PRE REGISTRATION NURSING

STUDENT INDUCTION PACK

TEAM: Severndale School Nursing Team

The Trust template has been individualised to this team

By Lorraine Sonders

Date 03.08.2017

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
## Section One: Generic Trust Induction

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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](http://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/](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.

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></th>
</tr>
</thead>
<tbody>
<tr>
<td>Forename</td>
<td>Middle Initial</td>
</tr>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Assignment/Personal number/Payroll number</td>
<td>mandatory for all NHS Employees</td>
</tr>
<tr>
<td>Job Title</td>
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<tr>
<td>Site/Building Name</td>
<td></td>
</tr>
<tr>
<td>Department/Room Number/Ward</td>
<td></td>
</tr>
<tr>
<td>Full telephone number (inc STD code &amp; ext)</td>
<td></td>
</tr>
<tr>
<td>Starting Date (DD/MM/YYYY)</td>
<td>Leaving Date (DD/MM/YYYY)</td>
</tr>
<tr>
<td>Trust PC Login required</td>
<td>Yes</td>
</tr>
<tr>
<td>E-Mail Account required type (please tick if required)</td>
<td>Trust E-mail</td>
</tr>
<tr>
<td>Preferred Trust Email account name*</td>
<td></td>
</tr>
<tr>
<td>Initial password**</td>
<td></td>
</tr>
</tbody>
</table>

Section 2a (Leaver details)

| Existing User account name (if known) |  |
| Existing Email account name (if known) |  |
| Delete Email Account (please tick) | Yes | No |
| Delete User Account (please tick) | Yes | No |

Section 2b (Revocation of Internet Access)

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

Section 3 (For Line Manager's use only)

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

Section 4 (For IT Division’s use only)

| Service Desk Log Number (LANDesk) |  |
| User account name created/deleted |  |
| Line Manager notified on completion (tick) | Email | Telephone |
| Reason for Internet Revocation (must be supplied by Line manager) |  |

~ 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.
### 3.0 Placement Induction Checklist

<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>
<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>
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<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>
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</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
In respect of Staffordshire University students who have 30 hours of flexi time per year, 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

The address for Severndale Specialist Academy is:
Severndale Specialist Academy
Woodcote Way
Monkmoor
Shrewsbury
SY2 5SH
School Phone number (01743) 281600

If using your own vehicle please park in the main car park not in spaces outside the main building. Severndale is on the same site as Wilfred Owen Primary school and the Child development centre, Please enter via the doors immediately in front of you as you walk up from the car park.

On arrival at Severndale Specialist Academy please report to the main reception and ask for a member of the nursing team.

Dress code is smart casual, adhering to infection control policy regarding jewellery, nails and bare below the elbow.

Please provide your own lunch as there is no canteen or café onsite.

If for any reason you are unable to make it into school please phone school nurses office directly on 01743 282376 or via the school reception or Mobile 07876230581 Bev Young (School nurse)
2.0 Team Philosophy

Our team within Severndale Specialist academy promotes the health and well-being of children and young people with special needs, enabling them to reach their full potential and not be disadvantaged through ill health. We do this by providing high quality, research based individualised nursing care.

3.0 Introduction to the team
3.1 Team structure

We as a special school nursing team are part of the Children's Community Nursing team.

CCN Manager: Sally Crighton
Team Leaders: Louise Leather and Tash Grocott
Special school nurses band 6 : Bev Young and Lorraine Sonders
Special school nurse band 5 : Gillian Moore

3.2 Working Hours/Shift patterns

Children arrive in school from 08.45 until 15.30 and so the hours of work by the school nursing team reflect this, Bev is fulltime and will provide home visits after school as required and works during the school holidays to support the children when on the play-schemes and within the family environment. As a nursing student you will be required to work the above hours Monday to Friday and will have the opportunity to shadow during home visits during your placement.
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3.3 Geographical area/practices covered by the team

The special school nursing team are based within the school at all times however there is a unit in Mary Webb School, Pontesbury for children with Mild learning difficulties for which we oversee any medical/nursing queries and provide training to the staff caring for children who may require medication, enteral feeds or other nursing needs.

There is also a unit for 19-25 year old young adults with additional needs based within SCAT (Shrewsbury College Arts and Technology) where we are able to provide verbal advice if staff have any medical/nursing queries.

The geographical area covered by the school is the whole county of Shropshire.

3.4 Management of referrals

The special school nursing team provides care to all children who attend Severndale who have a nursing need whether this is enteral feeding or requiring medication during the school day. School liaise with the nursing team of any children coming into school who have an identified health need so we can arrange meetings with parents and other agencies as required prior to their start date.

We liaise and work closely with the CCN team who may have children on their caseload who will be starting school and require nursing care at school.
3.5 Clinical Work

We as a nursing team have many day to day regular duties which include giving gastrostomy feeds to those pupils with complex health needs. We give out regular medication to numerous children on a daily basis. In addition to the regular duties we may also need to assess children if unwell, change stoma bags, replace NG/Gastrostomy devices. We are also involved in weighing and heighting children prior to clinics within which we are involved. We attend to emergencies as required e.g. a child having an epileptic seizure. We provide training to staff and parents around topics such as toilet training, administration of buccal midazolam and other emergency medication.

3.6 Dealing with messages within the team

If answering the office telephone please state your designation as a student nurse and take the persons’ name and contact details and log in the desk diary for a member of the nursing team to contact. All phone calls are logged in this way.

To make an outside call please add 9 to the start of the telephone number.

Answerphone message can be accessed by dialling 5510 then the telephone extension 2376 and following instructions given.

3.7 Special interests of staff members

The nursing team have a wealth of paediatric nursing experience which they bring to the role of special school nurse with special interests in diabetes, epilepsy as well as caring for the child with additional needs.

3.8 Location of stock, stores, emergency equipment
We have a main nursing office for the storage of the majority of medication and daily equipment and supplies required and where we as a team are based. We then also have two smaller storage areas for emergency medication and other supplies, the location of emergency medication will be shown to you on orientation. Each member of the nursing team carries a radio which school staff use to contact us if an emergency arises with a pupil.

3.9 Team communication/handover

Unlike a ward situation we do not have a “handover” as each member of the nursing team is in each day. We will obviously discuss information as we receive it if relevant for the team and is pertinent to the care of a child for that school day e.g. oral antibiotics or change in feed rate. School have home school communication books into which there is a specific section for unplanned visit to the nurse which we would write in for pupils we do not see on a regular basis. We as a team write in the individual notes of children if seen or add them onto the computerised system. We will sit as a team and discuss any actions required following clinics or if letters are received from other professionals which requires action to be taken by the nursing team.

3.10 Useful telephone numbers

Whilst working within the team, you will be liaising with and referring onto a variety of different agencies.

All phone numbers are easily available on internal / external phone lists or via the school main office.

4.0 Clinical Learning Opportunities on placement

4.1 Evidence base to nursing practice

As a school based nursing team we work very closely with education professionals. We have trust policies which we have access to via the intranet.
and have also integrated these into our school based policies and guidelines, such as the medication policy which reflects not only local but also national guidelines in relation to medication management within school. Pathways are followed in caring for specific conditions which follow NICE guidelines such as the diabetic care plans and also asthma care pathways. All care plans are evidence based when identifying the nursing need of a child and the rationale behind the care given e.g gastrostomy care and enteral feeding.

4.2 Common clinical conditions and interventions

The children and young people who attend Severndale have wide ranging disabilities, those who are diagnosed as autistic who have limited or no verbal communication, pupils with Attention Deficit Hyperactivity Disorder aswell as many differing syndromes and conditions which present the need for daily nursing intervention, medication support aswell as support for the family around issues such as behaviour and sleep.

For those with complex medical conditions the nursing team provides nutritional support by giving enteral feeds, stoma care, respiratory support and administers medication aswell as assessing if becomes acutely unwell.

Pupils with diabetes have capillary blood glucose monitoring and receive subcutaneous injections during the school day.

Many of the pupils have epilepsy so the nursing team would manage their seizures and administer emergency medication as required. We also provide training to staff to manage seizures for when pupils are off site.

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.
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.

As a year one student on placement there will be a wide range of nursing skills and techniques to observe.

Enteral feeding via a feed pump and giving gravity feeds
Changing of a gastrostomy device and care for a child with a gastrostomy
Naso gastric feeding and changing of a nasogastric tube
Medication awareness and use of drug calculations
Medication administration
Assessment of children presenting acutely unwell, taking a temperature, pulse BP and Sao2 monitoring, also urinalysis.
Taking a childs height and weight and plotting this.
Communication skills and use of other forms of communication for the non verbal child and the child with learning difficulties.
Sit in and observe the nursing role during clinics with other professionals.
Observe the care of a child having a seizure and management of this.
Attend MDT meetings or core groups as appropriate.
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

As a year two student on placement there will be a wide range of nursing skills and techniques to observe and participate in.

**Enteral feeding via a feed pump and giving gravity feeds**
**Changing of a gastrostomy device and care for a child with a gastrostomy**
**Naso gastric feeding and changing of a nasogastric tube**
**Medication awareness and use of drug calculations**
**Medication administration**
**Assessment of children presenting acutely unwell, taking a temperature, pulse BP and Sao2 monitoring, also urinalysis.**
**Taking a childs height and weight and plotting this.**
Communication skills and use of other forms of communication for the non verbal child and the child with learning difficulties.
Sit in and observe the nursing role during clinics with other professionals.
Observe the care of a child having a seizure and management of this.
Attend MDT meetings or core groups as appropriate.
Accompany a school nurse on home visits as appropriate.

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. Sensitive 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

As a year three student on placement there will be a wide range of nursing skills and techniques to participate independently in and have the responsibility for particular pupils.

Enteral feeding via a feed pump able to set up a feed independently and give that feed also giving gravity feeds with little supervision. Changing of a gastrostomy device and care for a child with a gastrostomy Naso gastric feeding and changing of a nasogastric tube Medication awareness and use of drug calculations Medication administration Assessment of children presenting acutely unwell, taking a temperature, pulse BP and Sao2 monitoring, also urinalysis. Taking a child's height and weight and plotting this. Communication skills and use of other forms of communication for the non verbal child and the child with learning difficulties. Sit in and observe the nursing role during clinics with other professionals. Observe the care of a child having a seizure and management of this. Attend MDT meetings or core groups as appropriate. Accompany a school nurse on home visits as appropriate.
Working with Information Governance

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)
Revision and Update - NHS IG Standards

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:

- Complete
- Accurate
- Relevant
- Accessible
- Timely

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.