one: Programme details

Name of education provider	Outreach Rescue and Medic Skills
Programme title	Hazardous Environment Medicine Paramedic Award
Mode of delivery	Part time
Relevant part of the HCPC register	Paramedic
Name and role of HCPC visitors	Mark Nevins (Paramedic) Mark Woolcock (Paramedic)
HCPC executive	Ben Potter
Date of postal review	11 April 2016

Section two: Submission details

The following documents were provided as part of the audit submission:

☒ A completed HCPC audit form
☒ Internal quality report for one year ago
☒ Internal quality report for two years ago
☒ External examiner's report for one year ago
☒ External examiner's report for two years ago
☒ Response to external examiner's report one year ago
☒ Response to external examiner's report for two years ago

- Appendix 1 - Current faculty list
- Appendix 2 - Student copy of I-Pad loan agreement
- Appendix 3 - ORMS service user and carer involvement
- Appendix 4 – Revised module descriptors and portfolios
- SOPs cross referencing mapping

Section three: Additional documentation

☐ The visitors agreed that no further documentation was required in order to make a recommendation.

☒ The visitors agreed that additional documentation was required in order to make a recommendation. The standards of education and training (SETs), for which additional documentation was requested, are listed below with reasons for the request.

3.5 There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme.

Reason: The visitors noted in the audit documentation provided that the programme team had been changed to increase specialism cover. However, from the evidence provided the visitors were unclear as to what changes had been made to the programme team. The visitors were also unclear as to which members of the faculty team were responsible for which aspects of programme delivery. As such the visitors could not determine, from the evidence provided, how the changes have affected how the education provider continues to ensure that there are sufficient qualified and experienced staff in place to effectively deliver the programme. The visitors therefore require further evidence as to how the changes to the programme team has been managed by the education provider to ensure that there is an adequate number of appropriately qualified and experienced staff in place to deliver the programme effectively.

Additional evidence: Evidence of the roles and responsibilities of the programme team, how the changes have affected these roles and responsibilities.

3.6 Subject areas must be taught by staff with relevant specialist expertise and knowledge.

Reason: The visitors noted in the audit documentation provided that the programme team had been changed to increase specialism cover. However, from the evidence provided the visitors were unclear as to what changes had been made to the programme team. The visitors were also unclear as to which members of the faculty team were responsible for which aspects of the effective delivery of the programme. As such the visitors were unclear how the education provider has continued to ensure that, with the increase in specialism cover, there is sufficient, effective input from HCPC registered paramedics. The visitors therefore require further evidence as to how the changes to the programme team has been managed by the education provider to ensure that subject areas are being taught by staff with relevant specialist expertise and knowledge.

Additional evidence: Evidence of the roles and responsibilities of the programme team, how the changes have affected these roles and responsibilities and evidence as to how the education provider has ensured that there continues to be sufficient paramedic input into the delivery of the programme.

3.9 The resources to support student learning in all settings must effectively support the required learning and teaching activities of the programme.

Reason: The visitors noted in the evidence provided that the education provider has developed a system by which each student can loan an iPad to access online course

materials. However, in the evidence provided the visitors were unclear as to how the programme team use them in their teaching and how they expect the students to use these iPads to support their learning. The visitors could also not determine, from the evidence provided, if or how students would use these iPads during placement and if there would be sufficient support at placement sites to enable their use, such as Wi-Fi. The visitors therefore require further evidence as to how the education provider has resourced the programme, and how the programme team expect the resources to be utilised to support the effective learning and teaching activities of the programme.

Additional evidence: Evidence of how the programme has been resourced to ensure that students can access iPads as and when they are required and evidence of how they will be utilised to support the learning and teaching activities of the programme at both the education provider and on placement.

3.10 The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to students and staff.

Reason: The visitors noted in the evidence provided that the education provider has developed a system by which each student can loan an i-pad to access online course materials. However, in the evidence provided the visitors were unclear as to how the programme team use them in their teaching and how they expect the students to use these i-pads to support their learning. The visitors could also not determine, from the evidence provided, if or how students would use these i-pads during placement and if there would be sufficient support at placement sites to enable their use, such as Wi-Fi. The visitors therefore require further evidence as to how the education provider has resourced the programme with the i-pads and how the programme team expect the i-pads to be utilised to support the effective learning and teaching activities of the programme.

Additional evidence: Evidence of how the programme has been resourced to ensure that students can access i-pads as and when they are required and evidence of how they will be utilised to support the learning and teaching activities of the programme at both the education provider and on placement.

3.17 Service users and carers must be involved in the programme

Reason: The visitors noted, in the evidence provided, the rationale that the programme team will use to involve service users and carers in the programme. In particular they noted the aspiration to include representatives of several distinct of service users and that they will be involved to help develop aspects of the programme. However, the visitors could not determine, from the evidence provided, what steps the programme team will take to ensure the involvement of appropriate representatives of their identified groups of service users and carers. The visitors were also unclear as to how these service users and carers would be selected and trained and supported to ensure they had the knowledge and skills to provide the desired input into the programme. Therefore the visitors require further evidence as to what practical steps the team have taken to involve representatives of their desired groups of service users. The visitors also require further evidence as to how the programme team will select and train and support their service users to ensure they have the knowledge and skills required to be involved in the programme as described.

Additional evidence: Evidence of what steps the programme team have taken to source appropriate service user and carer input into the programme and how they have selected

and/or trained the service users and carers to ensure they have the knowledge and skills required to be involved in the programme as described.

4.1 The learning outcomes must ensure that those who successfully complete the programme meet the standards of proficiency for their part of the Register.

Reason: The visitors noted that the programme team have made a number of changes to the learning outcomes in relation to the inclusion of the revised standards of proficiency (SOPs) for paramedics. However, from the evidence provided the visitors are unclear as to what changes have been made to ensure that the revised standards have been incorporated, and which module learning outcomes have been changed to facilitate this. As such the visitors are unclear as to how the programme team have incorporated the changes. In particular the visitors are unclear as to how the changes have been managed to continue to ensure that graduates can apply the knowledge and skills they have gained in any setting they may be confronted with as a registered paramedic. The visitors therefore require further evidence as to what changes have been made to module learning outcomes to facilitate the inclusion of the revised SOPs. They also require further evidence as to how the team have continued to ensure that the learning outcomes mean that graduates of the programme can apply the knowledge and skills they have gained in all settings.

Additional evidence: Evidence of the changes that have been made to module learning outcomes and how the team have ensured that these changes continue to ensure that the skills that students learn can be applied in all professional settings.

4.4 The curriculum must remain relevant to current practice.

Reason: The visitors noted that the programme team have made a number of changes to the learning outcomes in relation to the inclusion of the revised standards of proficiency (SOPs) for paramedics and updated the reading lists accordingly. However, from the evidence provided the visitors are unclear as to what changes have been made to ensure that the revised standards have been incorporated and what process was followed to update reading lists. As such the visitors are unclear as to how the programme team have incorporated the changes and how they manage the process of updating the curriculum to remain relevant for current practice. In particular the visitors are unclear as to how the changes have been managed to ensure that the modules remain relevant to current practice and continue to ensure that graduates can apply the knowledge and skills they have gained in any setting they may encounter as a registered paramedic. The visitors therefore require further evidence as to what changes have been made to modules to facilitate the inclusion of the revised SOPs and update them to reflect current practice.

Additional evidence: Evidence of the changes that have been made to module reading lists and how the programme team have managed the changes to ensure that the modules remain relevant for current practice.

6.1 The assessment strategy and design must ensure that the student who successfully completes the programme has met the standards of proficiency for their part of the Register.

Reason: The visitors noted that the programme team have made a number of changes to the learning outcomes in relation to the inclusion of the revised standards of proficiency (SOPs) for paramedics. However, from the evidence provided the visitors are unclear as to

what changes have been made to ensure that any changes to the learning outcomes for the modules are assessed. As such the visitors are unclear as to how the programme team have incorporated the changes within the assessment strategy for the programme. In particular the visitors are unclear as to how the changes have been managed to continue to ensure that graduates have been assessed to ensure they can apply the knowledge and skills they have gained in any setting they may encounter as a registered paramedic. The visitors therefore require further evidence as to what changes have been made to the assessment strategy to facilitate the inclusion of the revised SOPs. They also require further evidence as to how the assessments have changed to continue to ensure that graduates of the programme can apply the knowledge and skills they have gained in all settings.

Additional evidence: Evidence of the changes that have been made to the assessment of revised module learning outcomes and how the team have ensured that these changes continue to ensure that the skills that students learn can be applied in all professional settings.

Section four: Recommendation of the visitors

To recommend a programme for ongoing approval, the visitors must be assured that the programme meets all of the standards of education and training (SETs) and that those who complete the programme have demonstrated an ability to meet our standards of proficiency (SOPs) for their part of the Register.

The visitors agreed to recommend to the Education and Training Committee that:

☐ There is sufficient evidence to show the programme continues to meet the standards of education and training and that those who complete the programme will continue to demonstrate an ability to meet the standards of proficiency.

☒ There is insufficient evidence to determine if or how the programme continues to meet the standards of education and training listed. Therefore, a visit is recommended to gather more evidence and if required place conditions on ongoing approval of the programme.

3.17 Service users and carers must be involved in the programme

Reason: The visitors noted, in the additional evidence provided, the rationale that the programme team, the aspiration to include representatives of several distinct of service users and the areas in which they feel service users will be involved to help develop aspects of the programme. However, the visitors could not determine, from the evidence provided, how the steps the programme team have taken will ensure that there will be appropriate service users and carers involved in the programme. The visitors noted that there was a proposed timetable for the training of service users and carers provided but it was unclear how this would be appropriate for those service users who would be involved in the programme. The visitors therefore cannot determine who the service users and carers are or will be involved in the programme, cannot determine how their involvement is appropriate and cannot determine how the programme team will support them appropriately in undertaking this role. Therefore the visitors cannot determine how this standard is met by the programme.

Observations on Visitors Report

ORM-AM05338

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DEVELOPING HAZARDOUS ENVIRONMENT MEDICINE

Introduction

The following observations are made in regard to 'Visitors' report - final-ORM-AM05338' received by Outreach Rescue Medic Skills (ORMS) on the 2nd June 2016 from the Health and Care Professions Council (HCPC).

Following communications with the education executive allocated to the visit, ORMS is to understand that the evidence provided for all other standards have assured the visitors that those who complete the programme would have demonstrated an ability to meet the standards of proficiency for their part of the register.

However, insufficient evidence was provided for the visitors to determine if or how the programme meets standard '3.17 Service users and carers must be involved in the programme'.

During communications with the education executive it was recommended that, due to the recommendation being based on one standard, ORMS may wish to provide observations for the committee's consideration.

Observations

With regard to sections 1 – 3 of the report, ORMS does not wish to provide any observations. However, with regard to section 4, ORMS would like to make the following observations.

Condition

Service users and carers must be involved in the programme

Reason

> *'The visitors noted, in the additional evidence provided, the rationale that the programme team, the aspiration to include representatives of several distinct of service users and the areas in which they feel service users will be involved to help develop aspects of the programme. However, the visitors could not determine, from the evidence provided, how the steps the programme team have taken will ensure that there will be appropriate service users and carers involved in the programme. The visitors noted that there was a proposed timetable for the training of service users and carers provided but it was unclear how this would be appropriate for those service users who would be involved in the programme. The visitors therefore cannot determine who the service users and carers are or will be involved in the programme, cannot determine how their involvement is appropriate and cannot determine how the programme team will support them appropriately in undertaking this role. Therefore the visitors cannot determine how this standard is met by the programme.'*

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Area of challenge and reason

At the time of submission, the inaugural 'ORMS Service User and Carer event' had not been completed. The date set for the event had already been arranged and communicated to the groups and individuals prior to ORMS learning of the revised submission date for responses.

The event was held as arranged and ORMS is now able to provide additional information to that provided in the initial response (Appendix 1) which was in addition to the information provided in the audit submission (Appendix 2).

To provide sufficient evidence for this standard, ORMS has consulted the publication provided by the HCPC in its guidance to education providers (2014:pp. 31–32).[1]

ORMS has sought to address this standard by applying the following strategy:

- Introduction of a 'Service user and carer involvement' policy
- Consider and justify service users and carers that are appropriate and relevant to the programme
- Consider areas of the programme for Service User and Carer involvement
- Ensure support required for the facilitation of Service User and Carer involvement is provided
- Develop systems for the monitoring and evaluation of service user and carer involvement

Areas met by previous submission of evidence

The information contained with the initial audit submission (Appendix 2) and the response document (Appendix 1), provides the following:

- The ORMS Policy introduced to meet the standard
- Consideration and justification as to the service users and carers selection strategy for membership of the 'ORMS Service User and Carer group' (Policy document, p1)
    - Further justification of our rationale for selection is provided below.
    - Evidence of Service Users and Carers recruited to the Service User and Carer group is provided below
- Evidence of support to facilitate Service user and Carer involvement is contained within the Policy document (p2) and Service User and Carer Training Timetable (Response to visitor's report, p39)
    - Evidence of Service Users and Carers supported through training is provided below
- Consideration as to the areas of the programme for Service User and Carer involvement (Policy document, p2)
    - Justification of ORMS' rationale for areas of the programme for involvement is provided below.
- Evidence of strategy for the monitoring and evaluation of service user and carer involvement (policy document, p3)
    - Evidence of Service User and Carer group involvement monitoring and evaluation is provided below

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[1] Health and Care Professions Council (2014) Standards of education and training guidance. Health and Care Professions Council.

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Information for consideration by the panel

The following information has been compiled for consideration by the panel. It is understood by ORMS that the submission of further evidence is not usual at this point. However, this information is provided after discussion with and at the recommendation of, the education executive assigned to this audit.

In addition to addressing the points highlighted above, further evidence of active involvement is provided below.

Further Justification for ORMS' rationale in its selection of Service Users and Carers for recruitment to the group

ORMS considered the question of who makes up the service users and carers for the paramedic profession. Whilst is can be seen that there are organisations who interact with paramedics and then go on to provide care, it is the patients themselves and their carers who are the major users of paramedic services.

ORMS then went on to consider and actively seek to recruit, service users and carers from key areas of care delivery (Appendix 1, Direct contact). In addition to direct contact ORMS advertised through its website and social media to try and reach individuals who would consider themselves to be service users and carers (Appendix 3) and will continue to use this medium as it had good results (see below – Evidence of Service Users and Carers recruited to the Service User and Carer Group).

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Evidence of Service Users and Carers recruited to the Service User and Carer group

The strategy stated above has so far resulted in the recruitment of:

- 2 individuals that would be categorised as service users
- 1 individual that would be categorised as a carer
- 1 individual that would be categorised as a service user and a carer

The above individuals responded to our online recruitment, have all attended the open day mentioned earlier and attended a 1-day training event to prepare them for involvement in the programme. Furthermore, they all have taken part in a workshop with module leads to involve them in module development (see below - Evidence of active Service User and Carer involvement in the programme).

Further to the 4 individuals above, ORMS has received further expressions of interest and will be running another training day to accommodate these new requests.

Figure 1 (easier to read in Appendix 5) provides information on group membership but contains some redacted information. This is due to the fact that we assure individuals that we do not provide personally identifying information to outside agencies.

However, we do request permission from individuals to release some information to the HCPC for audit purposes. This permission is sought when they attend the training day after we have informed them of the role that the HCPC takes in Paramedic registration and protecting the public.

Service Users and Carers Group

ID Number	First Name	Last Name	Email	Telephone	Address	Date of Birth	Service User	Carer	Theme of Involvement	Joined Group	Date of induction training	Left Group	Special Requirements	Log of Interaction
1	Tanyia	Astbury				26/07/1978	1	1	Caring for Paediatrics, Seizures, Developmental delay	12/05/2016	19/05/2016		Baby changing space, room for buggy storage	12/05/2016 - Attended open day, 19/05/2016 - Training day and module lead workshop
2	David	Chamberlain				24/03/1974	1		Living with cardiovascular morbidity, AMI	12/05/2016	19/05/2016			12/05/2016 - Attended open day, 19/05/2016 - Training day and module lead workshop
3	Andrew	Thomas				15/03/1977	1		Living with Diabetes	12/05/2016	19/05/2016		Type 2 Diabetic	12/05/2016 - Attended open day, 19/05/2016 - Training day and module lead workshop
4	Nyra	Roberts				12/08/1963		1	Caring for elderly, health visitor, managing a person with type 1 diabetes and vascular dementia	12/05/2016	19/05/2016			12/05/2016 - Attended open day, 19/05/2016 - Training day and module lead workshop
5							1		Living with Neuro morbidity, CVA					
6								1	Caring for partner with Neuro morbidity					
7							1		Truamatic injuries due to road traffic collision					

Figure 1 - Service Users and Carers Group Membership

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Evidence of Service Users and Carers supported through training

The recruited Service Users and Carers highlighted above attended a training day designed to prepare them for involvement in the programme (Annex 1 to Appendix 1 - Service User and Carer Familiarisation Training Timetable).

Following the training day, a workshop was held to involve the Service Users and Carers Group in module development with the module leads. This workshop was felt to be a success (see below - Evidence of Service User and Carer group involvement monitoring and evaluation) and follow up workshops have been planned for the 6th and 7th July 2016.

Figure 2 is of an e-certificate issued to one of the members of the Service Users and Carers Group who has attended the training.

Figure 2 - e-certificate issued to Service Users and Carers on completion of training day

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Justification of ORMS' rationale for areas of the programme for involvement

When considering which areas of the programme the Service Users and Carers Group would be best utilised, it was noted that Service Users and Carers possess unique insight into the public perception of, and the experience of receiving care from the Paramedic profession.

ORMS believes, therefore, that Service Users and Carers play an invaluable role in the following areas of the programme.

Module delivery – As an expert patient

Students' learning experiences are enhanced by engaging with "real" patients during scenario work and assessment in several clinical subjects. Students face real challenges in patient assessment, patient handling, interaction and communication with relatives and loved ones, while expert patients can realistically give appropriate feedback throughout and after all of these activities due to the training received on induction to the group.

Curriculum development

Although learning outcomes are predetermined, service users and carers may be able to identify specific areas of knowledge which need to be emphasised or contextualised by service user and carer input to provide more effective learning. This is explored through Module lead workshops (see below - Evidence of active Service User and Carer involvement in the programme) and when changes are recommended, fed into the Clinical Development Group (CDG) through the process highlighted under condition 7 of the initial response to the visitor's report on the audit.

Recruitment & selection

ORMS student selection process includes activities that will help identify appropriate candidates for potential entry to the profession. The inclusion of the Service Users and Carers Group in these activities allows ORMS to observe real interaction between candidates and Service Users and Carers and for Service Users and Carers to engage in feedback on these activities. That feedback is included as one of the selection criteria on review of candidates' performance.

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Evidence of active Service User and Carer involvement in the programme

Opportunities for Service User and Carer involvement in the programme have been highlighted earlier. So far this has only extended to participation in module lead workshops as the other two areas have not yet been available since recruitment.

During the module leads workshop held 19/05/2016, a number of key questions were considered by the attendees:

1. What do you expect from a Paramedic?
2. What do you expect from a student paramedic?
3. What should a paramedic course contain?
4. What skills do you think a paramedic needs to work effectively with other professionals?
5. What skills do you think that a paramedic needs to work effectively in a remote and hazardous environment?

The questions resulted in good discussion and ideas were "graffitied" onto tablecloths around the room during discussion and refreshments (Figures 3 – 7). These comments were then recorded and will form a basis for evaluation by the module leads in accordance with the policy (appendix 2).

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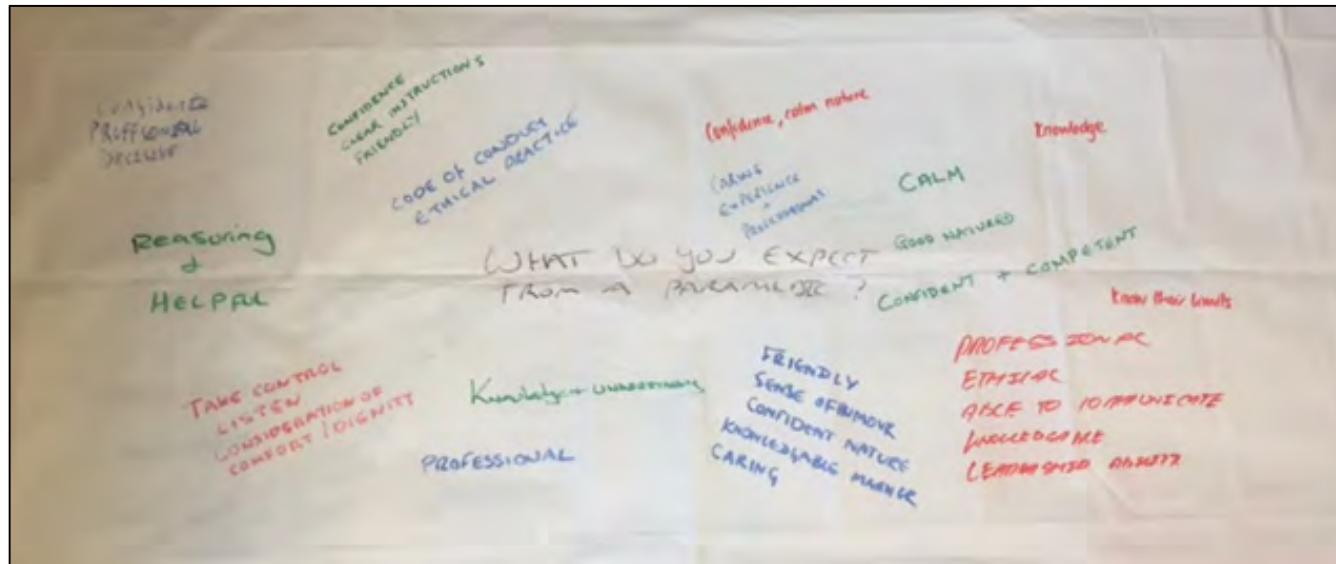
Figure 3 - What do you expect from a Paramedic?

- Knowledge and understanding
- Professional
- Calm, Good natured, Confident and Competent
- Knowledge
- Know your limit
- Confident, calm nature
- Professional, Ethical, Able to communicate, Knowledgeable, Leadership ability

- Caring experience & Professional
- Code of conduct, Ethical practice
- Confidence, Clear Instructions, Friendly
- Confidence, Professional, Decisive
- Reassuring, and helpful
- Take control, listen, Consideration of comfort / dignity

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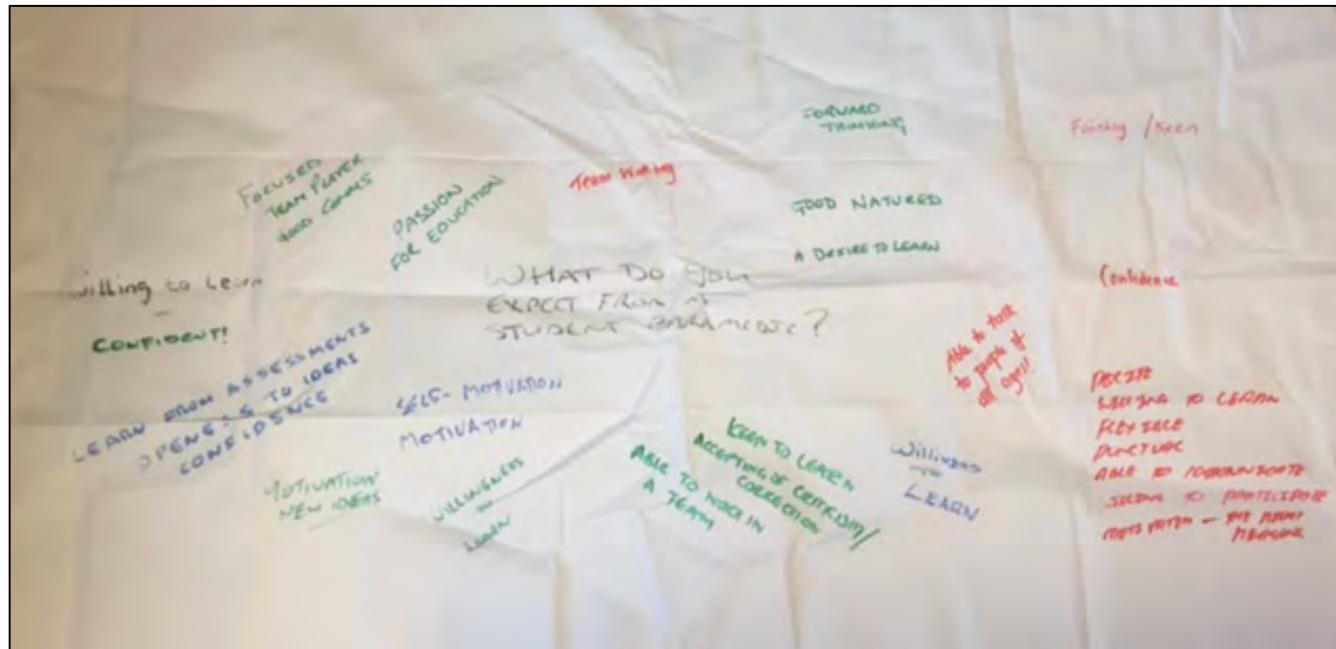
Figure 4 - What do you expect from a student paramedic?

- Team working
- Forward thinking
- Good natured, desire to learn
- Friendly / Keen
- Confidence
- Able to talk to people of all ages
- Polite, willing to learn, flexible, punctual, able to communicate, willing to participate, motivated – the right reasons

- Willing to learn
- Self – motivation, motivation
- Motivation, new ideas
- Learn from assessments, openness to ideas, confidence
- Confident
- Willing to learn
- Focused, team player, good comms

DEVELOPING HAZARDOUS ENVIRONMENT MEDICINE
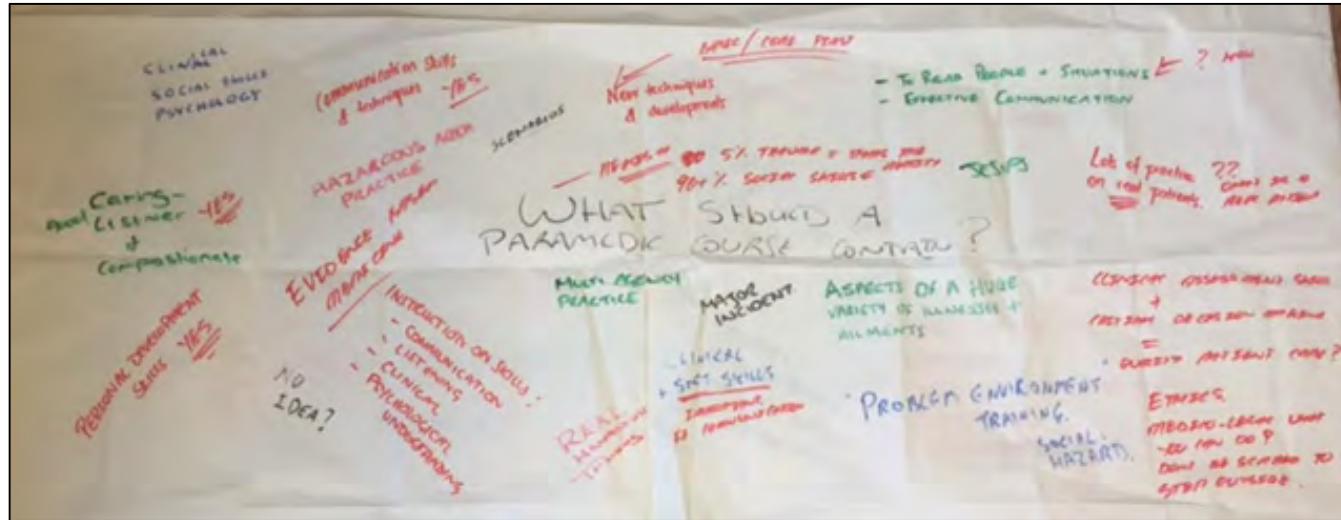
Figure 5 - What should a Paramedic Course contain?

- "Problem Environment" training, social hazard
- Aspects of a huge variety of illnesses and ailments
- Major incident
- Clinical, social skills, psychology
- Ethics, Medical legal, what you can do? Don't be scared to step outside
- Hazardous area practice
- JESIPS
- To read people and situations? How
- Instruction on skills: communication, listening, clinical, psychological understanding

- Reason = 5% Trauma = That's the ability = 90% Social skills
- New techniques & development – basic / core first
- Scenarios
- Communication skills & techniques Yes
- Lots of practice on real patients??? What is a real patient
- Evidence based medicine
- No Idea?
- Personal development skills Yes

- Caring, good listener and compassionate   yes
- Clinical assessments skills and clinical decision making = quality patient care?
- Multi agency practice
- Major incident
- Real hands on training

- Clinical and soft skills
- Important communication
- Effective communication

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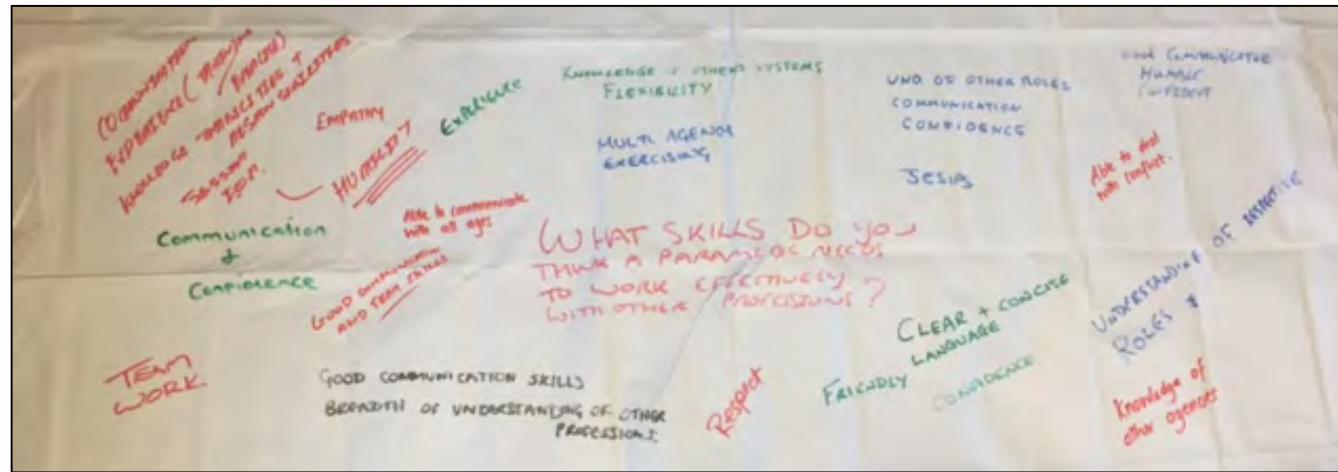
Figure 6 - What skills do you think a paramedic needs to work effectively with other professionals?

- Multi agency exercising
- Knowledge of others systems, flexibility

- Und. Of other roles communication, confidence
- JESIPS
- Able to deal with conflict

- Good communicator, humble, confident

- Understanding of respective roles

- Knowledge of other agencies
- Clear and concise language, friendly, confident
- Respect

- Good communication skills
- Breadth of understanding of other professionals
- Team work

- Good communication and team skills

- Communication and confidence
- Able to communicate with all ages

- Experience

- Humility
- Empathy

- Communication, experience (training/ exercise), knowledge accountability and responsibility
- I.O.N

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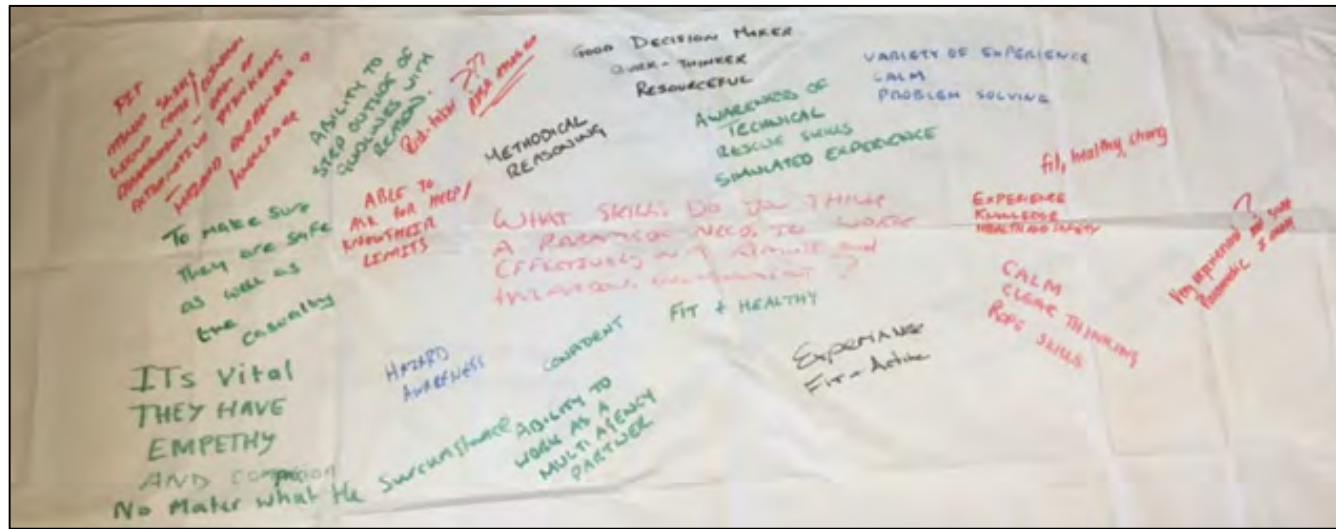
Figure 7 - What skills do you think that a paramedic needs to work effectively in a remote and hazardous environment?

- Good decision maker, Quick – thinker, Resourceful
- It's vital they have empathy and compassion no matter what the circumstance
- Variety of experience, calm, problem solving
- Experience, fit and active
- Fit, healthy, strong
- Experience, knowledge, health and safety
- Calm, clear thinking, rope skills

- Very experienced paramedic ? Not sure I agree
- To make sure they are safe as well as the casualty

- Ability to step outside of guidelines with reason
- Fit and healthy, confident
- Ability to work as a multi-agency partner
- Hazard awareness

- Awareness of technical rescue skills, simulated experience
- Fit, Wound care / clinical assessment – open to alternative thinkers, hazard awareness and knowledge
- Able to ask for help / know their limits

- Methodical reasoning
- Risk-taker??? Risk assessor
- Experience, fit and healthy

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Evidence of Service User and Carer group involvement monitoring and evaluation

To monitor Service User and Carer Group involvement ORMS keeps a record in the Service User and Carer Group database. This allows for a record to be maintained of involvement and a quick reference as to who the most active group members are.

By keeping a record of member activity ORMS can recognise members who are not interacting and offer further support where necessary. (Figure 8)

Service Users and Carers Group Involvement		
Date	**Description**	**Attendee IDs (if applicable)**
12/05/2016	SU&C open day,	1 , 2 , 3 , 4
19/05/2016	Training Day	1 , 2 , 3 , 4
19/05/2016	Module leaders workshop (post training day)	1 , 2 , 3 , 4
10/06/2016	Invitation via email to ORMS/RGU Development days July; Social Module July; Med Surgical Module September 2016	All
23/06/2016	Invitation via email to SU&C training day to be held 18/07/2016	5, 6, 7

Figure 8 - Service Users and Carers group involvement

As well as monitoring involvement, ORMS also evaluates involvement through feedback from:

- Service Users and Carers
- Tutors / Activity Leaders
- Students

This simple evaluation form (Figure 9) allows ORMS to recognise issues early and manage involvement to ensure the Programme realises maximum benefit from the process. The resultant feedback and evaluation of the Module Leads workshop held on the 19/05/2016 can be found in Appendix 4.

DEVELOPING HAZARDOUS ENVIRONMENT MEDICINE

ORMS Service User & Carer Group – Evaluation

We would really welcome your feedback on the involvement of Service Users and Carers (SU&C) in the programme.

This information is used to support our quality management and improvement processes.

Your personal information is not shared with other agencies.

Name *

First   Last

Email *

Type of Involvement *

- ○ Recruitment and Selection
- ○ Content Development
- ○ Expert Patient
- ○ Other

Your involvement *

- ● Student
- ○ SU&C Group Representative
- ○ Tutor / Activity Leader
- ○ Other

Date of involvement *

[ ] / [ ] / [ ]
DD   MM   YYYY

Please evaluate the following statements regarding Service User & Carer (SU&C) group involvement

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
The SU&C group representative was adequately prepared for involvement					
The involvement was appropriate to the activity					
SU&C group involvement added value to the activity					

Further comments

Submit

Figure 9 - Service Users and Carers Group Involvement, Evaluation Form

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Appendix 1 – Information provided in initial response

3.17 Service users and carers must be involved in the programme

Reason: The visitors noted, in the evidence provided, the rationale that the programme team will use to involve service users and carers in the programme. In particular, they noted the aspiration to include representatives of several distinct of service users and that they will be involved to help develop aspects of the programme. However, the visitors could not determine, from the evidence provided, what steps the programme team will take to ensure the involvement of appropriate representatives of their identified groups of service users and carers. The visitors were also unclear as to how these service users and carers would be selected and trained and supported to ensure they had the knowledge and skills to provide the desired input into the programme. Therefore the visitors require further evidence as to what practical steps the team have taken to involve representatives of their desired groups of service users. The visitors also require further evidence as to how the programme team will select and train and support their service users to ensure they have the knowledge and skills required to be involved in the programme as described.

Additional evidence: Evidence of what steps the programme team have taken to source appropriate service user and carer input into the programme and how they have selected and/or trained the service users and carers to ensure they have the knowledge and skills required to be involved in the programme as described.

Response

As part of ORMS' education provision we involve service users (patients, patient groups, etc.) and carers in our education and training programmes, particularly our Paramedic programme.

The involvement of service users is vital as it ensures that the programmes we offer are relevant and appropriate and that the students engage in meaningful ways with the needs of patients in the future.

ORMS achieves Service User and Carer involvement through the following processes:

- Recruitment
- Training
- Involvement

Recruitment

ORMS seeks to recruit new Service Users and Carers through Open Days and direct contact with Service User and Carer Organisations.

Open Days

We periodically host Open Days to invite Service Users and Carers to the ORMS Centre. These familiarise a range of Service Users and Carers with the role of the Paramedic and the education they receive, as well as enabling ORMS to recruit interested individuals from diverse backgrounds and patient groups.

An example of the invitation letter/email can be seen in Annex 1 to this appendix for an upcoming Open day dated 12th May 2016.

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Direct Contact

ORMS has established contact through telephone and email with a number of Service User and Carer organisations from which to recruit. The diversity of these groups helps ORMS' Service User and Carer involvement to reflect the diversity of patients with whom paramedics interact. These groups include;

- **CAIS**- a registered charity and leading voluntary sector provider of personal support services in Wales, helping people who are having problems with addictions, mental health, personal development and employment.
- **Hafal**- working with people affected by serious mental illness: this includes schizophrenia, bipolar disorder and other diagnoses which typically involve psychosis or high levels of care, and which may require hospital treatment.
- **WAST Partners in Healthcare Network Team**- involves patients and members of the public in the work of the Welsh Ambulance Service.
- **North Wales Cardiac Network** -a partnership of stakeholders across primary, secondary and tertiary care who work together to plan and deliver cardiac services to adult cardiac patients.
- **Cancer Patient and Carer Forum for Conwy and Denbighshire**- members of the public are involved in developing/shaping cancer services.
- **Stroke Association St Asaph**- offering many types of support to stroke patients, carers and families.
- **Awyr Las**- the charity for better healthcare in North Wales, funding new equipment, better facilities and spaces, training, research and special projects.
- **Chester Heart Support Group**- benefitting Cardiac patients, their families and carers.
- **Diabetes UK**- offering people living with diabetes a chance to meet and share experiences with others.
- **Breathe Easy** Kinmel Bay support group- support branch of the British Lung Society.
- **Epilepsy Action** Prestatyn branch- fundraising and awareness group.
- **Blind Veterans UK** Llandudno branch.

Through direct contact and the open days, ORMS seeks to recruit new members to the service user and cares group. The organisations listed above are able to identify patients and carers who are already engaged in service user activities or have an expressed interest in doing so. These individuals are then invited by ORMS to attend a Service User and Carer Familiarisation Training event.

Training

Service User and Carer familiarisation training includes the following aspects and is conducted over a 1-day event:

- The ORMS Paramedic Programme Structure
- Campus familiarisation
- Health and Safety
- Equality and Diversity
- Service User and Carer Involvement
- Interview, Assessment and Debriefing Skills

Involvement

Service users and carers are:

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- Invited to participate in the recruitment and selection of students to the programmes;
- Invited to participate in course development meetings, helping to ensure that the needs of service users and carers are reflected in the content;
- Invited to participate in the delivery and assessment of specific areas of the course as "Expert Patients".
- We retain contact with a number of service users and carers so that the overall demand on any individual is kept to a manageable level.
- ORMS continues to seek new relationships with Service User and Carer groups to ensure the diverse needs of patients are reflected in course planning and delivery.

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Annex 1 to Appendix 1

Open Day Invitation Letter

Dear Sir / Madam,

I am writing this letter to you to request your assistance. **Outreach Rescue Medic Skills (ORMS)** is a company based in North Wales that provides education and training for Paramedics. Our students work within the NHS, Helicopter Search and Rescue, Ministry of Defence and the private sectors. Our programme is approved by the Health and Care Professions Council (HCPC) and we are also developing a new Degree level programme for Paramedics.

As part of our education and training provision **we are seeking to involve service users (patients, patient groups, etc) and carers in our education and training programmes**, particularly our Paramedic programmes.

The involvement of service users is a really important and a positive step as it helps to ensure that the programmes we offer are relevant and appropriate and that the students engage in meaningful ways with the needs of patients in the future.

Involvement

We are seeking to recruit service users and carers to take an active part in our programmes. We would like to involve service users in the following ways, service users and carers will be:

- Invited to participate in the recruitment and selection of students to the programmes;
- Invited to participate in course development meetings, helping to ensure that the needs of service users and carers are reflected in the content;
- Invited to participate in the delivery and assessment of specific areas of the course as "Expert Patients".

We intend to recruit a number of service users and carers so that the overall demand on any individual is kept to a manageable level. This should ensure that we don't take up too much of your time but would welcome as much involvement as you are able to provide.

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Preparation

In preparation for your involvement we would provide familiarisation training to include the following aspects:

- The Health and Care Professions Council (HCPC) and the Paramedic
- The ORMS Paramedic Programme Structure
- Service User and Carer Involvement
- Campus familiarisation
- Safeguarding, Equality and Diversity
- Health and Safety
- Interview, Assessment and Debriefing Skills

Open Day

We are hosting an open day to invite Service Users an Carers on the **12th May 2016** at our centre (address above). We would be delighted if you were able to attend so that we can answer any of your questions and hopefully secure your support. You would not need to attend for the entire day but we will be providing refreshments at lunchtime and as much tea and coffee as you can handle.

If you would like to attend please let us know by using one of the following methods:

- Complete THIS FORM https://goo.gl/yV8BtI
- Email us at enquiries@orms247.co.uk
- Telephone Haf, Beccy or Cath on 01248 603012
- Write to us at the address above.

Your Faithfully,

Ian Thomas BA(Hons) PCET, Cert Ed, MCPara – Director

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Service User and Carer Familiarisation Training Timetable

Time	Topic
0930 – 0945	Welcome and Introductions
0945 – 1015	Health and Safety • Site fire, health and safety procedures • Considerations for disability • Considerations in education and training
1015 – 1030	Break
1030 – 1115	Campus familiarisation • Site tour • Resources available to service users and students o Physical o Support staff
1115 – 1130	Break
1130 – 1215	The Health and Care Professions Council (HCPC) and the Paramedic • The HCPC • Registration • Approved Programmes • Paramedic practice
1215 – 1300	Lunch
1300 – 1345	The ORMS Paramedic Programme Structure • Education design and development • Education delivery • Assessment
1345 – 1400	Break
1400 – 1445	Safeguarding, Equality and Diversity • Issues regarding the safeguarding of vulnerable individuals • Equality and diversity in education and practice • Dealing with concerns
1445 – 1500	Break
1500 – 1545	Service User and Carer Involvement • Strategy for involvement • Supporting involvement • Measuring involvement
1545 – 1600	Break
1600 – 1645	Interview, Assessment and Debriefing Skills • Behavioural Interview technique • Assessment of learning and the involvement of service users • Debriefing techniques
1645 – 1700	Wrap up and questions

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Appendix 2 – Information from Initial Audit submission
Service user and carer involvement

Hazardous Environment Medicine Paramedic Award

The introduction of the Health and Care Professions Council (HCPC) standard of education and training (SET) which requires service users and carer involvement in education and training programmes is addressed through this document.

This involvement is positive as it helps to ensure that the programme is relevant and appropriate to the service user and carer groups identified as relevant to the professiona and this programme.

Service users and carers must be involved in the programme

Strategy for involving service users and carers

The HCPC are not prescriptive about who service users and carers are. The term 'service user' broadly describes those who use or are affected by the services of professionals registered with the HCPC. The term 'carer' broadly describes someone who has, or who currently, looks after or provides support to a family member, partner or friend.

In the standard, 'service users and carers' is an umbrella term. The HCPC do not expect to always see separate 'service user' and 'carer' involvement in programmes.

This strategy for engaging with service users and carers contains the following key elements:

- Identify relevant and appropriate services users and carers
- Identify and develop appropriate forms of involvement within the programme
- Support service user and carer involvement
- Monitor and evaluate service user and carer involvement

Identify relevant and appropriate services users and carers

It is important to consider that the programme encompasses Paramedic practice that spans "Domestic", Remote and Hazardous environments. A distinctive feature of the Paramedic profession is the synergy between those categorised as service users and as carers.

With the exception of the patients themselves, Paramedics receive and transfer the duty of care for patients from and to the following groups (thus making those groups both service users and carers):

- Patients
  - An essntial component with Paramedic practice is the inclusion of patients within the decision making processes around care and care pathways.
- Voluntary and paid carers
  - This group provides an essential link in the continuity of care of the patient, often possessing essential knowledge and skills to improve outcomes.

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- Community health professionals
  - This group is professionaly and clinicaly well placed to work with Paramedics to ensure best outcomes.
- Emergency and rescue agencies
  - Paramedics must work effectively alongside allied agencies to provide a patient centred approach when affecting rescues and management of complex scenes. Furthermore, when working in remote and hazardous environments this interaction may involve emergency and rescue agencies within the volunatary sector.
- Hospital based health professioanls
  - This group is involved in receiving patients from Paramedics. Paramedics may be involved in the team providing care within the hospital environment and may receive handover of hospital patients into their care for further transfer or discharge.

Identify and develop appropriate forms of involvement within the programme

Within the programme there will be an expectation that different service user and carer groups are involved in differnt activities.

The activities that have been identified as having the greatest service user and carer impact are in "Module Delivery" and "Curriculum Development". A single plan for engagement in each of the activities is applied accross the modules. This ensures that the strategy is able to be supported effectively and is sustainable with the available resources.

Two times per year a Service User and Carer engagement workshop will be held. This will comprise of all module leads and representatives from each of the groups identified above.

The purpose of these workshops will be to allow module leads and Service User and Carer group representatives to periodicaly identify and develop key elements of curriculum development and how they can be involved in module delivery.

This bi-annual approach allows appropriate timelines for the implementation of change, avoids the risk of over-burdening the Service User and Carer group representatives and ensures the monitoring and evaluation of Service User and Carer group representative input is sustainable.

Supporting service user and carer involvement

The programme lead will seek to ensure that Bi-annual meetings will be held in a location that is accessible to all Service User and Carer group representatives. Communications will be channeled though easily accessible media with the inclusion of a social media closed group that will allow for Service User and Carer group representatives to engage with module leads in real time between workshops.

Dates for the meetings will be disseminated with 3 months notice, helping to ensure maximum attendance whenever possible.

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Monitoring and evaluating service user and carer involvement

Monitoring

Monitoring Service User and Carer group representative involvement will be through the following means:

- Record of attendance at meetings
- Record of engagement with available media

Evaluating

The evaluation of Service User and Carer group representative involvement will be through the following means:

- Record of suggestions for curriculum development
    - o Record of accepted suggestions
    - o Record of rejected suggestions with rationale
- Record of Service User and Carer group representative involvement in module delivery
    - o Student evaluation of input value
    - o Service User and Carer group representative evaluation of input value
    - o Module lead evaluation of input value

Reporting

The above monitoring and evaluation reports will be compiled by the module leads and reported bi-annualy to the programme lead and the Service User and Carer group representatives.

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Appendix 3 – Service User and Carer Group Recruitment

The following image is from the ORMS website
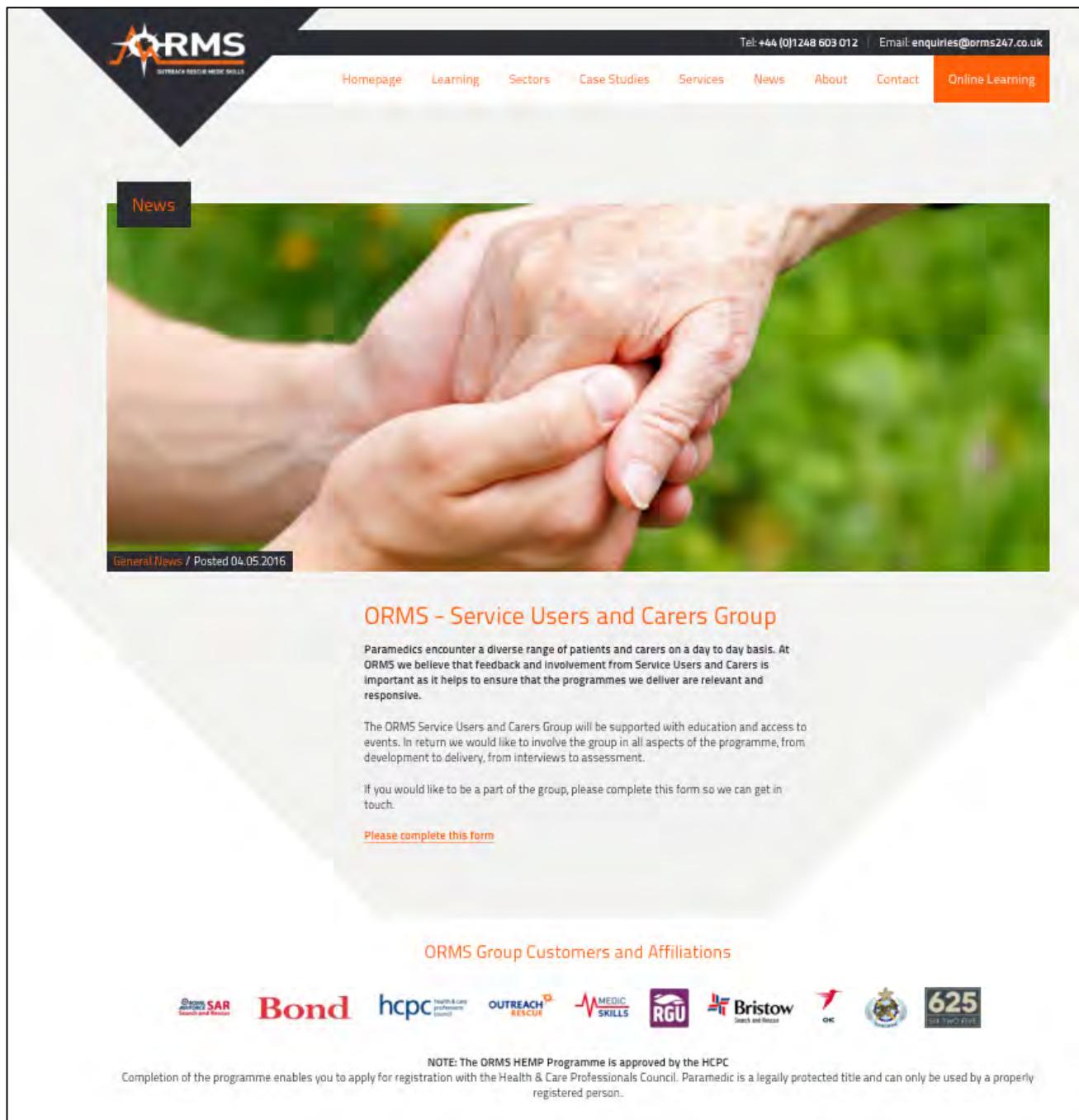
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The following images are of the social media recruitment carried out

Facebook

ORMS

Published by Buffer [?] · 4 May · 🌐

New news post "ORMS - Service Users and Carers Group" by Outreach Rescue Medic Skills #orms247

ORMS - Service Users and Carers Group | Outreach Medic Recue Skills

Paramedics encounter a diverse range of patients and carers on a day to day basis. At ORMS we believe that feedback and involvement from Service Users and...

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Twitter

ORMS
@ORMS_Training

New news post "ORMS - Service Users and Carers Group" by Outreach Rescue Medic Skills #orms247 fb.me/7U5no1EHg

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Appendix 4 – Evaluation of Service Users and Carers Group involvement.

Please see following page

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SU&C Group Involvement – Evaluation

This report is an evaluation for feedback received from the Module Leaders workshop held on the 19th May 2016

The figures below are representative of feedback received.

Attendees	SU&C Group Reps'
7	**4**
Number	Number

Tutor / Activity Leaders	Students
3	**0**
Number	Number

Attendee demographic
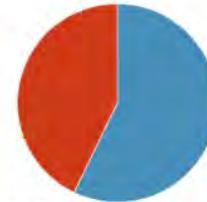
- ● SU&C Group Representative
- ● Tutor / Activity Leader

The SU&C group representative was adequately prepared for involvement

Choices (Score)	Percentage	Count
Strongly Agree (5)	85.71%	6
Agree (4)	14.29%	1
Neither Agree or Disagree (3)	0.00%	0
Disagree (2)	0.00%	0
Strongly Disagree (1)	0.00%	0
	Total	7
	Avg Score	4.9

The involvement was appropriate to the activity

Choices (Score)	Percentage	Count
Strongly Agree (5)	71.43%	5
Agree (4)	28.57%	2
Neither Agree or Disagree (3)	0.00%	0
Disagree (2)	0.00%	0
Strongly Disagree (1)	0.00%	0
	Total	7
	Avg Score	4.7

SU&C group involvement added value to the activity

Choices (Score)	Percentage	Count
Strongly Agree (5)	71.43%	5
Agree (4)	14.29%	1
Neither Agree or Disagree (3)	14.29%	1
Disagree (2)	0.00%	0
Strongly Disagree (1)	0.00%	0
	Total	7
	Avg Score	4.6

Further Comments

The following further comments were made on the evaluation forms.

| Entries		1–7 of 7	+
	Your involvement	Further comments	
1	Tutor / Activity Leader	1 The representatives appeared to be well prepared and understood their role. 2 Their involvement was well managed by Tim. 3 Some technical aspects of pathophysiology were discussed at length when, really the discussions were being focussed at a higher, strategic level of content. Good to get a patients perspective though.	
2	SU&C Group Representative	At first I wasn't sure what I could add to the event They already knew a lot about diabetes They did involve me and I enjoyed the event by adding some wider aspects in relation to my own thought and feelings from living with diabetes	
3	SU&C Group Representative	Discussing my experiences as a carer of my elderly mother, I was able to shed light on the challenges and emotional pressure felt by carers during periods of acute illness. This input is of great value as it helps to prepare the Paramedics for meaningful interaction with carers when call to an emergency.	
4	SU&C Group Representative	I really enjoyed being involved the module leaders meeting.	
5	Tutor / Activity Leader	It is tempting to assume that you understand the various nuances and facets of care delivery. Having the involvement of Service Users and Carers forces you to consider issues from that second of third person perspective. Excellent	
6	SU&C Group Representative	I was able to give my thoughts on how the training could be made better. I enjoyed talking to the teachers about my experience.	
7	Tutor / Activity Leader	The module leaders and SU&C group reps engaged in good conversation. The tablecloths added a fun, informal aspect to the proceedings	
		1–7 of 7	

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Appendix 5 – Service Users and Carers Group membership

Service Users and Carers Group

ID Number	First Name	Last Name	Email	Telephone	Address	Date of Birth	Service User	Carer	Theme of Involvement	Joined Group	Date of induction training	Left Group	Special Requirements	Log of Interaction
1	Tanyia	Astbury				26/07/1978	1	1	Caring for Paediatrics, Seizures, Developmental delay	12/05/2016	19/05/2016		Baby changing space, room for buggy storage	12/05/2016 - Attended open day, 19/05/2016 - Training day and module lead workshop
2	David	Chamberlain				24/03/1974	1		Living with cardiovascular morbidity, AMI	12/05/2016	19/05/2016			12/05/2016 - Attended open day, 19/05/2016 - Training day and module lead workshop
3	Andrew	Thomas				15/03/1977	1		Living with Diabetes	12/05/2016	19/05/2016		Type 2 Diabetic	12/05/2016 - Attended open day, 19/05/2016 - Training day and module lead workshop
4	Nyra	Roberts				12/08/1963		1	Caring for elderly, health visitor, managing a person with type 1 diabetes and vascular dementia	12/05/2016	19/05/2016			12/05/2016 - Attended open day, 19/05/2016 - Training day and module lead workshop
5								1	Living with Neuro morbidity, CVA					
6								1	Caring for partner with Neuro morbidity					
7								1	Truamatic injuries due to road traffic collision					

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