PRE REGISTRATION NURSING
STUDENT INDUCTION PACK

TEAM: Continence Advisory Service

The Trust template has been individualised to this team

By Fiona Glover

Date 06.06.2017

Template amended by: Sarah Yewbrey, Practice Education Facilitator,
Administration support: Louise Owen, Quality Team
Shropshire Community Health NHS Trust
WELCOME TO OUR TEAM

STUDENT NAME

MENTOR NAME

PLACEMENT DATES: FROM  TO

PRACTICE EDUCATION FACILITATOR CONTACT DETAILS:
SARAH YEWBREY, TEL: 01743 277684, MOBILE 07896 233339
Sarah.yewbrey@shropcom.nhs.uk
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1.0 Welcome to Shropshire Community Health NHS Trust
We hope that you enjoy your time on placement; this pack has been put together to help provide you with a rewarding and productive clinical learning experience. You are encouraged during your time on placement to fully integrate with your team and actively engage in the learning opportunities provided.

1.1 Introduction to the Trust
Shropshire Community Health NHS Trust was formed on 1st July 2011; it provides a range of community-based health services for adults and children in Shropshire, Telford and Wrekin, and some services to people in surrounding areas, covering a geographical area of 1,235 square miles with 455,000 residents. The Trust currently employs some 1604 staff across the organisation. In-patient beds at the four community hospitals currently total 121.

1.2 Vision and Values
The Trust has a vision and objectives which guide the way we work and what we strive to achieve.

Our Vision
“We will work closely with our health and social care partners to give patients more control over their own care and find necessary treatments more readily available. We will support people with multiple health conditions, not just single diseases, and deliver care as locally and conveniently as possible for our patients. We will develop our current and future workforce and introduce innovative ways to use technology”.

Our Values
- Improving Lives
  We make things happen to improve people’s lives in our communities
- Everyone Counts
  We make sure no-one feels excluded or left behind- patients, carers, staff and the whole community
- Commitment to Quality
  We all strive for excellence and getting it right for patients, carers and staff every time
- Working Together for Patients
  Patients come first. We work and communicate closely with other teams, services and organisations to make that a reality
- Compassionate Care
  We put compassionate care at the heart of everything we do
- Respect and Dignity
  We see the person every time- respecting their values, aspirations and commitments in life for patients, carers and staff

1.3 Our Goals
This overarching vision will be delivered through four strategic goals agreed by the Trust Board, these are:

- To deliver high quality care
- To support people to live independently at home
- To deliver integrated care
To develop sustainable community services

2.0 Community Placements
The overall aim of the community/ community hospital placement is to assist students in learning about multiple aspects of home nursing, public health/health promotion and multidisciplinary care in the community/community hospitals.
This induction pack provides background information that will assist you in your placement; it is not exhaustive and should you require further information please do not hesitate to ask a member of your team or mentor(s).
Further information and Trust policies may be accessed via the Trust website: www.shropshirecommunityhealth.nhs.uk

It is important that you are familiar with the following:

- Location of Trust policies.
- Structure of the multi-disciplinary team, and team members.
- Learning resources available within the placement area.
- Staffordshire University Placement Handbook.
- How to access the Practice Education Facilitator / Personal Tutor.
- Nursing & Midwifery Council (N.M.C.) Code: Professional standards of practice and behaviour for nurses and midwives.
- N.M.C. Guidelines for the Administration of Medicines.
- N.M.C. Guidelines for Records and Record Keeping.
- N.M.C. Guide for students of nursing and midwifery.
- N.M.C. Standards for Pre-Registration Nursing Education.
- These are all available on the N.M.C. website at: http://www.nmc-uk.org/

Information relating to clinical governance and care co-ordination along with Trust policies and other useful information is accessible via the Trust Web site. Your mentor will assist you to access these.

2.1 Learning Opportunities
The aim of clinical placements is to enable you to integrate theoretical knowledge and skills within a practice setting. You are expected to participate in all aspects of clinical care during your time on placement, developing your clinical skills, whilst maintaining and enhancing the high standards of care your team strive to deliver. Opportunities to develop clinical skills will be commensurate with your stage of training and as such your mentor will ensure that you have the necessary knowledge and skills to participate in care delivery within your scope as a student nurse. Whilst on placement, you will be allocated a mentor with whom you will work for at least 40% of your placement hours. Nurse mentors have undergone additional mentorship training in order to prepare for their role in supporting, teaching and assessing you in practice.
Your mentor will work with you to agree your learning needs taking into account the following:

- Learning needs and reasonable adjustments required
- Learning styles
- Stage of training
- Feedback from previous mentors
- Requirements of the four domains and the essential skills clusters you must achieve
- Support you require to prepare for objective structured clinical examinations (OSCEs)
- Supporting you to integrate academic modules with practice settings i.e. community based modules

2.1.1 During your induction you are encouraged to undertake **SWOT Analysis** to support you in highlighting your learning requirements.

2.1.2 You are encouraged to share any specific learning difficulties or disability with your mentor as early as possible in order that he/she can assist you in making reasonable adjustments in practice.

2.1.3 Should the need arise please complete an **Action Plan** along with your mentor to help you address your learning needs.

2.1.4 The above will contribute to your pre-registration **Portfolio** of evidence. Please share your portfolio with your mentor.

2.1.5 You are encouraged to be proactive in providing your mentor with “other evidence” to support your assessment. Other evidence helps to demonstrate your deeper understanding and how you have internalised learning and translated it into practice.

2.1.6 **Accessing learning opportunities within the wider community team**

Shropshire Community Health NHS Trust encompasses a range of community based services and as such, you may be able to negotiate with your mentor spending time with other services in order to gain a wider perspective on community health care; this could be particularly useful in helping you to collate evidence for your EU Directive. Any time spent with other services must be meaningful with a clear intent and purpose as to your learning objectives i.e. following a patient journey, working with the MDT to gain a holistic perspective on patient care. Time spent shadowing other services must not compromise the 40% of practice hours you are required to spend with your mentor.

2.2 **Lone working**

Towards the end of year 3 of your training, in order to support the development of independent practice, your mentor may assess you as competent to undertake some lone visits within certain community settings. Your mentor remains accountable for your practice and therefore must be assured that you are competent and confident to undertake simple patient care visits without direct supervision. This would never involve any aspects of care which require the supervision of a trained nurse i.e. administration of medication. Prior to the
decision to allow you to undertake lone visits, there is a Trust risk assessment Standard Operating Procedure that must be adhered to for each patient: [http://www.shropscommunityhealth.nhs.uk/content/doclib/12056.pdf](http://www.shropscommunityhealth.nhs.uk/content/doclib/12056.pdf).

### 2.3 Access to Trust computers

In all placement areas across the Trust students should be provided with their own individual Trust computer log-ins. This will enable you to access Trust Policies and procedures and evidence based practice resources whilst on placement. Please ask your mentor about a log-in if you haven’t been provided with one; the placement manager will need to send a “new starter” form to the IT department.

Please see example of a new starter form on the next page.
System Starters and Leavers Authorisation Form for Trust User Accounts, Email (NHS Trust, CCG & NHSmail) and Internet Access.

The Line Manager must complete Sections 1 and 3 for new User accounts (starters) or Sections 1, 2a and 3 for User accounts to be deleted (leavers). Please return the form to the IT Service Desk, William Farr House, Mytton Oak Road, Shrewsbury, SY3 8XL – it.servicedesk@shropcom.nhs.uk - FAX 01743 264098. Alternatively, the line manager can Email this form from their Email account as their authorisation and approval.

If a User account is to be deleted then provision for the contents of the email account and any User data should be made prior to the request. The Line Manager is responsible for ensuring that this action takes place. If Internet access is to be revoked from a User the Line Manager needs to complete the Section 2b.

Section 1 (User details)

<table>
<thead>
<tr>
<th>Organisation Name</th>
<th>Forename</th>
<th>Middle Initial</th>
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<thead>
<tr>
<th>Surname</th>
<th>Assignment/Personal number/Payroll number</th>
<th>Job Title</th>
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<td>~ Mandatory for all NHS Employees</td>
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<tr>
<th>Site/Building Name</th>
<th>Department/Room Number/Ward</th>
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<tr>
<th>Full telephone number (inc STD code &amp; ext)</th>
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<tr>
<th>Starting Date (DD/MM/YYYY)</th>
<th>Leaving Date (DD/MM/YYYY)</th>
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<tr>
<th>Trust PC Login required</th>
<th>Yes</th>
<th>No</th>
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<table>
<thead>
<tr>
<th>E-Mail Account required type (please tick if required)</th>
<th>Trust E-mail</th>
<th>NHS Net E-mail</th>
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<table>
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<tr>
<th>Preferred Trust Email account name*</th>
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<tbody>
<tr>
<td>Initial password**</td>
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Section 2a (Leaver details)

<table>
<thead>
<tr>
<th>Existing User account name (if known)</th>
<th>Existing Email account name (if known)</th>
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<table>
<thead>
<tr>
<th>Delete Email Account (please tick)</th>
<th>Yes</th>
<th>No</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Delete User Account (please tick)</th>
<th>Yes</th>
<th>No</th>
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</table>

Section 2b (Revocation of Internet Access)

Revoke Internet Access (see ISP) | Please tick if required |
-----------------------------------|-------------------------|
|                                   |                         |

Section 3 (For Line Manager's use only)

<table>
<thead>
<tr>
<th>Line Manager’s signature</th>
<th>Line Manager’s name (please print)</th>
<th>Date (DD/MM/YYYY)</th>
<th>Line Manager’s full telephone number</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Line Manager has explained Encrypt message process and user has received copy of guidance – Trust E-mail user only (please tick)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Section 4 (For IT Division’s use only)

<table>
<thead>
<tr>
<th>Service Desk Log Number (LANDesk)</th>
<th>User account name created/deleted</th>
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<table>
<thead>
<tr>
<th>Line Manager notified on completion (tick)</th>
<th>Email</th>
<th>Telephone</th>
</tr>
</thead>
</table>

~ Mandatory for all NHS Employees – Must be completed by all Shropcom, CCG and CSU staff.

*State the name to be listed in the Trust Email address book. Leave blank if not required.

**Please supply an initial User account password in the format that contains at least 8 characters, one of which should be numerical. The User should change their password after the initial logon or activation of the Email/User account.
### Placement Induction Checklist

**Name of student nurse**: 
……………………………………………………………………………………………………………………

**Team Name**: 
……………………………………………………………………………………………………………………

**Placement dates**: From: ............................................ To: .........................................................

<table>
<thead>
<tr>
<th>HAVE YOU COVERED THE FOLLOWING ON COMMENCEMENT OF PLACEMENT?</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to team &amp; orientation to environment i.e. toilets, kitchen facilities, car parking.</td>
<td></td>
</tr>
<tr>
<td>Mentor / SOM Name…………………………………… Date of last update…………………………………</td>
<td></td>
</tr>
<tr>
<td>2nd Mentors Name…………………………………… Date of last update ……………………………………</td>
<td></td>
</tr>
<tr>
<td>Location of equipment and supplies. Explanation of key equipment used.</td>
<td></td>
</tr>
<tr>
<td>Provision of student induction pack. Pack last updated ……………………</td>
<td></td>
</tr>
<tr>
<td>How to answer the telephone, make internal and external calls. Dealing with messages.</td>
<td></td>
</tr>
<tr>
<td>Student duty rota confirmed. Student identified on off duty/placement planner.</td>
<td></td>
</tr>
<tr>
<td>Off duty/placement planner clearly identifies student supervisor when mentor off duty</td>
<td></td>
</tr>
<tr>
<td>Explanation of key documentation used i.e. care pathways, assessment tools.</td>
<td></td>
</tr>
<tr>
<td>Student provided with individual computer log-in (accessed via IT new starter form)</td>
<td></td>
</tr>
<tr>
<td>Location of policy and procedures explained (<a href="http://www.shropshirecommunityhealth.nhs.uk">www.shropshirecommunityhealth.nhs.uk</a>)</td>
<td></td>
</tr>
<tr>
<td>Information governance training completed as per workbook forwarded to placement areas. Please note that this is mandatory for all students</td>
<td></td>
</tr>
<tr>
<td>Hand Hygiene Assessment completed. Email <a href="mailto:Alison.Davies@shropcom.nhs.uk">Alison.Davies@shropcom.nhs.uk</a></td>
<td></td>
</tr>
<tr>
<td>Emergency procedures</td>
<td></td>
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<tr>
<td>Safeguarding procedures</td>
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</tr>
<tr>
<td>Health and safety responsibilities, including infection control, moving and handling. Use of Datix to report untoward incidents.</td>
<td></td>
</tr>
<tr>
<td>Fire evacuation procedure</td>
<td></td>
</tr>
<tr>
<td>Professional behavior – uniform, ID, appearance, use of mobiles, expected values.</td>
<td></td>
</tr>
<tr>
<td>Timekeeping &amp; sickness and absence procedures</td>
<td></td>
</tr>
<tr>
<td>Initial interview and learning contract completed</td>
<td></td>
</tr>
<tr>
<td>Date of formative assessment agreed. Date planned ……………………………………</td>
<td></td>
</tr>
<tr>
<td>Date of summative assessment agreed. Date planned ……………………/ NA</td>
<td></td>
</tr>
</tbody>
</table>

**Student Signature**………………………………………………………. **Date**…………………………

**Mentor/SOM Signature**………………………………………………………. **Date**…………………………

**Copy to be sent to Sarah Yewbrey (PEF) on completing the 1st week of Placement**

Sarah Yewbrey, Corridor H6, William Farr House, Mytton Oak Road, Shrewsbury, SY3 8XL
4.0 **Assessment**

Your mentor will assess your practice as determined by your University Practice Assessment document. **It is imperative that you share this document with your mentor at the start of your placement** in order to complete the initial interview and learning contract but also to enable your mentor to review feedback from previous mentors and any actions recommended. Your sign off mentor will need to review the documents from all three years prior to signing you off in practice. The Assessment of Practice Learning document is based on the NMC pre-registration requirements (2010), including Essential Skills Clusters (ESCs)

- Care, compassion and communication
- Organisational aspects of care
- Infection prevention and control
- Nutrition and fluid management
- Medicines management

In order to achieve the NMC competencies, you will need to demonstrate a combination of knowledge and skills, appropriate professional attitudes and behaviours whilst on placement. Your mentor will expect you to demonstrate that your practice is developing in relation to the 6“C”s: care, communication, compassion, commitment, competence and courage. To ensure a robust assessment, your mentor will use a triangulated approach which includes observation of your practice, questioning you to check your understanding and the provision of “other evidence”. Other evidence can include reflections, research, use of policies, service user involvement, meetings, multi-disciplinary working – this is not an exhaustive list and you should agree with your mentor what other evidence is deemed appropriate. If your placement involves a summative assessment, please share with your mentor the date your summative assessment is due as soon as possible after the start of your placement. This will enable your mentor to schedule with you dates for your formative and summative assessment.

4.1 **Formative feedback** will be given at your mid-point interview. This will take place mid-way between the start of your placement and the date your summative assessment is due. The date of the mid-point should ideally be agreed between you and your mentor during your first week in placement. Formative feedback is provided to give you feedback on your progress and agree any actions necessary if you are not on course to pass outcomes within the domains.

4.2 **Referral on first attempt.** If you are unable to demonstrate the required competencies on first attempt, your mentor will give you feedback on the specific outcomes within the domains that you have failed to achieve. An action plan will be drawn up in order to support you in your second attempt. The Practice Education Facilitator and University (likely to be your personal tutor) will support you and your mentor in this process.
5.0 Trust expectations whilst on placement

5.1 Working Hours
You are reminded that whilst on placement, you should negotiate your working hours with your mentor. In order to meet the NMC requirements for you to experience 24 hour care, you should work a variety of shifts (in some community teams this will be restricted). You must mirror the off duty of your mentor for at least 40% of your practice hours. As per Staffordshire University Placement Handbook (2015-16), you will be expected to work at least one weekend in four and a maximum of two weekends in four. You will also be expected to complete three nights of night duty per year. As a student working within the team, you should appear on the team off duty. Some community teams don’t use off duties, particularly teams where all staff work 9am -5pm; these teams will operate a placement planner detailing your activities for each day and the name of the person mentoring/supervising you. You are expected to maintain punctuality and let your placement area know if extenuating circumstances arise which will make you late for duty. As per Staffordshire University regulations, students can work a maximum of 12 hours on shift (exclusive of breaks)

5.2 Supernumerary status
Whilst on placement, your supernumerary status will be respected, ensuring that you have the opportunity to experience appropriate learning opportunities. However, you will be expected to participate in providing holistic patient care, supporting the healthcare team and demonstrating effective team work as per your learning outcomes.

5.3 Flexi-time
Wherever possible, please negotiate flexi-time with your mentor prior to taking it. Please remember that flexi time must not be taken during the four weeks immediately prior to your summative assessment date.

5.4 Reporting absence
In the event of sickness whilst on placement, please remember to report your sickness to your mentor and the University office.

5.5 Contact details
Please provide your mentor/placement area with your contact details. This information will be treated in the strictest of confidence, will be held securely and will be used solely for the purpose of contacting you if concerned about your whereabouts/in extenuating circumstances when necessary to liaise with you.

5.6 Adhering to Trust Policies and Procedures:

www.shropshirecommunityhealth.nhs.uk

Whilst on placement within Shropshire Community Health Trust, you will be expected to adhere to our Policies and procedures. In order to integrate theory and practice, your mentor will guide you to read specific policies appropriate to your scope of practice and clinical procedures. In addition you will need to be familiar with the following:
- The Code for nurses and midwives (NMC 2015)
- NMC Standards for Pre-registration nursing education (2010)
- NMC Guidance on using social media responsibly 2015)
- NMC Standards for Medicines Management
- NMC Record Keeping: Guidance for nurses and midwives (2009)

5.7 Professional behaviour whilst on placement

Uniform
See Shropshire Community Health NHS Trust Uniform Policy for full details. Please be aware that facial piercings other than ear piercings are unacceptable. For those students on placement in areas where uniform is not worn, “Dress should be modest and respectable… Staff should wear safe, practical, clean footwear that is appropriate for their role and the environment they are working in taking account of Health and Safety regulations.”

Identification
Please ensure that you wear your student name badge whilst in uniform and carry your student ID badge at all times when on placement in an area not requiring you to wear uniform.

Mobiles and social media
Whilst on placement, mobile phones for texting/accessing social networking sites should only be used during break times. For those students on placement with community teams, time spent travelling with mentors between visits should focus on reflecting on patient visits and your learning needs and progress. Mobile phones should only be accessed in the event of an urgent situation other than during breaks.
As you will be aware, no details of your placement, patients and mentors must be shared on social networking sites as this could lead to fitness to practice investigations.

5.8 Information Governance
Ensuring the security of patient information is a high priority for Shropshire Community Health NHS Trust, indeed for the NHS as a whole. In order to assure the organisation that all staff, students and volunteers have baseline knowledge and understanding of information governance, you will be required to complete an Information Governance “Refresher Training” Workbook which includes answering 10 multiple choice questions. This should be completed within the first week of your placement. (Please refer to workbook at the back of this Induction Pack)
6.0 The responsibilities of your mentor(s)

6.1 You will be allocated a mentor(s). You should work with them as often as possible, although it is important for you to work with other staff members. **NB:** You may have two mentors when in practice, particularly if your mentors only work part-time. This is to ensure you are adequately supported in practice.

6.2 Your mentor is responsible for:

**Summative Assessed Placements**
- Ensuring that they are on the Trust held Mentor Register and have attended mandatory annual Mentor Briefing, and are in date.

**Mentors are required to attend an Annual Update (Standards to Support Learning and Assessment in Practice, London, NMC 2008)**
- Ensure that you work with your mentor a minimum of 40%, on all summatively assessed placements

6.3 **All placements**

- Either direct or indirect supervision (40% minimum)
- Your mentor(s) will facilitate feedback from other members of the team regarding your performance/progression, and provide constructive feedback to you based on this
- Your mentor(s) will communicate issues of concern, to you, and where necessary inform your Personal Tutor / Practice Education Facilitator
- Your mentor(s) will inform the University of all sickness/absence from practice.

**Education - Facilitation of learning**
- Your mentor(s) will ensure that they have an awareness of your curriculum and individual learning needs
- Your mentor(s) will help you to identify learning opportunities

**Assessment - To promote fitness for practice**
- Your mentor(s) will ensure that they utilise the assessment tools supplied, and provide a rigorous and fair assessment
- Your mentor(s) will provide you with constructive feedback, and engage the support of your personal tutor as necessary
- Your mentor(s) will help you to identify your learning needs and formulate a learning contract
- Your mentor(s) will provide you with constructive feedback regarding your performance and SWOT analysis
- Your mentor will assist you in developing an action plan (in conjunction with your Personal Tutor/Practice Education Facilitator) to meet required learning outcomes should the need arise

7.0 **Monitoring Quality of Care**

All areas within the Trust participate in the Friends and Family Test, giving patients and their carers the opportunity to provide our services with feedback on the care they have received. Teams are required to evidence that they have
acted upon constructive feedback. The Trust also monitors compliment and complaint rates to provide further information on the care we are providing.

In adult services, quality of care is monitored through monthly collation of Safety thermometer data; this records the number of falls, pressure sores, catheter associated infections and venous thromboembolisms in order to monitor our rates of harm free care. All incidents within the Trust are recorded on Datix and are investigated to ensure lessons are learned; for serious untoward incidents such as medication errors and grade 3 and 4 pressure sores, Route Cause Analysis is undertaken.

A variety of Trust wide audits are undertaken such as infection control audits and documentation audits. Individual teams will also devise their own audits in order to inform them about their performance in certain key areas.

8.0 Raising Concerns

As a Trust, we foster an open culture and actively support those who need to raise concerns about poor practice they have witnessed. As a student, you are encouraged to discuss concerns with your mentor or placement manager in the first instance. If for any reason you are unable to do so, please contact the Practice Education Facilitator, Sarah Yewbrey (Tel: 01743 277684) or your personal tutor.

If you witness an issue or incident which raises Safeguarding concerns, you are encouraged to discuss immediately with your mentor/placement manager/personal tutor/Practice Education Facilitator. You can also seek advice and guidance by contacting one of our Trust Adult Safeguarding Leads: Andrew Thomas on 01743 277500; mobile 07890 542698 or Andrea Davies on 01743 444062; 07876 548852. Further information on making an adult safeguarding referral can be found at: http://www.shropshire.gov.uk/adultcarer.nsf/open/ABA6AF49A3A7361E802570A4004DB532.

Shropshire Community Health Trust Named Nurse for Safeguarding Children is Julie Harris who can be contacted on the following numbers: Tel: 01952 385656. Mob: 07794238303. Safeguarding Children referrals must be made by contacting the Local Safeguarding Children Board. In Telford and Wrekin, the contact number, Monday-Friday 9am - 5pm, is 01952 385385; out of hours is 01952 676500. In Shropshire, the contact number, Monday-Friday 9am – 5pm, is 0345 6789021 and out of hours is 0345 6789040.

9.0 The role of the Practice Education Facilitator

The role of the Practice Education Facilitator (P.E.F) is to provide support to Trust mentors and students whilst on placement within Shropshire Community Health NHS Trust. The aim of the facilitator is ‘to provide practical and accessible support to practice/team managers, staff and students on placement for all matters regarding the quality of the learning environment, mentorship, supervision and assessment’
'This will be achieved through effective liaison and communication between the placement provider (mentors), our Trust and the sponsoring University'

Your P.E.F is **Sarah Yewbrey, Practice Education Facilitator**, RN and Specialist Practitioner in District Nursing. Sarah may be contacted on **Tel:** 01743 277684 **OR Email** sarah.yewbrey@shropcom.nhs.uk

Whilst you are actively encouraged to discuss problems and concerns on placement with your mentor/the clinical team manager, please do not hesitate to contact Sarah if you have any unresolved issues or concerns.

### 10.0 Useful contact numbers

Staffordshire University Faculty Office (Shropshire students)
01743 2661136

Staffordshire University Faculty Office (Staffordshire students)
01785 353760

### 11.0 Evaluation of your learning experience

Your feedback regarding your experiences as a student within our Trust is very important to us in terms of monitoring and maintaining the quality of the learning environment. Whilst out in practice, you are encouraged to give feedback about what is working well and any issues that need addressing; this way we can hopefully address and resolve issues in a timely manner whilst you are still on placement. Please also take the time to provide formal feedback by completing the **placement evaluation** once back in university following the completion of your placement. These evaluations provide individual mentors, teams and the Trust with invaluable feedback. Mentors really appreciate placement evaluations as they provide evidence for their triennial review of mentorship and can also be used by mentors as practice related feedback for NMC revalidation.

### 12.0 Updating the Student Induction Pack

It is the responsibility of each placement area to ensure that the information they add to this Student Induction Pack is updated at least every 12 months. Additionally you will be sent any generic amendments that need to be made so you can make the necessary changes to your pack
SECTION TWO: TEAM SPECIFIC

1.0 Orientation to the placement

- Directions to placement – The address for the Continence service is Shropshire Rehabilitation Centre, Lancaster Road, Shrewsbury SY1 3NJ

- Car parking – Car parking on site is only permitted if you are going to and from base within the working day. Please park on Levens drive if you are planning to be in the office all day.

- Placement dress code (if non-uniform) - Uniform is required to be worn in line with local policy.

- Toilet and changing facilities – Toilets and changing facilities are accessible at base if required. There are staff toilets and disabled toilets.

- Canteen facilities/meal arrangements- An outside company visit daily at around 12 o clock serving sandwiches available to purchase. Otherwise you are required to bring your own lunch. We do have a kitchen if food is required to be warmed up.

- Breaks- a 30 minute break is allowed for staff working 8.30-4.30. Drink and comfort breaks are not included in this time.

2.0 Team Philosophy

**Vision** - We will work closely with our health and social care partners to give patients more control over their own care and find necessary treatments more readily available. We will support people with multiple health conditions, not just single diseases, and deliver care as locally and conveniently as possible for our patients. We will develop our current and future workforce and introduce innovative ways to use technology.

**Values** - Please see attached.
3.0 Introduction to the Team – See attached.

3.1 Team structure

Team Leader/Manager: Andrea Davies Continence Team Leader.

Team Sisters/Senior Nurses:

Fiona Glover – Navy uniform
Nicola Head- Navy uniform
Val Proctor- Navy uniform
Sue Southern (covering maternity leave 2017/18) Navy uniform
Jemma Brown- Navy uniform

Nurse Mentors: Jemma Brown, Fiona Glover and Nicola Head.

Health Care Assistants: Sarah Roper and Shanade McTaggart.

Clerical Officer – Helen Chapman

3.2 Working Hours/Shift patterns

Our service covers from 8.30-4.30 Monday to Friday excluding bank holidays. There will be an opportunity for you to work with other disciplines if required. You will find a copy of our off duty in the team diary. We also operate using a message book if you need to leave a message for another member of the team.
Introduction to the Team
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3.3 Geographical area/practices covered by the team

The Continence service covers Shropshire and Telford Community. Please see below for a breakdown of who covers which area.

Fiona – Northwest Shropshire, Shrewsbury and Atcham.
Nicola – Telford
Val – South and South east Shropshire
Sue / Jemma – North East Shropshire

3.4 Management of referrals

The majority of our referrals are sent into a team of admin support staff based in Halesfield at Telford. These referrals are then scanned and emailed over to a joint email account that all the clinicians can access. We generally triage our own referrals specifying whether we will see the patient in clinic and what diagnostics we wish to be done. We will however triage each other’s patients if we are covering days off or annual leave. Patients can also self-refer directly to the service if they wish and they will phone to do this.

3.5 Clinical Work

Our clinics are planned 12 months in advance and each clinician will cover their own area. If a clinician requests annual leave then they generally ensure there is someone else available to cover their clinics whilst away, we all help each other out. This is the same if the clinician is required to do mandatory training or teaching.

All clinicians plan their own home visits and write the details of this in the diary specifying the patient’s name, address and phone and the reason for visiting with an estimation of time required to cover the visit. All staff must phone before and after the visit as part of the lone working policy.
3.6 Dealing with messages within the team

The team do use a message book- we either take messages off the answer phone or hand write messages as they come in. If we can deal with the messages as they come in then we will, however if the message is specifically for an individual member we will highlight this in the book. We always check the message book when we come in the office to see if there are any messages that need dealing with or ring in the office if we are in clinic. Alternatively we can email each other urgent queries or request if they need to be sorted promptly as we have access to our emails on our laptops and smart mobile phones.

3.7 Special interests of staff members

Andrea and Fiona have designed the Continence Prescribing Formulary.

Andrea is the Safeguarding lead for Telford and Wrekin.

Val was one of the originators in piloting the male LUTs proforma.

Nicola is our Infection and Prevention control nurse.

Jemma has a keen interest in promoting continence as part of the student nurse curriculum.

3.8 Location of stock, stores, emergency equipment

Our stock is kept within our clinic room; we do not hold a great deal of Stock however we do have samples of our continence equipment that we might be likely to start on some of our patients such as Urinary sheaths, intermittent self-catheters and anal irrigation kits. We also have supporting literature to go with these.

In the event of an emergency and they need for CPR, face masks are accessible at all bases. A copy of the safety procedure for clinical areas is attached for you to keep hold of.
3.9 Team communication/handover

The team do not have an official handover, this is often because the majority of patients that we see are in clinic therefore our notes and pathways allow us to be able to see the outcomes of the consultation and any follow up required. We also keep the patients notes in our office so if we have any queries we can directly go to the written notes.
If we have any patients that we wish to discuss with our colleagues then this is done on an adhoc basis or a Multi-Disciplinary Team MDT Meeting could be arranged.

3.10 Useful telephone numbers

Whilst working within the team, you will be liaising with and referring onto a variety of different agencies. Please find below some useful telephone numbers:

<table>
<thead>
<tr>
<th>Service</th>
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<tbody>
<tr>
<td>Continence Advisory service</td>
<td>01743444062/ fax 01743444067</td>
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<tr>
<td>Halesfield/ Continence products</td>
<td>01952580400/ fax 01952580308</td>
</tr>
<tr>
<td>Royal Shrewsbury Hospital</td>
<td>01743261000</td>
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<tr>
<td>Princess Royal Hospital</td>
<td>01952641222</td>
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<tr>
<td>IT Helpdesk</td>
<td>08001814050</td>
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Email addresses.

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<td><a href="mailto:continence.database@nhs.net">continence.database@nhs.net</a></td>
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<td>Product samples</td>
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<td>Continence joint email</td>
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4.0 Clinical Learning Opportunities on placement

- Shadowing clinics and participating with assessments and consultations
- Uroflowmetry/ Bladder scanning / urinalysis
- Home visits to teach anal irrigation or intermittent self catheterisation.
- Shadowing nurse prescribers
- Measuring for urinary sheaths and follow up
- Continence assessments
- Able to attend training provided by the continence service (Bladder and bowel assessment/ DRE/ TWOC and AUR)
- Shadowing the colorectal team
- Shadowing Community Neuro rehabilitation team
- Shadowing the community nurse teams.
- Working with the safeguarding lead
- Experience working within the community hospitals
- Watching urodynamic studies and links with urogynae.

4.1 Evidence base to nursing practice

http://www.shropscommunityhealth.nhs.uk/policies

Above is the link to the Shropshire community Health Trust policies, here you can find all the local trust policies and guidance relating to continence. This includes:

- Catheter Policy
- Infection and prevention control policy
- Policy For Assessment and Provision of Continence Products
http://www.telfordccg.nhs.uk/
Above is the link to the Telford and Wrekin Clinical Commissioning Group website, here you can search the following documents that you may find useful, this is trust documentation that is written in line with NICE guidance:

- Management of constipation in adults in the community
- Guidelines for Treating Adult Faecal Loading/impaction
- Drug Treatment Algorithm for urinary incontinence
- Female incontinence pathway

https://www.nice.org.uk/
Above is the link to The NICE website, here you can search for clinical guidance that is evidence based and based on best practice. You may find the following documents useful as they continence service base their pathways on the information provided:

- Management of female urinary incontinence
- Male LUTs
- Faecal incontinence

This is the link to the management of lower bowel dysfunction, including DRE and DRF.
https://www.rcn.org.uk/professional-development/publications/pub003226
This document aims to provide a review of lower bowel dysfunction in adults, digital rectal examination, and guidance on the digital removal of faeces. It expands on the SfH continence care competences relating to lower bowel dysfunction – of which there are five – putting them into a more usable format and creating a benchmark for lower bowel dysfunction that provides RCN endorsement and approval:

CC01 – assess bladder and bowel dysfunction
CC08 – care for individuals using containment products
CC09 – enable individuals to effectively evacuate their bowel
CC12 – enable individuals to undertake pelvic floor muscle exercises
CC13 – enable individuals with complex pelvic floor dysfunction to undertake pelvic floor muscle rehabilitation.
The document above forms part of a suite of documents used to provide continence care in line with NICE guidance across NHS Shropshire and has been developed with input from primary care and secondary care health care professionals. A comprehensive continence assessment is required before considering any continence appliance; the emphasis should be on appropriate treatment.

4.2 Common clinical conditions and interventions

- Urge incontinence – Urge pathway
- Stress incontinence- Stress pathway
- LUTs /BPH- Trial of medication or referral onto urology.
- Problems with bladder function/ unable to empty the bladder due to a neurological condition- requires post void bladder scanning and possible to be taught ICS
- Incontinence management- continence assessment of products or alternative aids
- Catheter trouble shooting- working in line with local policy
- Underlying neurological conditions such as MS, Parkinsons and spinal injuries.
- Bowel care patients including constipation and obstructive defecation syndrome
4.3 Clinical interventions and learning opportunities
The aim of this section is to outline opportunities available to you whilst on placement that will help you to achieve your learning objectives. The following list is not exhaustive but will hopefully give you an insight into what is available and what is appropriate to the area you are placed in.
The responsibility for identifying and achieving your learning needs and agreeing appropriate learning opportunities lies with you, in consultation with your mentor.

List learning opportunities available to student – please consider opportunities available at each stage of learning.

Year One: The focus in year one is on the student assisting the registered nurse with care delivery. (This is not an exhaustive list but is intended to guide you in considering appropriate learning opportunities). Students will demonstrate professionalism with a basic understanding of the Code (2015). Working as an effective team member, they will acknowledge limitations in their role and demonstrate safe decision making. Students will assist in the provision of holistic care, respecting individual differences and adopting a non-judgemental approach. The student will demonstrate the ability to engage in caring relationships, communicating effectively and taking into account patient’s individual needs (i.e. hearing, vision, speech) and responses (i.e. emotions). Students will assist in all aspects of assessing, planning, delivering and evaluating evidence based care. According to placement area, useful interventions to relate practice to theory include:

- Opportunities to practice observational skills – manual blood pressure, blood glucose, urinalysis etc.
- Involvement in assisting/encouraging patients with food and fluids as required
- Developing an understanding of the common medicines used in the placement area, including routes of medicine administration. Students will be involved in medicine administration and demonstrate competence in basic medicines calculations.

Please list learning opportunities available within your practice area that will facilitate year one outcomes:
Year Two: The focus is on developing the knowledge and skills to effectively care for individual patients. The student will begin to work more independently with less direct supervision, demonstrating the potential to work more autonomously within their scope. Students will communicate effectively with patients, seeking consent, empowering patients to be involved in care planning, acting as patient advocate where required. Students will undertake holistic assessment and care planning. The student will demonstrate (this is not an exhaustive list but is intended to guide you in considering appropriate learning opportunities):

- **Understanding of the roles of the MDT** and social care colleagues
- Understanding of the **evidence base to care**
- Involvement in **discharge planning**
- **Effective communication with colleagues** verbally, by phone and in the form of written documentation.
- **Accurate recording** of baseline observations, responding appropriately to **vital signs outside the normal range**
- Awareness of the needs of patient and families during **terminal illness**
- Ability to respond appropriately to **emergency situations**
- Awareness of **infection control** and appropriate clinical care in line with Policy, awareness of potential signs of infection
- **Basic wound management**
- **Baseline nutritional assessment**, monitor input and output, promote nutrition and hydration, assisting patient when required, recognises and responds when patient at risk
- Ability to safely calculate doses and **administer medication**, safely store, maintain accurate records, understand types of prescribing.
- Beginning to **facilitate learning of others**
- **Effective clinical decision making**, recognising when to seek help and advice
- Values roles of others and interacts appropriately, **contributing as a team member** and demonstrating commitment to work flexibly to meet service needs

Please list learning opportunities available within your practice area that will facilitate year 2 outcomes:
• Students will be able to participate in holistic clinical assessment and then from this information diagnose a potential problem that needs treating. Students will be able to use the continence pathways to plan the patients care. Students will be able to contribute to promoting health by teaching Pelvic Floor exercises, giving diet and fluid advice and offering conservative lifestyle changes.

• Students may get the opportunity to attend Bladder and Bowel Training including Bladder and Bowel assessment, Male and Supra pubic Catheterisation and Digital Rectal Examination including Digital Removal of Faeces.

• Students may be exposed to anal irrigation within the community and Intermittent Self Catheterisation (ISC) including the teaching of these procedures to other Health Care Professionals.

• Year 2 students will be exposed to and be able to participate in Multidisciplinary team meetings that take place on a monthly basis. If required the student nurse will be able to refer and or seek advice from Social Services.

• The care delivered by the continence service is underpinned by evidence based practice and this is reflected in the care delivered.

• Discharging of patients from the service is something that is done on a regular basis and students will be able to participate in the planning of this when necessary.

• As mentioned, students will constantly be expected to deliver high levels of effective communication with colleagues; this includes verbal handover, by phone/message book and in written documentation.

• Students will be able to record observations such as urinalysis, fluid balance and post void residual. Students will then be able to report any findings outside of the normal range to a clinician.

• Students will be exposed to supporting patients with terminal/palliative illness with the ability to be able to provide urgent disposable products via The NHS supply chain.

• Students will be able to work in line with the local Infection Control policy and may be exposed to involvement in policy development around catheter care and continence management.
Alternative experience includes

* Colorectal Surgery
* Pelvic Floor clinic/Physiotherapy
* Trial Without Catheter (TWOC) Clinic
  * Continence Clinics
* Gynaecology – Intermittent Self Catheterisation (ISC) Clinic

**Year three: Focus to safely and effectively manage a group of patients.**
Consistently provide safe and effective patient care, role modelling professional nursing behaviours. The student will (this is not an exhaustive list but is intended to guide you in considering appropriate learning opportunities):
• Act as an appropriate professional role model, adhering to professional boundaries
• Act autonomously to ensure person-centred, non-judgemental care, holistically assessing, planning and evaluating care in conjunction with patients and carers
• Work within legal and ethical frameworks, Communicate progress and changes in care or condition of patients, including leading handover
• Have clinical confidence with a sound evidence base to their practice
• Appropriately respond to and escalate safeguarding concerns and incidents
• Educate patients and carers and empower self-care. Sensitively provide health promotion advice and support
• Communicate effectively with patients and the MDT, including ensuring good record keeping in line with professional standards
• Demonstrate ability to deal with difficult and challenging circumstances, including emergencies, de-escalating aggression, conveying bad news
• Demonstrate ability to support palliative and end of life patients and their families
• Work collaboratively with the MDT, taking a leadership role in the team as appropriate, providing support and supervision to those to whom care is delegated
• Be able to prioritise patient care, managing competing and conflicting demands
• Autonomously undertake nutritional assessment and plan appropriate for patients with diminished nutritional status and patients with signs of dehydration. Demonstrate competence in management of enteral feeds, PEGs and NG tubes
• Under supervision, demonstrate safe and effective administration (including medicines calculations) and storage of medication via a range of routes, including accurate record keeping, working within legal frameworks
• Act autonomously to interpret and respond to vital signs
• Use and maintains medical devices appropriately
• Respond appropriately to safeguarding concerns
• Challenge and escalates poor practice
• Respond appropriately to complaints
• Work within Infection Control Policy, ensuring good practice by colleagues

Please list learning opportunities available within your practice area that will facilitate year 3 outcomes:
5.0

INFORMATION GOVERNANCE

‘REFRESHER TRAINING’
WORK BOOK

Name: ...........................................

Date: ...........................................

Training Material & Assessment.

Accreditation for Completed Assessments Included

(To print this in a booklet format ‘printer properties, pamphlet style, click on 2-Up pamphlet)
After serious losses of personal information, including the loss in 2007 of computer disks containing the names, addresses and bank details of 25 million child benefit claimants, the Government conducted a Data Handling Review (June 2008).

This sets out mandatory measures for public bodies on protecting personal data such as staff training and committed the Government to publicly reporting progress on putting these measures into place.

The first progress report of the UK Government’s Data Handling Review was published in January 2010 and noted the NHS progress in improving the following standards of information handling:

- Performance management to push improvements.
- Contracts with organisations being renegotiated to make sure confidentiality and security protections are in place.
- Older computer systems being replaced with modern systems that have state of the art security.
- Nearly one million encryption licences were in use under a nationally negotiated contract.
- Encryption had been mandated for all patient data held on portable devices (e.g. memory sticks, laptops).
- Online training was available to over one million staff (e.g. this module).
- The information governance framework and guidance had been further developed so that NHS organisations were clear about expected standards.

**The NHS Operating Framework**

The Department of Health (DH) published an ‘Operating Framework’ which set out objectives for the NHS. 2010/11 key themes included:

- Organisations must meet all Information Governance requirements set out by DH by 31st March 2011 (the level of compliance is then reported to DH and Care Quality Commission)
- Ensuring that all staff receive annual basic IG training (through the online NHS IG Training Tool)
- Reporting on the management of information risks
- Publishing security breaches in annual reports.

**Confidentiality**

It is important to understand what is meant by confidential information.

**Personal Information**

Information about an individual is personal information when it enables an individual to be identified. It is non-personal when it doesn’t. This isn’t always straightforward, e.g. a person’s name and address are clearly personal information when presented together, but an unusual surname may itself enable someone to be identified. This is an important distinction in law.

**Sensitive Personal Information**

Personal information is legally classed as sensitive when it makes reference to particular matters of an identifiable person, such as his / her health, ethnicity, religion, criminal record or sexual life. These are also listed in the Data Protection Act 1998.
Other details, e.g. a person's bank account details, DNA or finger prints are not listed in the Data Protection Act 1998 but are still regarded as sensitive because of the damage and distress that could be caused if they were not properly protected.

The rules set out in the Data Protection Act only apply to information about living individuals – not the deceased. This differs to the common law duty of confidentiality which continues after the death of the patient.

Confidential Information – Health and Staff Information
Personal and sensitive personal information is classed as confidential if it was provided in circumstances where an individual could reasonably expect that it would be held in confidence, e.g. a healthcare professional and patient. This applies to staff working on behalf of the health professional such as pharmacy/dental and eye care staff. Confidentiality is accepted to extend after the death of the patient.

Personal or Sensitive Personal CAN be Confidential Information
Whether it is confidential or not depends on the circumstances under which it was provided. If it is:

- private information about a person and
- given to someone who has a duty of confidence and
- expected to be used in confidence

then it is confidential.

Confidentiality – Disclosing information
Confidential information should not normally be used (which includes sharing and disclosing) unless one of the following criteria are met.

1. The person has given consent for the disclosure. For patients:
   - Consent may be implied for care purposes and related purposes that support or check the quality of care provided.
   - For other purposes consent should be specifically sought.

2. There is a legal basis which permits or requires disclosure of confidential information.

3. There are exceptional circumstances (e.g. investigation or prevention of serious crime) where the overriding public interest outweighs the duty of confidentiality.

Confidentiality – Patient Welfare
The duty of confidence does not prevent adequate welfare arrangements being made with, for example, a patient’s partner, carer, friend or support agency, as long as the patient is happy for this to happen. It is sensible to check with the patient if there is any doubt what the patient’s expectations and wishes are. Detailed guidance is available ‘Confidentiality: NHS Code of Practice’.

Caldicott Guardian – Steve Gregory, Director of Nursing and Operations, is the Caldicott Guardian at Shropshire Community Health NHS Trust.

To help maintain levels of confidentiality throughout the NHS, a report was commissioned in 1997 by the Chief Medical Officer.

One of the key outcomes of this report was that Caldicott Guardians were appointed in each NHS Trust, in order to safeguard access to patient-identifiable information.
The Caldicott Guardian is normally at Board or Senior Management level as they are responsible for reviewing, overseeing and agreeing policies governing the protection of patient or personal information. The Caldicott Guardian also takes responsibility for overseeing organisational compliance with the Caldicott Management Principles.

**The Seven Caldicott Principles**

(1) Do you have a justified purpose for using this confidential information?

(2) Are you using it because it is absolutely necessary to do so?

(3) Are you using the minimum information required?

(4) Are you allowing access to this information on a strict need-to-know basis only?

(5) Do you understand your responsibility and duty to the subject with regards to keeping their information secure and confidential?

(6) Do you understand the law and are you complying with the law before handling the confidential information?

(7) The duty to share information can be as important as the duty to protect patient confidentiality

**NHS Care Record Guarantee**

The National Information Governance Board is a statutory body which champions the confidentiality and security of health and social care services records, especially records containing clinical and care information. The Board published the NHS Care Record Guarantee in 2005.

The Guarantee sets out rules that govern how patient information is used in the NHS. This includes:

- people’s access to their own records
- controls; monitoring and policing staff access to patient files
- options that patients have to limit access
- access in an emergency
- what happens when someone cannot make decisions for themselves

An annual review of the NHS Care Record Guarantee for England is carried out by the National Information Governance Board. Everyone who works for the NHS or for organisations delivering services under contract to the NHS has to comply with this guarantee as far as they possibly can.

**The Data Protection Act 1998**

UK law in the form of the Data Protection Act 1998 governs how organisations may use personal information (about living people), including how they acquire, store, share or dispose of it. The **Information Commissioners Office** (ICO) is the UK’s independent regulator set up to uphold the public’s information rights by promoting data privacy for individuals (and openness by public bodies). The ICO investigates complaints made by the public and provides guidance for the public and organisations.

Under the Act, organisations that process personal information must **notify** the ICO (unless they are exempt). The organisations details are entered on a public register (available on the internet). Failure to notify is a criminal offence.
The Freedom of Information Act 2000
Public Authorities (including NHS Trusts, Local Authorities, Dentists, Doctors, Eye Care Services and Pharmacists), are subject to the legal obligations of the Freedom of Information (FOI) Act 2000. Public Authorities have only 20 working days to respond to written information requests. This is the limit set out by law. Speak to your Line Manager if you are unsure about your organisation’s procedure for dealing with FOI requests.

The Information Commissioners Office (ICO) is the independent regulator (for FOI in England and Wales) set up to uphold people’s information rights by promoting openness for public bodies (and data privacy for individuals). The ICO investigates complaints made by the public and provides guidance for the public and organisations.

What can be asked for using the FOI Act?
People have a right to ask for any information at all - but some information might be withheld to protect various interests which are allowed for by the Act (such as confidential health and social care case notes).

If this is the case, the public authority must tell the person who requested the information why it has been withheld.

If a person asks for information about him/herself, then the request will be handled under the Data Protection Act instead of the Freedom of Information Act - because the Data Protection Act governs the disclosure of personal Information.

Records Management and Information Quality
There are also ‘codes of practice’ supporting these Acts which have been produced by the Department of Health (DH).

In 2005 the DH published ‘Records Management: NHS Code of Practice’. If you need to find out guidelines on the length of time to keep documents relating to NHS patients and NHS organisations, then this is where you will find them.

Information Quality - It may seem obvious that information and records must be accurate – but it’s not just accuracy that matters.

Right information, Right place, Right time
Accuracy is just one quality that we expect in records. But other qualities are also needed for the information to be useful, e.g. it would be pointless having information which was 100% accurate but wasn’t available in time for it to be used.

Information is used to make decisions throughout the health sector each day in all sorts of situations. Sometimes this information needs to be extremely high quality, such as quick and accurate test results to help decide a patient’s urgent condition and treatment.

Other information may be less urgent or the level of accuracy may be less vital, such as an annual national comparison of ‘flu injections for forward planning. Whatever the situation, the right information should be in the right place at the right time - and that needs to be achieved every time.

Poor quality information
Poor quality information is bad for patient care, bad for funding and bad for reputation, e.g.

- Incomplete, inadequately analysed data can lead to serious failures in service.
- Poor demographic data results in duplicate and confused entries on patient record systems.
- Confused patient identity numbers can lead to the wrong patient being treated.
- Inadequate records lead to poorly planned care.
- Poor data results in poor commissioning, monitoring, planning and financing of services.
High quality information
The NHS takes Information Quality very seriously because the consequences can be vital to patient outcomes or, in the case of planning, result in too much or not enough service provision.

High quality means:

- C omplete
- A ccurate
- R elevant
- A ccessible
- T imely

Records and Information – Clinicians’ Guide to Record Standards. The Royal College of Physicians (in partnership with NHS Connecting for Health) has developed standards for hospital patient records, approved by the Academy of Medical Royal Colleges.

The new standards (accompanied by a two-part clinicians’ guide) will improve patient safety by standardising the information held on patients throughout their stay in hospital, reducing the likelihood of mistakes and missing information at admission, handover and discharge.

Security - Security supports the ability of the organisation to provide a reliable service.

Security Measures
Security measures protect ‘business assets’ (staff, buildings, equipment and information) against ‘dangers’ (such as physical attacks, floods and fires, theft or failure of equipment).

If the level of danger is not ‘acceptable’ to the organisation, then measures need to be put in place to reduce the danger - or reduce the impact that it would cause to the organisation. The measures can be grouped into three types:

- Physical Measures.
- People Measures.
- Electronic Measures.

A key principle is to overlap security measures whenever possible to avoid situations where only one measure protects against the danger. Overlapping is good practice as it avoids total reliance upon a single measure that may fail, e.g. an outside security door (a physical measure) may be left open by staff, but security staff carrying out routine checks (a people measure) at the end of the day discover the open door and secure it before anything is stolen.

The open door needs to be reported as a security incident or it may happen again, and next time the security staff may not notice it.

Organisational Responsibility
The security measures in your work area are part of the overall plan to ensure adequate security is in place. Your organisation may spend lots of money ensuring computers can be locked by pressing a few buttons on the keyboard and that a password is needed to log back in, but these measures have no effect if passwords are written down and left in the desk drawer, or an encrypted memory stick holding sensitive information has the password taped to the stick.
Security Is Everyone’s Responsibility

Security is not the sole responsibility of a duty manager, security staff or a cleaner who may be left to lock up on his/her own. Employees are each responsible for their own actions, complying with the security measures put in place by their employer – and failure to do so can lead to disciplinary measures and legal action. We all need to make sure that we take security seriously, such as making sure:

- we discuss confidential information out of earshot of others
- if we need to send or take confidential information to another place then we do so securely
- we consider the security risks in our work area and what measures are in place or could be in place to reduce those risks.

Reporting Incidents and Security Weaknesses (Datix)

An important element of security is the reporting of incidents and weaknesses. We all can and must report problems that we see. You are the expert in your work area in noticing potential problems, such as doors or windows that don’t lock properly or confidential waste put in office waste baskets instead of being properly disposed of.

We all have an obligation to act responsibly and know what our local policy is and the procedures for reporting. Early intervention will help minimise impacts and ensure corrective actions are taken swiftly.

Managing Information Risks

In the NHS Trust, each important information system that organisations rely upon is ‘owned’ by a senior manager called an ‘Information Asset Owner’. The system (or asset) may be a computer system, an MRI scanner or even an operating theatre. The asset owner is responsible for making sure the asset is protected against threats.

Asset owners report to a Board level member (known as the Senior Information Risk Owner (SIRO)) who has been appointed in each Trust to be accountable, lead and co-ordinate management of ‘Information Risks’. Issues of concern should be reported to ensure that these individuals are made aware of possible weaknesses and do something about it. IAO Training is available.

Data Security Breaches

On 28 May 2010, the UK Information Commissioner’s Office (ICO) published details of the 1007 data security breaches since late 2007. Can you guess which category was the major cause of breaches?

- Information disclosed in error
- Lost data/hardware
- Information lost in transit
- Stolen data or hardware
- A technical or procedural failure
- Breach arising from non-secure disposal

‘Stolen data/hardware’, ‘Lost data/hardware’ and ‘Disclosed in error’ feature highly across several sectors including the private sector, local government, the NHS and other public sector bodies.

The ICO has the power to impose penalties to organisations that breach Confidentiality and the Data Protection Act (DPA). Fines can be up to £500,000 for the loss or theft of patient data e.g. on an unencrypted laptop.
Security – Everyone’s Responsibility - All employees have a duty to maintain confidentiality and security. Basic measures we can take to reduce breaches are:

- **Encryption** - Ensure patient and other sensitive data is encrypted if held on portable computing devices such as laptops or memory sticks (this is a mandatory NHS measure).

- **Secure passwords** - Use the security measures that are in place to protect information such as encrypted memory sticks, your computer login and PIN numbers for door locks – avoid using passwords which are easily guessed or known to others.

- **Reporting incidents and security weaknesses** - Every organisation needs to be aware of and learn from incidents so that steps can be taken to prevent them happening again. The same applies to reporting security weaknesses. We do not need to wait until an incident happens. Early reporting can avoid the incident happening in the first place.

- **Eavesdropping** - Be careful that your conversations are not overheard by people who do not need to know.

- **Check Automated Mailing** - Ensure that mail merge and automated mailing machinery is used correctly and quality controls identify problems before letters are sent out.

- **Email** - Ensure you know who you are sending information to before you press ‘send’. Check the address if you are unsure.

- **Mail** - Ensure you are using the most up to date and confirmed address details.

- **Fax** - Confirm the number and that someone is there to receive the fax before pressing ‘send’.

- **Telephone Security** - Confirm the identity of the caller and justify the need to disclose confidential information to them before doing so.

- **Training**. Make sure that you and your colleagues are aware of information governance.

**Business Continuity Management (BCM)**
This is a foundation level module designed to provide staff awareness of business continuity, focusing on ways to address the continuity of information assets as a core component of an organisation’s overall approach to business.

**Information Security Management**
Robust information security management arrangements are needed for the protection of patient records and information services generally. This new foundation module is aimed at newly appointed staff and those needing to know a little more about the role of ISM.

**Short Message Service (SMS) & Texting**
Guidance was published in May 2010 and provides NHS organisations with a general awareness of the associated risks of Short Message Service (SMS) and texting that could affect the effectiveness of local services. This is available on the Trust’s Intranet.

**Maintenance and Secure Disposal of Digital Printers, Copiers and Multifunction Devices**
Guidance was published in July 2010 to provide NHS organisations with a general awareness of the associated risks for maintenance and disposal of digital printers, copiers and multifunction devices.

**NHS Information Governance: Guidance on Blogging and Social Networking**
Guidance was published in December 2009. This is available on the trust’s Intranet.
**ASSESSMENT**

**Question 1**
Which of these is the NHS implementing to improve information handling standards? Select four options

- Reviewing confidentiality and security in contracts
- Encrypting laptops and memory sticks
- Ensuring that all staff receive IG training
- Introducing more secure computer systems
- Hiding security breaches from publication

**Question 2**
What criteria need to be met for personal or sensitive personal information to be ‘confidential’? Select three options

- It is written down
- It is given to someone who has a duty of confidence
- It has never been seen or heard before
- It is private information about a person
- It is in the public domain
- It is expected to be used in confidence

**Question 3**
You are on a crowded public bus with a colleague who names a patient and asks you about his condition. What should you do? Select one option

- Tell your colleague the latest information
- Tell your colleague that you can not discuss the patient whilst on the crowded bus
- See if anyone else is listening and then tell your colleague the latest information
- Ask your colleague not to use the name of the patient and then tell him / her the latest information

**Question 4**
What does UK law require health organisations to do with confidential information? Select one option

- Keep it in an electronic form
- Make sure it is backed up in paper format
- Make sure it is easily accessible to anyone who is interested
- Keep it in one place
- Make sure it is properly protected
Question 5
The Freedom of Information Act 2000 gives everyone a legal right to make a request for any recorded information held by a Public Authority. Which of these statements is correct? Select one option

- If staff are too busy the law allows a delay or refusal to answer requests
- If many requests are received the same day the law allows a delay or refusal to answer requests
- Depending on who makes the request the length of time allowed to answer will change
- Depending on who makes the request the amount of information released will change
- All requests must be responded to within 20 working days
- All of these

Question 6
Which of these can be caused by poor quality health records and poor quality information? Select multiple options

- Test results being recorded in the wrong patient record
- The wrong patient undergoing treatment
- Public distrust and loss of the NHS’s reputation
- Local healthcare needs not being fully understood
- Inaccurate national healthcare planning
- Money wasted on services that are not needed

Question 7
You find a patient record left in a public area. What should you do? Select one option

- Check it isn’t your record and leave it where it is
- Take it to an appropriate manager and report it
- Shred it because it is confidential
- Leave it alone because it’s not your responsibility

Question 8
An ex-colleague unexpectedly calls into your office to chat. What should you do? Select one option

- Update them on cases they were involved in
- Restrict the chat to non-confidential subjects
- Continue a phone conversation about an identifiable patient
- Sit at your desk chatting while you input patient details onto the computer
- Let him / her sit at your computer desk while you make a drink for them
Question 9
A new member of staff is asked to update a computerised patient record but hasn't completed the relevant training. What should she do? Select one option

- Ask to borrow someone’s login details and have a go
- Wait until someone forgets to log-out and then have a go
- Explain that she hasn’t had the training
- Ask to borrow someone’s login details and ask him / her to watch that it is done properly

Question 10
The major cause of security breaches in the NHS is the losses and thefts of IT equipment holding staff or patient data. Which of these statements are correct? Select multiple options

- All NHS laptops and other portable IT data (e.g. USB sticks, CDs and DVDs) must be encrypted
- Encryption keys (passwords) must never be transported with the data they are designed to protect
- Fines up to £500,000 can be imposed for the loss or theft of patient data e.g. on an unencrypted laptop
- The same fine can apply if the encryption key (password) is not applied properly to protect the data
- Encryption protects against financial penalties
- Encryption protects against loss of patient trust in the NHS

Information Governance On-Line Training Tool
Why is Information Governance (IG) important?

Information Governance ensures the appropriate use of information (both corporate and personal). All staff with access to NHS patient information should undertake appropriate information governance training.

What is the purpose of the IG Training Tool?

To help staff understand information governance and assist employers provide appropriate training and maintain individual training records for the on-line modules.

On line IG Training Modules with Assessments

Registered users can complete modules and obtain a certificate (pass mark 80%). Try the "Guest Tour" (no need to register) to view a selection of the modules (without the assessment), hand-outs, useful links and publications available. The organisation code for SCHT is R1D

https://www.igtt.hscic.gov.uk/igte/index.cfm

Date completed: ……………………………………………………..

Mentor’s Signature: ………………………………………………….
Working with Information Governance

This is to certify that

Completed the Trust’s in-house refresher training in:

Information Governance
INFORMATION GOVERNANCE REFRESHER – COMPLIANCE

Student Name: .................................................................
Placement Team: ............................................................
Date Completed: .............................................................

I CONFIRM THAT .................................................................

HAS PASSED THE ASSESSMENT

MENTOR MANAGER (PRINT NAME)...........................................

MENTOR’S SIGNATURE ..........................................................

Please send this page to sarah.yewbrey@shropcom.nhs.uk

Verification that the student has passed the assessment will be recorded.
Compliance will be monitored by the Information Governance Team.