Quality Standards for Practice Placements

Audit of NHS Scotland Health Boards
(QSPP Section Four - Organisation)
1.0 Quality Standards for Practice Placements

The Quality Standards for Practice Placements (2008) and their accompanying audit tool were created to ensure that students, organisations and individuals who support them, understand their responsibilities and expectations in relation to practice placement learning. The standards apply to any structured placement learning in NHS Scotland that is accessed by Nurses, Midwives and Allied Health Professions (AHP’s) supported through an educational programme.

These standards support existing professional regulatory standards and are fully endorsed by the Scottish Government Health Directorate and NHS Education for Scotland. The Nursing and Midwifery Council and the Health Professions Council acknowledge the contribution that these standards make to enhancement of the learning environment.

The Quality Standards for Practice Placements (QSPP) is presented in four distinct sections to demonstrate that supporting learning is the responsibility of everyone, including learners. The four sections are standards for:

1. Students on Practice Placements
2. Individuals Supporting Students in the Workplace
3. Managers and Facilitators Supporting Education in Practice
4. Organisations Providing Practice Placements

2.0 Quality Standards for Practice Placements Audit Tool

To support the audit of the Quality Standards for Practice Placements, NHS Education for Scotland has developed an online audit tool. This online tool has been modified so that the four distinct sections of standards can be audited independently by the appropriate role/s.
3.0 Quality Standards for Allied Health Professions Practice Placements

Following the Allied Health Professions Practice Placement Stakeholder Consensus Event in May 2005, NHS Education for Scotland AHP Practice-based Education Facilitation (PEF) programme was tasked to address Recommendation 6:

"Consistency in the quality standards for practice placements and a consistent approach to the process of monitoring should be achieved."

While the initial recommendation around quality of AHP practice placements was specifically focussed on pre-registration placements, the AHP PEF Programme, informed by stakeholder feedback, took the opportunity to take a wider focus on quality standards for a range of learners in practice.

The resulting project report, included exploration of the range of quality documents to support practice-based placement experiences appropriate to AHPs. Outcomes recommended that AHP’s should contribute to the enhancement of the quality of the learning environment by using a valid and recognised set of standards. Where education institutions are partners in these practice placements, a partnership approach to monitoring, audit and information sharing should be taken.

An evaluation of the acceptability of the QSPP Audit Tool to AHPs in Scotland was undertaken in 2011. Outcomes demonstrated a desire from Higher Education Institutions and Health Boards to work more closely in partnership when using the QSPP, to evidence on-going improvements in the quality of the placement learning environment and to assist in gathering evidence towards course evaluation and re-validation.

A further recommendation tasked AHP Practice Education Leads in each Health Board, on behalf of the local AHP workforce, with completion of section four of the audit tool entitled ‘Organisation’.
4.0 QSPP Section Four Audit of NHS Scotland Health Boards

Between November 2011 and April 2012, Robert Gordon University, School of Health Sciences participated in joint QSPP section four audit of AHP pre-registration student placements with the sixteen NHS Scotland board areas:

- Fourteen board areas by direct audit
- One board area by indirect audit using existing board evaluation resources
- Due to staff ill health completion of audit of one board area has been postponed until summer 2012

QSPP section four sets out the standards that can be expected from the NHS organisations providing practice placements and the support that can be expected by the organisation from the relevant Higher Education Institution (HEI).

Completion of the QSPP audit tool requires each NHS Board to:

- Describe how each standard is being met.
- Provide evidence to support each standard.
- Where relevant provide a description of the action required in order for the standard to be met in the future.
## 5.0 Synopsis of Audit Outcomes

Organisations providing practice placements have a responsibility to:

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<th>Number</th>
<th>Standard</th>
<th>Indicator</th>
<th>Synopsis of Audit Outcomes</th>
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<tr>
<td>4.1</td>
<td>Ensure access to educational preparation and support of individuals supporting students.</td>
<td>Evidence of preparation of individuals supporting students is available.</td>
<td>All NHS board areas work collaboratively with HEI partners to free staff to attend practice educator development opportunities. Practice Educator courses are delivered in all NHS board areas and additional academic credit rated online courses are available from two HEI’s. Local mechanisms and buddy systems are common in many board areas to provide support and guidance to new practice educators.</td>
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<td>4.2</td>
<td>Ensure the practice placement experience contributes to preparing students to become safe practitioners.</td>
<td>Student assessment documentation provides evidence of achieving learning outcomes.</td>
<td>Student induction including all relevant aspects of health and safety preparation are standard within all NHS board areas. Students have access to Health and Safety polices upon request within all NHS boards. Online access to relevant health and safety documentation is available/in development within a number of organisations. Opportunities to achieve relevant health &amp; safety related learning outcomes and competency related outcomes are available in all boards, as are opportunities to be involved in risk assessment.</td>
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<td>4.3</td>
<td>Form partnerships with education institutions to facilitate placement learning.</td>
<td>Each board works in partnership with a range of education institutions including Scottish Higher Education Institutions and Scottish Further Education Colleges. A number of boards have developed partnerships with English institutions to facilitate placement learning for the smallest AHP disciplines. Formal liaison processes exist between the Scottish Academic Heads Group and the AHP Directors Subgroup.</td>
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<td>4.4</td>
<td>Provide access to facilities and learning opportunities to allow student outcomes to be achieved.</td>
<td>Evidence of access for learning opportunities exist. Access to facilities and learning potential within NHS boards includes an extensive range of placement opportunities: primary/community care, mental health, acute care, intensive care, trauma, neonatal care, paediatrics, care of the elderly, rehabilitation, diagnostics, learning disability, neurology, surgery, oncology, palliative care, remote and rural services, care homes, public health and health promotion. Placement opportunities exist for students to observe, shadow and participate in all services under the supervision and guidance of experienced AHP, Nursing, Medical and other health and social care professionals. All Health Professions Council regulated disciplines have access to placement opportunities across Scotland – however NHS restructuring is recognised to present challenges in some boards to maintaining the number and extent of placement allocations.</td>
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<td>4.5</td>
<td><strong>Provide a supportive learning environment for educators and students on placement.</strong></td>
<td><strong>Staff Governance Standards are met.</strong></td>
<td>There is clear evidence of commitment to providing a supportive learning environment across all NHS Scotland boards with dedicated AHP Practice Education Leads employed by all boards. Specific standards for student mentorship and supervision are advocated in many board areas and local facilities are provided for pastoral care in all. Physical resources include access to health care libraries, IT and multimedia resources, online learning facilities and private study facilities. Provision for staff CPD and personal development is evident in every board area and collaboration between Nursing and AHP staff development facilities are common.</td>
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<td>4.6</td>
<td><strong>Establish systems and processes to ensure that issues identified in relation to the quality of practice placements are addressed.</strong></td>
<td><strong>Systems and processes to address placement issues are in place.</strong></td>
<td>All placement providers utilise the relevant partner HEI reporting processes to manage student failure, access support for failing students and to raise complaints regarding student conduct and competence. The Datix system is used by all NHS Scotland boards to record and respond to accidents, incidents and near misses, including those that involve AHP students. Currently there are no facilities through Datix to directly inform partner HEI’s of incidents involving students. While several HEI specific incident management processes are in use, the variation between processes makes the robustness of their associated reporting mechanisms questionable. Only two boards provide evidence of specific mechanisms for students to raise complaints regarding the quality of the learning experience and the quality of clinical service. In all other board areas student complaints are directed through the partner HEI processes. Student placement evaluation processes are in place/ in development in</td>
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several boards including end of placement interviews, online anonymous evaluations and student story narratives. No board provided evidence of routinely receiving student placement evaluation data from partner HEI’s, although it is acknowledged that following the introduction of practice placement agreements this will in future be an expectation.

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<td><strong>4.7</strong></td>
<td><strong>Promote Equality and Diversity in all aspects of the placement.</strong></td>
<td>Educators and staff have received Equality and Diversity training and learning arrangements/ reasonable adjustments take account of student needs.</td>
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<td>Equity and Diversity policies are in place in all NHS Scotland boards. Staff Equity and Diversity training is compulsory for all employees in every board area. Mechanisms to support reasonable adjustments for students with disability or specific learning needs have been identified by all but vary in process across the boards.</td>
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Organisations providing practice placements can expect:

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<td>4.8</td>
<td>Support from and liaison with education</td>
<td>Lines of communication and decision-making are clear.</td>
<td>There is evidence of clear lines of communication and decision making at course level between individual HEI’s and the respective clinical service placement providers in all board areas. Informal communication between course teams and practice educators take place on a daily basis through placement visits, telephone and email. Higher-level communication is supported by regular meetings and communication between the Academic Heads Group and the AHP Directors Sub Group. A number of boards can evidence regular participation in HEI liaison committees, discipline specific development networks or involvement of HEI representatives in local NHS AHP committee structures. There is no common model of communication, liaison or decision making shared across all board areas or HEI’s.</td>
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<td>4.9</td>
<td>Involvement in curricula development</td>
<td>Placement providers’ views are represented in curricula design</td>
<td>In every board areas there is adhoc evidence that AHP staff feed into curricula development and are consulted on changes in course content, practice placement management and practice assessment processes. However no board has a formal mechanism for recording of involvement in HEI consultations or professional and regulatory body consultations.</td>
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<td>4.10</td>
<td>Formal agreements on practice placements between the service and education institutions.</td>
<td>Agreements exist e.g. Service Level Agreements, Memorandum of Understanding</td>
<td>AHP Practice Placement Agreements are in place or are currently pending between all NHS Scotland boards and Glasgow Caledonian University, Queen Margaret University, Robert Gordon University and University of Strathclyde. Memorandums of Understanding are in place with a range of Scottish Further Education Colleges and a small number of English Universities</td>
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6.0 Examples of Good Practice

The audit process identified multiple areas of good practice across the NHS Scotland locality boards.

6.1 Practice Learning Environment and Culture of Learning
Within NHS Lothian, NHS Lanarkshire and NHS Orkney several standards are supported by Practice Placement Steering Groups which includes representation from all AHP disciplines and the partner HEI’s. These groups ensure effective communication of practice placement issues within and between the AHP disciplines and parity in processes for management of the student placement experience.

Within NHS Greater Glasgow and Clyde and the National Waiting Times Centre Board, an Educational Project Steering Group represents AHPs from across the board areas and sets and reviews the work streams of the Practice Education Leads.

6.2 Preparation and Support for Practice Educators
Within NHS Forth Valley, practice education programmes have been developed locally to support the needs of specific AHP groups supervising students.

Practice placement handbooks for staff are in use in NHS Tayside and NHS Western Isles, while an online blog is used to support staff in NHS Orkney. In NHS Fife student induction packs are provided detailing all local health and safety polices, ensuring that students are adequately prepared for placement requirements.

6.3 Practice Placement Evaluation Processes
NHS Western Isles carries out student evaluation at the end of each placement using the QSPP Section one audit tool and students are offered further evaluation opportunities using emotional touch points so that they can tell their personal story. NHS Grampian is piloting a student narrative evaluation process to identify the strengths and weaknesses of student placements within the acute sector.

A Whistle blowing/Raising Concerns process is open to students in NHS Lanarkshire who may wish to raise concerns about aspects of the clinical service.

Within the State Hospital, complaints from a student are initially managed by a confidential complaints officer who acts as an intermediary between the student and higher levels of the organisation and provides appropriate support and guidance.
NHS Highland provides specific policies and processes for support of learning during pregnancy, under 18's working and for Whistle blowing.

NHS Ayrshire and Arran undertake comprehensive analysis of practice placements including audit within each service area, practice educator evaluations and student evaluations. A similar process is adopted in NHS Borders with a rolling programme of audit within each clinical service area.
7.0 Practice Placement Challenges Common to Boards

While there is significant variation in development of processes and resources to meet the QSPP standards, three challenges are common to many NHS board areas:

7.1 Incident Reporting Processes
Reporting of accidents, incidents and near misses within all NHS Scotland boards is recorded and reported using the Datix system. Access to the NHS Scotland Datix system is not however available to partner HEI’s and communication of incidents relies on contact between practice educators and course teams. Utilising the internal Datix system and several separate HEI processes increases both staff workload and the risk that incidents are not effectively communicated between placement providers and HEI’s.

7.2 Student Complaint Processes
Student complaints processes are not yet a well integrated feature within NHS Scotland Boards. There is therefore potential for development of a single complaints process that could be adopted across all boards.

7.3 Evidencing Involvement in Curricula Development
Although NHS Staff involvement in curricula development and expert consultations takes place on a regular basis there is limited documentary evidence of the contributions made or resultant curriculum changes. There is therefore again potential for development of a single process that could be adopted across all boards to reflect the specialist guidance provided by NHS staff.
8.0 Conclusion and Recommendations

All NHS Scotland boards who participated in this initiative provided evidence to demonstrate compliance with section four of the Quality Standards for Practice Placements.

An extensive range of evidence was offered to support the audit process highlighting diversity in processes across the boards. While the need for board specific processes is acknowledged to be important, there are multiple examples of good practice which could be shared to support other board areas enhance the quality of their practice placements. Joint approaches could also be considered to address common challenges.

**Recommendations:**

- A consistent approach to organisation and leadership of the AHP practice education structure should be adopted in all Health Boards based on the good practice examples provided.
- A mechanism should be developed to facilitate sharing of AHP practice education best practice between the Health Boards.
- A common student complaints process should be developed in partnership with Higher Education Institutions and adopted by all Health Boards.
- A single incident reporting and management process, utilising the Datix system should be developed in partnership with Higher Education Institutions.
- A consistent mechanism to record AHP contribution to curricula development and expert consultation should be developed and adopted by all Health Boards.

**Acknowledgement**

Sincere thanks are extended to the AHP Practice Education Leads, Nursing Practice Education Facilitators, Practice Development and Human Resources staff who participated in the audit processes, without whom successful completion of this initiative would not have been possible.

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