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|  | **Standard Operating Procedure for developing non-NHS areas to become a Practice Learning Environment.** | Version |  1.3 |
| Effective from | December 2023 |
| Review date | December 2024 |
|  Author | CHEFs |
|  Sign off | TD |

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| Aim | To engage with clinical environments e.g. care homes to offer Care Home Education Facilitator (CHEF) support with learning, development, and to achieve uniformity in developing Care Homes and similar areas to become a Practice Learning Environments (PLE); ensuring standardised governance to ensure quality of PLE’s |
| **Statement** | Standard Operating Procedure (SOP) for the Practice Education team when developing new clinical environment PLE’s is to ensure that standards and agreements that have been set out by the team and other stakeholders are being followed (NMC1 and NES2). This SOP is not time limited as progression of new PLE development can vary, but instead provides a simple step by step process for developing care homes.  |
| **Requirements** | * All assessed Care Inspectorate scores are required to be 3 or Higher to initiate an educational audit.
* Health and Social Care Partnership (HSCP) Chief Nurses must be contacted by the CHEF to determine if approaching a new care home in the first instance is appropriate. This is achieved by outlining plans in the quarterly [Chief Nurse Report](https://scottish.sharepoint.com/%3Aw%3A/s/MHPPEFs/Ecj0widGhyRMjjq2VeSVeSAB4h_rjA3DkuCDlEnauOh5tQ?e=qpKsTp)
* A minimum of one Nursing and Midwifery Council (NMC) registered practitioner working within the home. If there are no suitably prepared practitioners to undertake the Practice Assessor (PA) role, a long arm approach may be considered for the PA component, but this process is not included in this SOP.
* Tripartite arrangement for Educational Audit

[SOP for auditing a PLE](https://scottish.sharepoint.com/%3Aw%3A/s/PracticeEducation692/Eev8Lmcd1ttBisxWUN9xuj0BoAkAqUhIVrept2IaJGEtwg?e=gbtfHO) |
| **Process** | **Process for initial engagement of potential non-NHS PLE’s.*** Initially contact Chief Nurse to advise of areas that CHEF is planning to contact, await approval from Chief Nurse, via the Chief Nurse report, before any approach.
* Initial contact email sent to the clinical environment manager or another designated person. CHEF will engage at least once per month, over a 3-month period, until a response is received.
* If clinical environment managers do not respond within this 3-month period, a 4th contact should be made asking if the environment would like to still be part of the CHEF email distribution list. Add their email address to secure blind copy distribution list and update the CH capacity spreadsheet accordingly.
* If there is no response, CHEF should wait for 12 months from the initial contact date before re-approaching. The CHEF should note this in their calendar/planner/ and CH capacity spreadsheet when to re-approach. Chief Nurses will be kept up to date via the Chief Nurse reports.
* CHEF will respond and re-engage at any time, if the home approaches practice education in this waiting period.
* Activity progress should be added to Chief Nurse reports

**Process for engaging with potential PLE’s.*** Engage with manager or delegated staff member via phone, email, or arrange visit or MS Teams to discuss CHEF role, educational resources CHEFs can provide, and opportunities for pre-registration learners to be placed within the environment. Initially this may be Turas, revalidation, Flying Start etc. Not necessarily preparation to become a PLE.
* The manager should identify appropriate staff to become Practice Supervisors (PS) and Practice Assessors (PA) – The CHEF should suggest to the manager that more than two members of staff would be preferable. Those identified must be registered health and social care staff; those registered with the Nursing and Midwifery Council, those on the supervisor part of the Scottish Social Services Council (SSSC) register or registered with the Health and Care Professions Council register.
* Identified staff should self-assess [(Reflective self-assessment / self-declaration form)](https://www.nhsggc.scot/staff-recruitment/staff-resources/nurses-and-midwives/nurses-and-midwives-practice-education/practice-supervisor-practice-assessor-portal/preparation-practice-supervisors-practice-assessors/) their own learning needs and be supported to complete appropriate learning and development to become PA/PS e.g. Turas modules. The CHEF should provide ongoing support to staff as they develop as PS and/or PA.
* CHEF support may include signposting, to learning resources, workshops or teaching and is dependent on the needs and wishes of the individual care home.
* Anyone who was previously an NMC mentor and feels they have recent experience can complete the [Transition Form](https://www.nhsggc.scot/staff-recruitment/staff-resources/nurses-and-midwives/nurses-and-midwives-practice-education/practice-supervisor-practice-assessor-portal/preparation-practice-supervisors-practice-assessors/), to be able to fulfil the new roles.
* Quality Management of Practice Learning Environments (QMPLE) profile page needs to be created. If required CHEFs can pre-populate the QMPLE profile and Quality Standards for Practice Learning (QSPL) due to care home manager time constraints, after which managers/lead contacts can add to or amend this. Practice Education Role (PER) users need a work email.
* CHEF teaches PER how to use and navigate QMPLE, and access Student Practice Learning Environment Feedback (SPLEF).
* CHEFs are required to visit frequently, and to use email and phone to encourage and support staff to complete the Turas learning units, or to initiate teaching or workshops (as per new project commencing Jan 2024). These Turas modules are a library of resources and are not required to be completed where staff already have appropriate knowledge and skills.
* Once staff self-declare, using the West of Scotland self-declaration form [(Reflective self-assessment / self-declaration form)](https://www.nhsggc.scot/staff-recruitment/staff-resources/nurses-and-midwives/nurses-and-midwives-practice-education/practice-supervisor-practice-assessor-portal/preparation-practice-supervisors-practice-assessors/), that they are now sufficiently prepared then they are added to QMPLE and the [PS/PA preparation completers database](https://scottish.sharepoint.com/%3Ax%3A/s/MHPPEFs/Eb_56IjjpIFDqz2aJYrul6gBtQh2nT9A6hQJOyM0ajUe9w?e=SeIL9J).
* Prepared PA names are added to QMPLE using false emails due to GDPR e.g. JD@carehome.com. PS names are not stored, only the number available in the PLE are added.
* The Educational Audit and Service Level Agreement (SLA) are completed as per normal processes outlined in their own relevant SOP’s. (See [Educational Audit SOP](https://scottish.sharepoint.com/%3Aw%3A/s/PracticeEducation692/Eev8Lmcd1ttBisxWUN9xuj0BoAkAqUhIVrept2IaJGEtwg?e=bKRQpc))
* When staff are suitably prepared and the educational audit is complete, the CHEF should contact the allocation teams at the relevant Higher Education Institute (HEI) to discuss when first allocation of students will take place. The CHEF will share this information with care home staff.
* CHEFs to carry out a Practice Assessment Document (PAD) session/run through QSPL evidence. There is a risk of staff forgetting how to complete PAD if this is carried out too early.
* The CHEF should visit on the week before the first students commence. Another PAD session may be required for staff who did not attend the first.
* The CHEF should visit on the first or second week of the student's placement, and again mid-way to ensure there are no issues.
* If the care home stop responding mid process - ensure x 3 emails / calls, then stop and note this on the relevant spreadsheet.
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| **additional considerations** | If a home has indicated interest in having student nurses but is not in a suitable position to do so when enquiring, CHEFs should agree a timescale with the contact person to contact them again for an update on their position. CHEF can offer educational sessions and keep them on their mailing list with consent.Where a manager contacts the CHEF out with the initial non-engagement time frame, the CHEF will engage the care home as per initial engagement process.  |

**References**

1. [SSSA - The Nursing and Midwifery Council (nmc.org.uk)](https://www.nmc.org.uk/supporting-information-on-standards-for-student-supervision-and-assessment/)
2. [Quality Standards for Practice Learning (QSPL) (scot.nhs.uk)](https://www.nes.scot.nhs.uk/our-work/quality-standards-for-practice-learning-qspl/)
3. [SOP for auditing a PLE](https://scottish.sharepoint.com/%3Aw%3A/s/PracticeEducation692/Eev8Lmcd1ttBisxWUN9xuj0BoAkAqUhIVrept2IaJGEtwg?e=gbtfHO)