

Wigan Enhanced Training Practice

Non-Medical Student Enhanced Training Pack

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Welcome to Wigan Borough

We are delighted to welcome you to Wigan Enhanced Training Practice, originally developed to facilitate student nurse placements within General Practice, we have followed this model to facilitate placements for all non-medical students including paramedics and physician associates.

Who are we?

We are SWAN Cluster (South Wigan Ashton North) a group of eight practices recognised to provide undergraduate and postgraduate multi-professional training learning environments. In 2015 we were successful in being accredited to become an “Enhanced Training Practice” (ETP). The “Enhanced Training Practice” has taken the lead role in developing capacity and quality of learning environments.

Alongside your mentor, you will have access within the Enhanced Training Practice hub to extremely skilled practice nurses, advanced nurse practitioners and health care assistants, all working closely our highly motivated and forward thinking GP's.

Wigan is a highly diverse town, benefitting from a wide range of socioeconomic cultures. Caring for this population group warrants a plethora of clinical skills as general practice has no referral or discharge criteria. A high standard of care based on best practice is delivered from cradle to grave by our multidisciplinary team.

We believe that within the next five years and beyond there will be a massive change in the nation's health and social care system. This will fundamentally increase demand on the current workforce and its current skill mix. With this knowledge we aim to increase the exposure of the fantastic opportunities within primary care to ensure a highly skilled and prepared workforce.

The learning opportunities working within general practice are transferrable to any other discipline within nursing, medicine or any allied health care professional (see potential clinical skills – learning opportunities document). The unique role of the practice nurse being proactive rather than reactive, encompassing all aspects of health promotion, health protection, wellbeing, long term condition diagnosis and management, resulting in truly holistic care delivery, both preventative and curative. Further information on the scope of a practice nurse can be found in the document entitled “RCGP General Practice Foundation, General Practice Nurse competencies”.

We hope that you enjoy being part of our team within this evolving, challenging yet exciting setting leading the way in innovative health care delivery.

Celebrating Success

The practice nurses within 2 localities of Wigan worked with a community Breathlessness service pilot in 2010-2011, reviewing patients with known respiratory disease and targeting patients who were at risk of having a flare up of their respiratory condition or developing respiratory disease. The specialist nurse led service worked alongside practices, being proactive and reactive to patient health care needs. This collaboration increased prevalence within these 2 localities of COPD by 12% in the first year and reduced the total number of COPD exacerbation hospital admissions. This pilot then being continued for a further 4 years, leaving behind a legacy of practice nurses up-skilled within the area of respiratory.

The community team within Wigan led by Bridgewater Community Healthcare Trust: Integrated neighbourhood teams working with all practices has helped produce more than 1,000 case management plans for the highest risk patients at Wigan's practices.

This has significantly contributed to a 43% drop in A&E visits and a fall of 48% in emergency admissions. Winning the HSJ managing long term condition awards in 2014. The judges said: "Hats off to a whole system change driving whole person care."

Practice Nursing – Student Experience

My Thoughts on Practice Nursing Placements for Student Nurses

Being a second year student nurse I was quite nervous at the thought of having a 10 week practice nursing placement, I hadn't acknowledged the role before and was completely unaware of what practice nursing involved as it wasn't really incorporated into university theory time. However, from the first day of working alongside my practice nurse mentor I realised that there would be a vast amount of learning opportunities available throughout my time at the GP practice. Throughout the ten weeks I was able to understand the role of primary care and its importance to health care. With the support of my mentor I was able to devise a learning plan for my future ten weeks, this enabled a foundation for myself and my mentor as it addressed my areas for improvement and allowed my mentor to see where she could help me in developing my nursing skills, additionally this initial plan allowed me to see the amount of services which I would be able to 'spoke' out to. I became aware of the numerous skills practice nurses acquire, I initially observed various appointments and clinics such as long term condition reviews, family planning services, cervical screening and immunisations. As I developed confidence I was able to participate in conducting appointments such as asthma, COPD, diabetic reviews, this was a brilliant opportunity for me to learn about long term conditions, its pathophysiology and its management. Alongside learning lots about various conditions, the practice nurse placement allowed me to develop medicine management knowledge. I felt that this placement allowed lots of 'one to one' teaching opportunities as my mentor managed patients medication on a daily basis, therefore enabled me to understand various medication and its use within health care. Although there wasn't ample opportunities for drug administration I was still able to learn about and administer various injections in accordance with the NMC student regulations, I felt this was a great opportunity as I was able to practice technique and understand the rationale for each injection. As well as partaking in appointments and administering injections, I was able to practice my vital signs skills, I practiced nursing observations- this taught me the differences between primary and acute settings as I had lots of opportunity to practice manual blood pressure, pulse etc. As well as working alongside my practice nurse mentor I was able to branch out to different 'spoke' placements, during the ten weeks I arranged days to observe baby clinics, community midwives, GPs, ear syringing services, breathlessness services and heart failure specialist nurse clinics.

I feel that the practice nursing placement greatly enhanced my student nurse experience as it provided so many different skills and learning opportunities- which I hadn't witnessed within the hospital setting. The placement allowed me to realise the importance of prevention and management of conditions and how the practice nurses can greatly improve health and wellbeing for society as they are the professionals at the heart of health promotion and prevention. This ten week placement completely changed my perception of practice nursing and has definitely motivated my personal goals of wanting to be a practice nurse once qualified. I think that other student nurses should be given the opportunity to experience the things I have witnessed and so develop their nursing skills within a primary care setting. I think that the idea of practice nursing should be available to all student nurses as prior to my placement I hadn't even considered the role, I am now very grateful to have had insight into primary care, develop my nursing skills and to have been taught and inspired by an enthusiastic practice nurse mentor.

Second Year Student Nurse

THE LEARNING AGREEMENT

YOU CAN EXPECT FROM US:

- To be welcomed and dealt with in a friendly way as a fellow professional as part of our team.
- To have adequate facilities for work and breaks; i.e. kitchen, a library area etc.
- Access to regular training within the borough, your mentor will have access to the educational diary.
- A commitment to making your education a priority and your experience at the practice a valuable one.

WE EXPECT FROM YOU:

- Courtesy to the practice staff and patients
- The highest professional standards in terms of respecting patients, this includes mobile phone use. It is not acceptable to routinely use a mobile phone in the clinical setting.
- A smart appearance and good levels of personal hygiene. 'Bare below the elbow' includes not wearing nail varnish and/or artificial nails. Either of these would breach any infection prevention and control policy.
- Punctuality, unexplained absences should be avoided if at all possible. Inform your mentor/spoke placement if you expect to be late or are unable to come in.
- A commitment to the practice. We want you to be part of our team and not just an observer, to help you develop clinical skills and responsibilities.
- To tell us if there are any problems or if things aren't going well

GENERAL INFORMATION

WORKING HOURS

Within general practice your working hours will be negotiated with your placement mentor. A usual shift pattern would be Monday to Friday within the hours of 8.30am to 6.30pm, practices may also open until 8.00pm and Saturday mornings.

ANNUAL LEAVE

Annual leave is to be requested from your University, ensuring that your mentor is notified in advance.

SICKNESS

Staff should report any sickness absence as soon as possible, ideally within the first hour, on the first day of absence to the following people :

Practice Mentor/spoke placement
University placements department

Absences of up to 7 days are self-certified. An absence lasting more than 7 days requires a medical certificate.

WHISTLEBLOWING

Whistleblowing is defined as “The disclosure by a staff member of confidential information which relates to some danger, fraud or other illegal or unethical conduct connected with the workplace, be it of the employer or of a fellow employee(s).” If you are aware of such information, you should follow the procedures referred to in the University’s Whistleblowing Policy. Whistleblowers are protected by law from detrimental treatment resulting from their disclosure.

INCIDENT REPORTING AND GRIEVANCES

If you have a grievance relating to your placement or feel you have witnessed something that has the potential to detrimentally impact upon patient safety, in the first instance, discuss the matter with your mentor; practice education facilitator (PEF); link lecturer; line manager; the practice manager as appropriate and attempt to resolve the grievance.

LIBRARY FACILITIES

You will also have access to the community library based on the top floor of Chandler House, Poolstock Lane, Wigan, WN3 5HL.

CONFIDENTIALITY

All students will be required to adhere to the individual practices confidentiality policy and may be asked to sign a confidentiality agreement.

Potential clinical skill – learning opportunities

This list is not exhaustive :

Blood pressure

Pulse

BMI and waist measurement

ECG

Urinalysis

Blood glucose monitoring

Peak flow

Inhaler technique

Spirometry

Intra muscular injection

Sub cutaneous Injection

You will also gain an insight into the diagnosis and management of all long term conditions and other acute conditions.

Potential Spoke Placements

Contact Numbers

This list is not exhaustive

(If you identify any other spoke learning opportunities please inform the ETP and we will update the list).

	<u>Telephone No</u>
Addaction (Drug and alcohol services)	487540
Adult Health & Social Care	244991
Alcohol nurse	822289
Asthma	482107
Audiology	481471
BOC	0800 0121858
Community Dietitians	482090
Community Matron	482113
Community Mental Health Team	481300
Continence nurse (Rose Moran)	482497
Counselling Service	482745
District Nurses including treatment room	481477
Endocrine nurse	822292
Epilepsy	481116
Falls Clinic	481227
Health Visitors	481480
Health Trainers	836967
Heart Failure Nurse	482241
Hospice	525566
Hospital at Home	822643
Inspiring Healthy Lifestyles	488481
Learning disability	483560
Liver nurse	822840
Midwives	481486/87
Occupational health	244000
One Airway Clinic (Sandra Dermott)	773162
Physiotherapist	481467
Podiatrist	481459
Prison Health Service (Hindley)	663100
Rheumatology	01257 256587
School Nurse	483739
Sleep Apnoea Clinic	773096
Specialist child services e.g. Audiology	482450
Stoma	01925 662103
TB Nurses	483582
Tier 2 COPD	482107
Tier 2 Dermatology	482230
Tier 2 Diabetes	482234
Tier 2 Heart Failure Nurses	483024
Walk in Centre	483453

Useful Documents

Wigan ETP is committed to delivering a high standard of care in accordance with the 6 C's



Essential steps to safe, clean care



Essential steps to safe, clean care

Reducing healthcare-associated infections in Primary care trusts; Mental health trusts; Learning disability organisations; Independent healthcare; Care homes; Hospices; GP practices and Ambulance services.

Preventing the spread of infection

Aims

To reduce the risk of microbial contamination in everyday practice and to ensure there is a managed environment that minimises the risk of infection to patients, clients, staff and visitors

Risk elements

- Hand hygiene
- Use of personal protective equipment
- Aseptic technique
- Safe disposal of sharps





Context

The impact of healthcare-associated infection (HCAI) has prompted steps to prevent and reduce risk throughout the patient/ service user journey. In 2003, Winning Ways recommended that all staff apply “rigorously and consistently the measures known to be effective in reducing the risks of healthcare-associated infection”, and specified that there should be high levels of compliance with infection prevention and control procedures (DH 2003).

In 2004, a review by the National Audit Office (NAO 2004) of the progress in infection control, since their previous report in 2000, commented that healthcare organisations should acknowledge the importance of infection control practices. To aid the improvements in standards, the Infection Control Nurses Association published the Infection Control and Audit tools for the community which provide detailed methodology for monitoring infection control activities in the non-acute setting (ICNA 2005).

The introduction of Essential steps provides opportunity for all staff caring for people within a variety of settings to prevent the spread of infection. Essential steps have been developed to support all other infection prevention and control recommendations in place, with the aim of addressing infection control throughout the patient and service user journey. These Essential Steps can be considered for all clinical procedures and care processes.

Risk elements and safety actions

The risk elements of the care process are based on Saving Lives (DH, 2005), Prevention of healthcare associated infection in primary and community care (NICE, 2003) and the EPIC guidelines (Pratt et al, 2001), and the safety action points are how the risk elements should be carried out. The list of elements and safety action points are not meant to replace existing guidelines but to act as a simple method for improving the reliability of the clinical process. Where local guidance and policies already exist, their use in clinical practice can be assessed by using this intervention, or by tailoring the Review tool to meet local needs.

The risk elements are:

- Hand hygiene
- Use of personal protective equipment
- Aseptic technique
- Safe disposal of sharps

Urinary catheterisation and Enteral feeding each have a section entitled ‘Preventing the spread of infection’ because the elements within this are integral to all of the Essential Steps.



Hand hygiene

Staff should always clean their hands before and after each care activity.

Staff should use correct hand hygiene procedure:

- **Preparation:**

Wetting hands under running water before applying liquid soap:

- **Washing:**

The hand-wash solution must come into contact with all surfaces of the hand:

1. palm to palm;
2. right palm over left dorsum and left palm over right dorsum;
3. palm to palm and fingers interlaced;
4. backs of fingers to opposing palms with fingers interlocked;

5. rotational rubbing of right thumb clasped in left palm and vice versa;
6. rotational rubbing backwards and forwards with clasped fingers of right hand in left palm and vice versa.

- **Rinsing:**

Hands should be rinsed thoroughly before they are dried.

- **Drying:**

A good-quality paper towel should be used to dry thoroughly.

- All staff should have access to the means to clean their hands at the point at which they deliver care. This is not often feasible with placement of sinks. It is, however, completely feasible and achievable with placement of handrubs. These rubs should be at the point of care. Too far away from the care action in which they are needed and the chance is lost: hands will keep hold of potentially dangerous microbes and infection may spread.



Personal protective equipment

- Staff should wear personal protective equipment (PPE) if at risk of exposure to blood and bodily fluids.
- These may include gloves, aprons, masks and goggles/visors.
- Gloves and aprons should be used as single-use items.



A clean and safe (aseptic/aseptic non-touch) technique as appropriate

- Sterile equipment should be used.
- Staff should always use aprons and sterile gloves for invasive devices and wound care (as appropriate).



Safe disposal of sharps

- A sharps container should be available at the point of use.
- Whoever uses the sharp must dispose of it themselves.
- Staff should not remove the needle from the syringe before disposal into the sharps bin.
- Staff should never resheath needles.
- Staff should not pass sharps from hand to hand.
- Staff should not overfill sharps containers.

References

- Department of Health (2005) Saving Lives: a delivery programme to reduce healthcare - associated Infection Including MRSA, Department of Health, London. www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/AHealthcareAcquiredInfection/HealthcareAcquiredGeneralInformation/SavingLivesdeliveryProgramme/fs/en
- Department of Health (2003) Winning Ways: working together to reduce healthcare-associated Infection in England, Department of Health, London. www.dh.gov.uk/assetRoot/04/06/46/89/04064689.pdf
- National Audit Office (2000) The management and control of hospital-acquired infection in acute NHS trusts in England, The Stationery Office, London. www.nao.org.uk/pn/9900230.htm
- National Audit Office (2004) Improving patient care by reducing the risk of hospital-acquired infection: a progress report, The Stationery Office, London. www.nao.org.uk/publications/nao_reports/03-04/0304876es.pdf
- National Institute for Health and Clinical Excellence (2003) Infection control. Prevention of healthcare-associated infections in primary and community care, Department of Health, London. www.nice.org.uk/page.aspx?o=CG002
- National Patient Safety Agency (2005) 'Cleanyourhands' campaign. www.npsa.nhs.uk/cleanyourhands/campaign
- Pratt, RJ, Pellowe, C, Loveday, HP et al, (2001) The EPIC project: developing national evidence-based guidelines for preventing healthcare-associated infections, phase 1: guidelines for preventing healthcare-associated infections. J Hosp Infect, 47 (suppl), S1pp82. www.epic.tvu.ac.uk/epicphase1.html

Essential steps to safe, clean care

Reducing healthcare-associated infections in Primary care trusts; Mental health trusts; Learning disability organisations; Independent healthcare; Care homes; Hospices; GP practices and Ambulance services.

Preventing the spread of infection

What we should be doing

- Staff should always clean their hands before and after each care activity.
- Staff should use correct hand hygiene procedure.



1. Palm to palm.



2. Right palm over left dorsum and left palm over right dorsum.



3. Palm to palm and fingers interlaced.



4. Backs of fingers to opposing palms with fingers interlocked.



5. Rotational rubbing of right thumb clasped in left palm and vice versa.



6. Rotational rubbing backwards and forwards with clasped fingers of right hand in left palm and vice versa.

How should we be doing this

• Preparation:

Wetting hands under running water before applying liquid soap.

• Washing:

The hand wash solution must come in to contact with all surfaces of the hand.

• Rinsing:

Hands should be rinsed thoroughly before they are dried.

• Drying:

A good quality paper towel should be used throughout.

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Preventing the spread of infection Review tool		Name: Role (of person completing form):	Period of time over which the review was conducted:																																										
<p>How to use the review tool</p> <p>Step 1 All staff have had the opportunity to look at the review tool and supporting evidence. They have had time to ask questions and understand why it is being used.</p> <p>Step 2 A short period of time to conduct the series of observations is determined. The number of observations needed is determined by the team or individuals involved.</p> <p>Step 3 Following direct patient/client contact or procedure, complete the review tool horizontally. Indicate 'yes' when a risk element has been performed or is considered not applicable and 'no' when it has not been performed.</p> <p>Step 4 When each observation has been completed, identify whether all risk elements have been performed.</p> <p>Step 5 The aim is for all risk elements to be completed within the care process. When this is not being achieved, score the risk elements vertically on the review tool. This will help to identify which risk elements are not being performed.</p> <p>Step 6 Timely feedback should be given, and a change in actions or practice should be implemented to progress improvement. Refer to the risk elements and safety actions in the leaflet for evidence to support the change in action.</p>																																													
<p>Risk elements</p> <table border="1"> <thead> <tr> <th></th> <th>Hand hygiene (prior to patient contact)</th> <th>PPE</th> <th>Aseptic technique</th> <th>Sharps</th> <th>Have all elements been completed? Yes/No</th> </tr> </thead> <tbody> <tr> <td>1</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>2</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>3</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>4</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>5</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td colspan="5">Compliance for each risk element Target: 100%</td> <td><input type="radio"/></td> </tr> </tbody> </table>					Hand hygiene (prior to patient contact)	PPE	Aseptic technique	Sharps	Have all elements been completed? Yes/No	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Compliance for each risk element Target: 100%					<input type="radio"/>
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<p>275553/B 1p 20K Jun 06 (Bel). © Crown copyright 2006</p> <p>Number of yes scores ÷ Number of observations × 100 = % Compliance for each risk element</p> <p>In this example another quick way to score is to allocate 20 points to every yes answer, which will give you a % compliance for each risk element.</p>																																													

Certificate



Name:

**Has been observed during direct patient/service user
care and has safely carried out the high risk elements in
Preventing the spread of infection**

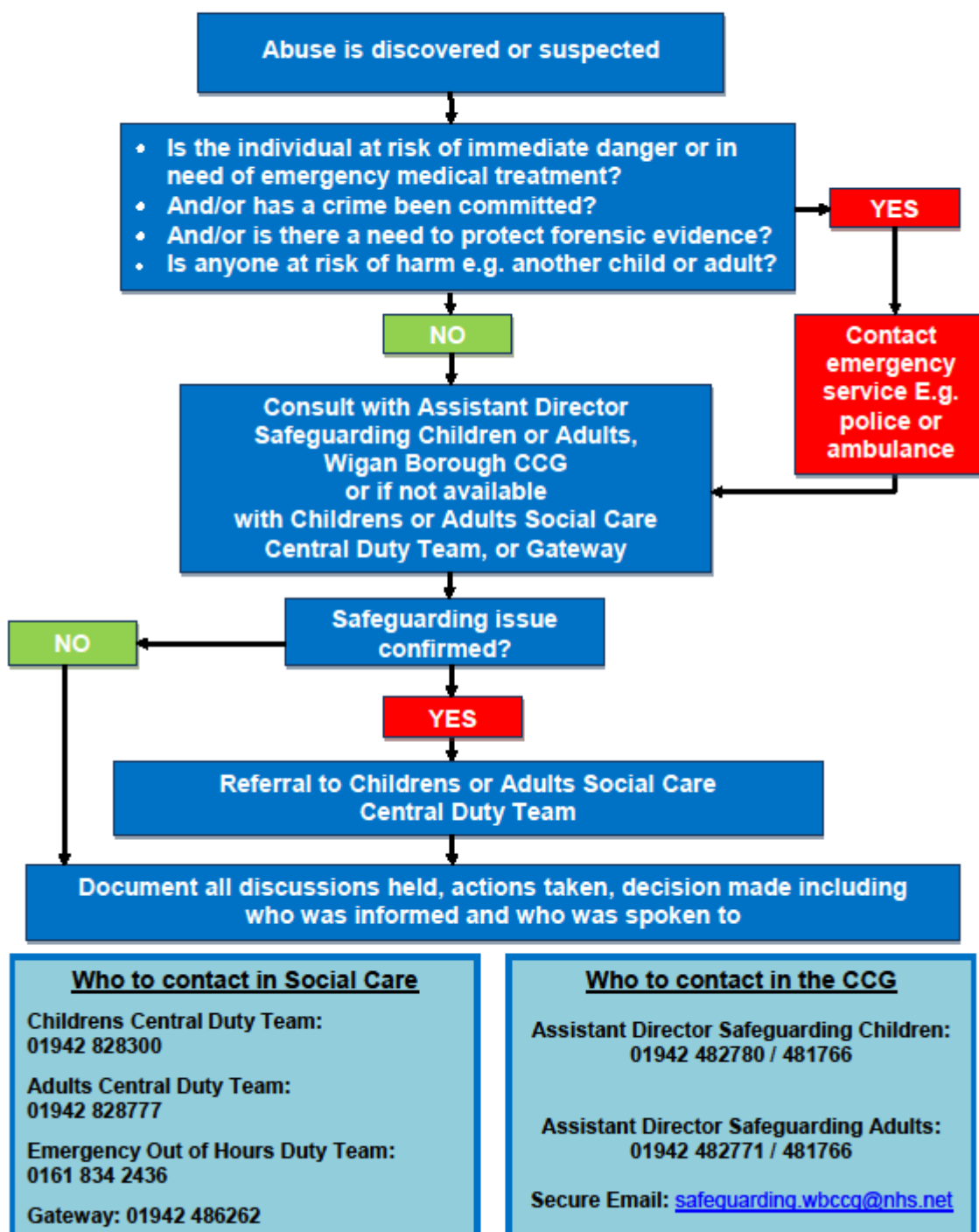
Signatory:

Employers name:

This certificate can be used as evidence to support competency achievement
in nationally recognised qualifications/ frameworks eg. NVQs

Safeguarding

WHAT TO DO IF A CHILD OR ADULT IS AT RISK OF HARM



June 2015

Mental Capacity Act

Checklist for Practitioners applying The Mental Capacity Act

NHS
Wigan Borough
Clinical Commissioning Group

5 Principles: Apply them in practice

1. Assume the person has capacity unless proven otherwise.
2. Enable capacity by assisting the person when making a decision (use visual aids/ written words/ interpreters etc. as appropriate).
3. If a person with capacity makes an unwise or eccentric decision this must be respected.
4. If a person lacks capacity treatment decisions must be made in the person's best interests (follow the statutory checklist)
5. The treatment given should be the least restrictive option to the person's rights and freedoms.

Ref Code of Practice Chapter 2

Enabling Capacity: Have you,

- Been clear about what decision needs to be made, define it clearly and concisely (this helps in other aspects of the Act)
- Made every effort to enable the person to make the decision themselves, by being flexible and person-centred.
- Provided information about the decision in a format that is likely to be understood including information relating to any alternative options.
- Used a method of communication/language that the person is most likely to understand.
- Made the person feel at ease and given consideration to what is likely to be the most conducive time and location for them to make the decision.
- Considered if others can help the person understand information or make a choice.

Ref Code of Practice Chapter 3

Assessing capacity:

Does the person have an impairment or disturbance in the functioning of the mind or brain? (temporary or permanent)

If yes practitioners must complete the 4 part functional test. Can the person...

1. understand the information relevant to the decision?
2. retain the information long enough to make a decision?
3. weigh up the consequences of making the decision?
4. communicate their decision by any means?

If the person fails to demonstrate ability in any of the four areas they would be deemed as lacking capacity to consent to or refuse that specific decision.

Ref Code of Practice Chapter 4

Decision Maker: Have you,

- Identified the decision maker
- Identified if the person has a registered Lasting Power of Attorney (LPA) or a Court Appointed Deputy (CAD) for personal welfare who can consent or refuse treatment.
- Considered if decision can be delayed till the person regains capacity

Ref Code of Practice Chapter 5; 7 & 8

IMCA:

Does the person require an Independent Mental Capacity Advocate

Ref Code of Practice Chapter 15

Deciding Best Interests: Have you,

- Encouraged participation
- Not discriminated or been driven by a desire to bring about death
- Considered person's views and wishes
- Promoted the person's rights
- Identified if the person has an Advance Decision to Refuse Treatment (ADRT) that is valid and applicable.
- Identified and spoken with family friends or others to be consulted
- Considered all relevant factors
- Reviewed the risks and benefits of the proposed procedure and its alternatives including not providing treatment, (options appraisal)
- Reviewed and weighted all of the evidence considering medical social welfare emotional and ethical aspects.
- Arrived at a decision
- Communicated your decision and rationale
- Put in place steps to implement the decision that is least restrictive

Ref Code of Practice Chapter 5

Restraint:

Restraint is the use of force or the threat to use force, to make someone do something that they are resisting, or to restrict a person's freedom of movement, whether they are resisting or not.

- Does what you are proposing fall within the definition of restraint?
- Is the restraint necessary to prevent harm?
- Is the level of restraint proportionate to the likelihood and severity of harm?

You cannot deprive a person's liberty without lawful authorisation

Ref Code of Practice Chapter 6

Protection From Liability:

Follow the Act; document it and you will receive protection from liability

Ref Code of Practice Chapter 6

Placement Charter

Achieving excellence in learning and care...



Placement Charter

This Charter demonstrates the Placement's commitment to provide a safe and high quality learning environment for all learners to prepare them for their future roles working collaboratively in multi-professional teams. The 'Placement Pledges' and the 'Rights, Roles and Responsibilities of learners' instil the values embedded within the NHS Constitution (DH 2013)¹ and Health Education England's NHS Education Outcomes Framework (DH 2012)².

Placement Pledges	Rights, Roles and Responsibilities of learners
Ensure all learners are welcomed, valued and provided with an inclusive, safe, stimulating and supportive learning experience.	Prepare adequately for the placement, including contact with the placement in advance. Disclose any health or learning needs that may impact on the placement, or the achievement of learning outcomes.
Promote a healthy and 'just' workplace culture built on openness and accountability, encouraging all learners to raise any concerns they may have about poor practice or 'risk', including unacceptable behaviours and attitudes they observe at the earliest reasonable opportunity. Respond appropriately when concerns are raised.	Raise any serious concerns about poor practice or 'risk', including unacceptable behaviours and attitudes observed at the earliest opportunity. Be clear who to report any concerns to in order to ensure that high quality, safe care to patients / service users and carers is delivered by all staff.
Provide all learners with a named and appropriately qualified / suitably prepared mentor / placement educator to supervise support and assess all learners during their placement experience.	Actively engage as an independent learner, discuss learning outcomes with an identified named mentor / placement educator, and maximise all available learning opportunities.
Provide role modelling and leadership in learning and working, including the demonstration of core NHS 'values and behaviours' of care and compassion, equality, respect and dignity, promoting and fostering those values in others.	Observe effective leadership behaviour of healthcare workers, and learn the required NHS 'values and behaviours' of care and compassion, equality, respect and dignity, promoting and fostering those values in others.
Facilitate a learner's development, including respect for diversity of culture and values around collaborative planning, prioritisation and delivery of care, with the learner as an integral part of the multi-disciplinary team.	Be proactive and willing to learn with, from and about other professions, other learners and with service users and carers in the placement. Demonstrate respect for diversity of culture and values, learning and working as part of the multi-disciplinary team.
Facilitate breadth of experience and inter-professional learning in placements, structured with the patient, service user and carer at the centre of care delivery, e.g. patient care pathways and commissioning frameworks.	Maximise the opportunity to experience the delivery of care in a variety of practice settings, and seek opportunities to learn with and from patients, service users and carers.
Adopt a flexible approach, utilising generic models of learner support, information, guidance, feedback and assessment across the placement circuit in order to support the achievement of placement learning outcomes for all learners.	Ensure effective use of available support, information and guidance, reflect on all learning experiences, including feedback given, and be open and willing to change and develop on a personal and professional level.
Offer a learning infrastructure and resources to meet the needs of all learners, ensuring that all staff who supervise learners undertake their responsibilities with the due care and diligence expected by their respective professional and regulatory body and organisation.	Comply with placement policies, guidelines and procedures, and uphold the standards of conduct, performance and ethics expected by respective professional and regulatory bodies and organisations.
Respond to feedback from all learners on the quality of the placement experience to make improvements for all learners.	Evaluate the placement to inform realistic improvements, ensuring that informal and formal feedback is provided in an open and constructive manner.



¹ Department of Health (2012) Liberating the NHS: Developing the Healthcare Workforce From Design to Delivery

² Department of Health (2013) NHS Constitution for England

Developed in the North West by healthcare learners, service users, carers, and health and social care staff from all professions in the North West region.



Health Education North West

Who to Contact

Wigan ETP

Placement organiser and point of contact for any non-clinical queries.

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University Link Lecturer

Maintains and develops education/practice links in order to facilitate an effective clinical learning environment in conjunction with practice.

Judith Murphy

Senior Lecturer

University of Central Lancashire

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Practice Education Facilitators (PEF)

Assist in ensuring that every learner receives an outstanding clinical placement experience, which meets both quality assurance standards and regulatory body requirements.

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