



Joint Hospital Groups (JHGs) Foundation Nurses Pathway

Where we currently are...

Frimley Park Hospital, Frimley, Surrey.

Queen Alexandra Hospital, Portsmouth.

Derriford Hospital, Plymouth.

Queen Elizabeth Hospital Birmingham.

James Cook University Hospital, Middlesbrough.

John Radcliffe Hospital, Oxfordshire.

Queen Victoria Hospital, East Grinstead.



What is the Foundation Nursing Pathway...



The aim of a foundation period is to enhance the newly qualified nurse's confidence and autonomy.

This is a through a period where the nurse is supported into their new accountable and registered roles.

Taking a blending teaching and learning approach through classroom teaching and attainment of role-specific competencies in their clinical workplace.

Who We May See ...

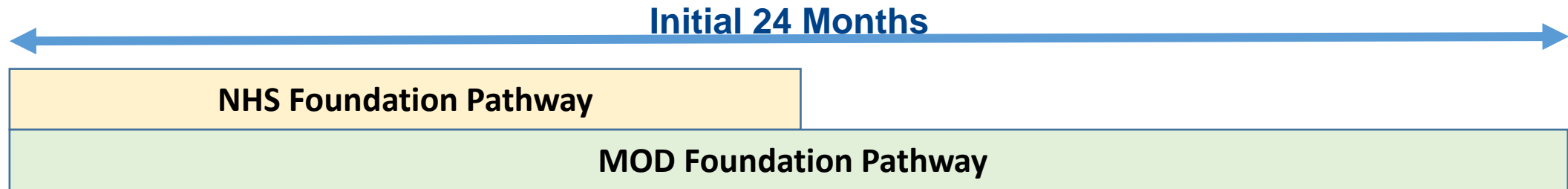
We have two entry avenues into the world of MOD nursing:

- Direct entrance.
- Student nurses.

Reservists

We also have a remarkable strength of nurses within the reservist route. Providing skills sets from newly qualified nurses to highly specialised nurses.

Journey of our Foundation Nurses...



NHS foundation pathway:

- 12 months
- A structured package.
- Supernumerary time.
- Unique delivery from trust to trust.
- Covering the Health Education Standards for Preceptorship.
- Blended learning and support.

MOD Foundation Pathway



- JSP 950 Lft 4-2-1.
- 12 - 24 months.
- Competencies
 - Defence Operational Nursing Competency.
 - The National Competency Framework for Registered Practitioners – Level 1 Patient and Enhanced Care Areas.

DEFENCE FOUNDATION PLACEMENTS OF NEWLY QUALIFIED, COMMISSIONED AND DIRECT ENTRANT MILITARY REGISTERED NURSES (ADULT) WITHIN SECONDARY HEALTH CARE

1. The Defence Medical Services (DMS) has a responsibility to support nurses who are both new to the Defence and/or to the Nursing profession, recruited into Regular Service, within both Primary and Secondary Care Establishments. This includes nurses who are: newly qualified; commissioned from the Rates/Ranks; and direct entrant (DE) Registered Nurses (Adult) (RN(A)). Continuing Professional Development (CPD) is the responsibility of each individual nurse however, the DMS remains committed to supporting nurses as they successfully transition from student to qualified nurse, and/or from civilian to Defence practice.

2. The Nursing and Midwifery Council (NMC) defines preceptorship as 'a period of support for people who have joined the register to help their transition from student to qualified nurse or midwife'¹. In addition to the NMC, it is clearly advocated by the Royal College of Nursing (RCN)², Health Education England (HEE)³ and the Department of Health (DoH)⁴. NHS Employers highlight the benefits of preceptorship as: enhanced patient care and experience; improved recruitment and retention; reduced sickness absence; more confident and skilled nurses; and increased staff satisfaction and morale.

Aim

3. The aim of this leaflet is to guide DMS personnel, supporting nurses during their initial Foundation placements. Typically, this will include: Joint Hospital Group (JHG), Defence Primary Health Care (DPHC) or Defence Community Mental Health (DCMH). This policy defines the foundation placements for military RN(A) within the Joint Hospital Group (JHG). In turn this should facilitate completion of the appropriate level of the DONC to prepare nurses for deployed operations. Although national guidance focusses on a transition of clinical practice from student to qualified, this policy notes and addresses the additional challenges to becoming a military nurse, particularly in preparing for an initial deployment.

Scope

4. This policy is focused on Regular Service military nurses. More flexible local arrangements will be required to support the development of newly qualified, newly

Placement

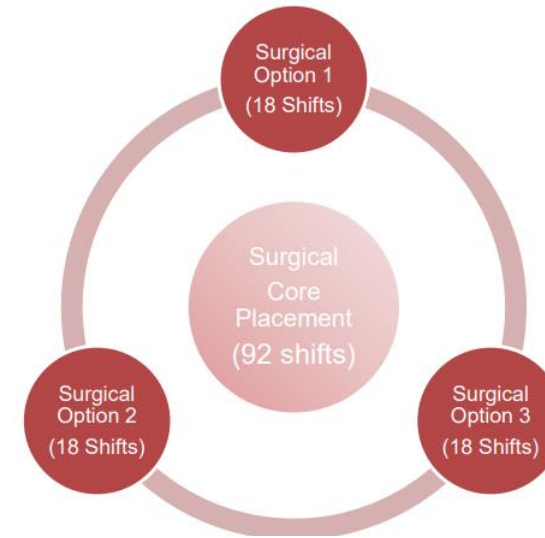
2 Core placements:-

- 1 x Medical.
- 1 x Surgical.

With the scope for placements into wider medical and surgical placements within these placements.

Additionally:

Personnel will be able to either participate or observe in medical exercises. This not only contributes to clinical exposure but also supports them into their transition to a military nurse.



Potential Surgical options:

Core Placement:

General surgery
Vascular surgery
Trauma & Orthopaedics
GI surgery
Burns & Plastics

Option Placements:

HDU/ICU level 2 patients
Emergency Dept.
ICU outreach
Cardiac surgery
ENT
Ophthalmology
Neurosurgery
Theatres
Exercise opportunity within sS DHC
MTF/HOPSEX

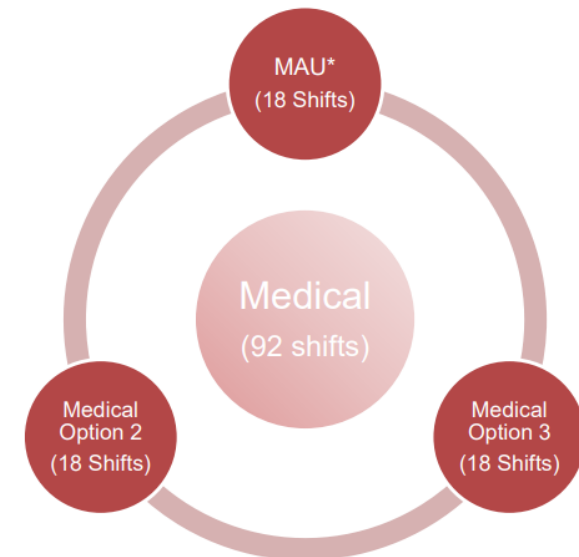
Potential Medical options:

Core placement:

Acute General Medicine
Respiratory (acute)
Medical Admissions/Assessment Unit

Option placements:

Medical Admissions/Assessment Unit
(*high preference option for all, but at any point within foundation period)
Emergency Dept.
HDU/ICU level 2 patients
ICU outreach
Infectious disease ward
CCU
Neurology
IPC team
Pain team
Sepsis team
Exercise opportunity within sS DHC
MTF/HOPSEX



Current Foundation Nursing Pathway

- The James Cook University Hospital in Middlesbrough is a regional major trauma center and tertiary hospital.
- We provide 37 different specialties all on one site – delivering world-class cancer, cardiothoracic, spinal, renal, cochlear implant, neurosciences, gynecology, vascular and urology care for patients across our region.
- Our 24-hour emergency department houses the major trauma center for Durham, East Cleveland, Tees Valley and North Yorkshire and includes a separate area for children and young people.



Current Foundation Nursing Pathway

- **18 Preceptees – 4 New arriving in new year.**
- **2 week South Tees Trust Induction.**
- **Clinical Skills.**
- **Surgical – Burns and plastics, T&O / Medical – MAU Male and female.**
- **Elective : ITU, A&E and PHC.**
- **Options for placements in cardiology, critical care, Sexual Health.**
- **PD training days take place once a month.**
- **Clinical supervision sessions.**
- **Support on the wards.**
- **Early engagement to identify elective and spec areas.**
- **Liaison between PD, HODs and preceptee in preparation for Spec.**

- Preceptor placements.
 - AMU
 - SAU
 - T & O
- Shifts in other clinical areas broaden experience.
- Specialising – acute areas, PHC placements.
- Support to preceptors.

JHG SW NHS Foundation Pathway



- **12-month programme.**
- **Constructed around the Health Education Standards for Preceptorship.**
- **Supernumerary periods during this pathway.**
- **Wide range of support throughout this programme.**



Preceptorship Programme at JHG(S)



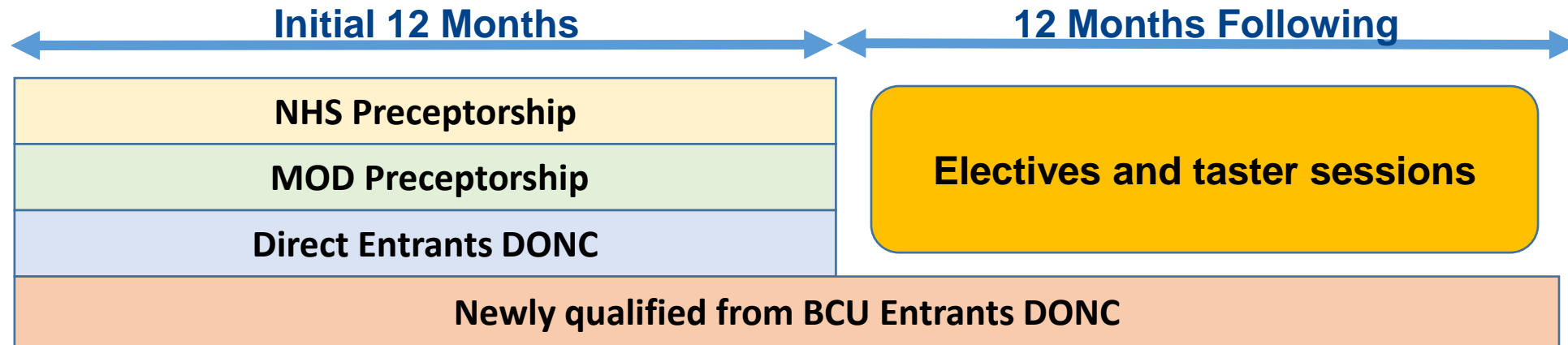
JHG(S) Preceptees previously joined PHUT Preceptorship programmes.

This altered in Jan 22, with the first group (RG 38) starting on the newly created bespoke JHG(S) Preceptorship programme ran by the Unit Practice Education team.

Currently running RG 39 which consists of 15 personnel. The programme began in Oct 22 and has a mix of BCU and Direct Entrant Nurses and ODPs.

Intro day 31 Oct 22 JHG(S) (Rm: 654)	Day 1 14 Nov 22 Communication TRUST (Rm: 10)	Day 2 5 Dec 22 Leadership & Team Working JHG(S) (Rm: 654)	Day 3 23 Jan 23 Clinical Delivery TRUST (Rm 5)	Day 4 13 Feb 23 Healthcare Governance TRUST (Rm 1 and 2)	Day 5 15 Mar 23 SIM/Clinical skills TRUST (SIM and Rm 10)		Day 6 27 Mar Career & Personal Development JHG(S) (Rm: 654)
Welcome and Administration	Welcome and Administration 0830 - 0845	Welcome and Administration	Welcome and Administration	Welcome and Administration	Welcome and Administration		Welcome and Administration
Opening Address Commanding Officer RSM DOCN	What is Communication? 0845 - 0945	Clinical Leadership	Delivering Safe Care	Accountability & Responsibility	SIM	Chest drains	Tabletop Exercise
Ice breaker and Introduction to PracEd	Emotional Intelligence and Civility 0945 - 1045	Team working	Quality Improvement	ASER		NG	
Break	Break: 1045 - 1115	Break	Break	Break	Break	Break	Break
What is Preceptorship? Timetable and Workbook distribution	What can the library Offer? Aaron Razack – Clinical Librarian	Interprofessional and Multidisciplinary Nursing (+ case study)	Raising concerns and safe staffing	1100 - 1200 DATIX and risk management Ellie Lindop – Deputy Director of Governance and Risk and Kerry Smith – Risk and Systems Manager	SIM	Neuro	Tabletop Exercise
	Health Literacy Rebecca Howes – Clinical Librarian						
Lunch	Lunch: 1215 - 1315	Lunch	Lunch	Lunch 1200 - 1300	Lunch	Lunch	Lunch
Introduction to ESR	Dealing with conflict 1315 - 1400	Sepsis	1345 - 1445 Deteriorating Patient Catriona Sutherland – Deteriorating Patient Matron	1300 - 1500 Medicine Management Marilyn Upton – Medication Safety Lead Nurse and Fiona Moore - Pharmacist	Chest drains	SIM	Revalidation and Reflection
What is the DONC? DONC distribution	Mental Health & Resilience 1400 - 1445				NG		Healthcare on ops
Break	Break 1445 - 1500	Break	Break	Break	Break	Break	Break
Q&A session	Symptom control in palliative and end of life care Dr Sarah Russell – Lead Nurse Palliative and End of Life Care 1500 - 1600	Human Factors Clare Caton	Significant conversation in Palliative and end of life care Dr Sarah Russell – Lead Nurse Palliative and End of Life Care 1500 - 1600	Clinical Supervision	Neuro	SIM	Closing Address Commanding Officer
							Inval

Journey post



- **Choice of specialist areas.**
- **These can range from 3 to 6 months.**
- **Complete Core DONC and start completing specialist area DONC competencies.**