



What was our aim?	Background/Why is it important?	Ideas and tests of change
<p><b>To increase the number of pre-registration student placements offered by the school health service per year to at least 25 before the end of 2020, by developing a sustainable placement programme.</b></p>	<p>Prior to the COVID-19 pandemic Kent Community Health NHS Foundation Trust (KCHFT) would provide pre-registration student placements ad-hoc throughout the year. Previously, due to staffing shortages and additional commitments, we could not increase the number of placements which could be provided.</p> <p>KCHFT has an agreement with partnering universities to provide placements for pre-registration nurses and in turn the trust incurs a financial benefit. With this in mind, increasing the number of placements on offer would result in additional income. Providing more placements also means that more students are given the opportunity to experience the job roles they aspire to qualify for and helps them to make more informed decisions for their career pathways.</p> <p>COVID-19 and the associated restrictions meant that placements could not be continued face-to-face. Without a placement, pre-registration students are unable to meet their learning needs for course completion. As a result of this, school health needed to develop a sustainable programme in a timely manner that would be replicable to support future placements and therefore, the future workforce.</p>	<p>In order to provide continuity of training and placements during the pandemic, a virtual programme was developed.</p> <ul style="list-style-type: none"> <li>- Induction pack created</li> <li>- Competency booklet created</li> <li>- Staff approached and identified to support delivery</li> <li>- The virtual training programme developed</li> <li>- Canterbury Christ Church University (CCCU) review of programme and change to allocate students three times per year</li> <li>- Relationships with higher education institutes (HEI) strengthened and partnerships working identified the process required</li> <li>- Programme delivery developed with health visitor colleagues to support joint delivery with students identified to access dual placement</li> <li>- Development of evaluation for students</li> <li>- Students have received a broad overview of this service that they would not have been able to access during face-to-face placement due to limitations of practitioner time and availability.</li> </ul>

The tools we used	Results/How did we do/Anticipated outcome	Lesson learned/what's next
<p><u>Driver diagram</u></p> <pre> graph LR     A[Increase number of student placements offered per cohort] --&gt; B[Utilise mixed methods of delivery to maximise attendance]     A --&gt; C[Increase capacity to train/mentor/assess students]     B --&gt; B1[Utilise e-learning modules to support minimised face-to-face training]     B --&gt; B2[Deliver virtual training]     C --&gt; C1[Competent colleagues assigned to deliver training]     C --&gt; C2[Efficient assignment or mentoring and assessing responsibilities]     B1 --&gt; B1a[Create e-learning package]     B2 --&gt; B2a[Develop student programme/induction pack to include face-to-face, e-learning and virtual training sessions]     C1 --&gt; C1a[Identify and approach colleagues to support delivery - to include health visiting colleagues also]     C2 --&gt; C2a[Assign both mentoring and assessing responsibilities to colleagues]         </pre>	<p><b>Number of placements offered per year:</b></p> <p>Despite having colleagues redeployed to support the COVID-19 pandemic, we have been able to adapt and maintain placement delivery to support the development of our future workforce. In 2020 we were able to deliver 31 placements and in 2021 we offered 26.</p> <p><b>Student feedback of new virtual programme:</b> 100 per cent of respondents felt that they had achieved what they were hoping to and that they had a better understanding of the work carried out by KCHFT following the virtual placement. 92 per cent agreed, or strongly agreed, that their learning contract was completed and updated at regular intervals during the placement and 100 per cent agreed, or strongly agreed, that their mentor/educator set aside time to meet with them to discuss their progress.</p> <p><b>Staff feedback:</b> Four trainers responded to the survey. 75 per cent said that virtual delivery was less time consuming compared to face-to-face and 75 per cent said they preferred a blended approach to delivery in future, with the remaining 25 per cent preferring fully virtual. All respondents felt there were additional benefits to virtual delivery for the students.</p>	<p>Relationships with local HEI have greatly improved, with joint working and productive meetings to plan and develop working practices.</p> <p>Specialist Community Public Health Nurse (SCHPHN) students have accessed appropriate additional learning from the pre-registration programme to support their learning and development. (Shared learning experience).</p> <p>Work with universities to understand how the placement compliments the course and whether there are more appropriate timings for the placements to take place during their learning. Joint learning is beneficial to both school nursing and health visiting placement students. We have learnt that dual placements and virtual learning has benefitted both KCHFT and students.</p> <p>Delivery of the new model in a sustainable way to include practitioners.</p> <p>Practitioners have developed their skills of delivery. Expansion of the virtual delivery model to include neighbouring trusts and other services to support a variety of student placements. This is developing greater work relationships to support the breadth of the student experience and provide a broader spread of students.</p>