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NMC Nursing & Midwifery Council

Review of pre-registration nursing

Princess Elizabeth Hospital, Health and Social Services Department, Guernsey
2 – 4 November 2015

Monitoring review of performance in mitigating key risks identified in the Nursing and Midwifery Council's Quality Assurance framework for nursing and midwifery education 2015–2016

Programme provider	University of East Anglia endorsement provision with the Institute of Health and Social Care Studies, Health and Social Services Department, Guernsey
Programmes monitored	Pre-registration nursing – adult Pre-registration nursing – mental health
Date of monitoring event	2– 4 November 2015
Managing Reviewer	Brenda Poulton
Lay Reviewer	Ruth Jones
Registrant Reviewer(s)	Joanne Benn - pre-registration nursing – adult Hugh O'Donnell – pre-registration nursing – mental health
Placement partner visits undertaken during the review	Princess Elizabeth hospital, Health and Social Services Department, Guernsey: Victoria Wing; Accident and Emergency; Intensive Care Unit; Sarnia Ward; Brock Ward; Carey Ward; Le Marchant; Fougere Ward; Day Patients; De Sausmarez Ward; Theatres Community Mental Health Team (older adults) School Nursing/health visiting teams Beauville Learning Disabilities Child and Adolescent Mental Health outreach team Psychological Therapies Department Positive Behavioural Support Team Community Learning Disability Team Summerland Nursing Home (private practice) Recovery and Wellbeing Recovery and Rehabilitation Community Drug and Alcohol Team Oberlands Mental Health Centre

Date of Report	23 November 2015

Introduction to NMC Quality assurance framework

The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public. We do this by ensuring that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK. We take action if concerns are raised about whether a nurse or midwife is fit to practise.

Standards for pre-registration education

We set standards and competencies for nursing and midwifery education that must be met by students prior to entering the register. Providers of higher education and training can apply to deliver programmes that enable students to meet these standards. The NMC approves programmes when it judges that the relevant standards have been met. We can withhold or withdraw approval from programmes when standards are not met.

Quality assurance (QA) and how standards are met

The quality assurance (QA) of education differs significantly from any system regulator inspection.

As set out in the NMC QA framework, which was updated in 2015, approved education institutions (AEIs) are expected to report risks to the NMC. Review is the process by which the NMC ensures that AEIs continue to meet our education standards. Our risk based approach increases the focus on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. It promotes self-reporting of risks by AEIs and it engages nurses, midwives, students, service users, carers and educators.

Our role is to ensure that pre-registration education programmes provide students with the opportunity to meet the standards needed to join our register. We also ensure that programmes for nurses and midwives already registered with us meet standards associated with particular roles and functions.

The NMC may conduct an extraordinary review in response to concerns identified regarding nursing or midwifery education in both the AEI and its placement partners.

The published QA methodology requires that QA reviewers (who are always independent to the NMC) should make judgments based on evidence provided to them about the quality and effectiveness of the AEI and placement partners in meeting the education standards.

QA reviewers will grade the level of risk control on the following basis:

Met: Effective risk controls are in place across the AEI: The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve all stated standards. Appropriate risk control systems are in place without need for specific

improvements.

<u>Requires improvement to strengthen the risk control</u>: The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve stated standards. However, improvements are required to address specific weaknesses in AEI and its placement partners' risk control processes to enhance assurance for public protection.

<u>Not met</u>: The AEI does not have all the necessary controls in place to safely control risks to enable it, placement partners, mentors and sign-off mentors to achieve the standards. Risk control systems and processes are weak; significant and urgent improvements are required in order that public protection can be assured.

It is important to note that the grade awarded for each key risk will be determined by the lowest level of control in any component risk indicator. The grade does not reflect a balance of achievement across a key risk.

When a standard is not met an action plan must be formally agreed with the AEI directly and, when necessary, should include the relevant placement partner. The action plan must be delivered against an agreed timeline.

Summary of findings against key risks

Resources	**1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**	1.1.1 Registrant teachers have experience / qualifications commensurate with role.			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students			
Admissions & Progression	**2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification**	2.1.1 Admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
Practice Learning	**3.1 Inadequate governance of and in practice learning**	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 Academic staff support students in practice placement settings		
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors, sign-off mentors, practice teachers are properly prepared for their role in assessing practice	3.3.2 Mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with	3.3.3 Records of mentors / practice teachers are accurate and up to date	
Fitness for Practice	**4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards**	4.1.1 Documentary evidence to support students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for			
Quality Assurance	**5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards**	5.1.1 Student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		

Standard Met	*Requires Improvement*	*Standard Not met*

Introduction to the University of East Anglia's pre-registration nursing programme provided at the Institute of Health and Social Care department, Guernsey

In 2011 the University of East Anglia (UEA) was re-approved to deliver a pre-registration nursing programme. This included an endorsed provision of the pre-registration nursing (adult and mental health) fields at the Institute of Health and Social Care Studies (the Institute), the Health and Social Services Department (HSSD), States of Guernsey. This pre-registration nursing programme is the focus of this review.

In October 2014, the NMC conducted an extraordinary review into midwifery supervision at the NHS England South West (NHSE SW) local supervisory authority (LSA) at the Princess Elizabeth Hospital (PEH) in Guernsey. The QA reviewers identified serious governance issues which posed a potential risk to student nurses' practice learning experiences. As a result UEA removed all student nurses from practice placements, an action plan was implemented and, following improvements, a phased return was implemented during 2015.

Third year student nurses were returned to practice placements in January 2015; second year student nurses in June 2015; and student nurses in year one of the programme are due to return at the end of November 2015.

As student nurses in Guernsey are salaried employees they were redeployed as health care assistants when the programme was suspended. Although students found the temporary suspension from the programme challenging they confirmed they had received excellent support from lecturers in the Institute and HSSD nursing staff who supported them in their role as health care assistants.

The monitoring visit took place over three days at HSSD Guernsey and involved a review of the shared action plan implemented by UEA and the Institute to manage governance issues and improve practice learning environments. The review takes account of feedback from many stakeholder groups including academics, managers, mentors, students, service users and carers involved with the programme scrutiny.

Following the monitoring visit the university produced an action plan to address the unmet outcomes. Subsequent evidence provided between November 2015 and April 2016 confirms that the action plan has been fully implemented and the identified risks are now controlled.

Summary of findings and areas requiring improvement

We found admissions procedures meet NMC requirements, ensuring all students have Disclosure and Barring Service (DBS) and occupational health clearance before

proceeding to their first practice placement. However, the current structure of the nursing programme does not meet the NMC standard for progression. Inadequate safeguards are in place to prevent potentially unsuitable students from progressing to a subsequent part the programme before meeting the learning outcomes of the previous part. This does not provide assurance that unsuitable students will not be able to progress on the programme.

The UEA and the Institute, in collaboration with practice partners, developed a joint action plan to implement immediate rescheduling of the progression points. This ensures that students meet all required learning outcomes, within each assessed period of the programme, before progressing to the next period of assessment. Detailed evidence has been provided in support of these changes. This risk is now controlled (08 April 2016).

There is a robust procedure in place to manage the learning experiences of students less than 18 years of age entering practice placements. This ensures both protection of the student as well as protection of the public.

UEA and the Institute have sound policies and procedures in place to address issues of poor performance in both theory and practice. The robust fitness to practise (FtP) procedures and raising concerns in practice process manage incidents of concern, both academic and practice related. We found evidence of the effective implementation of these procedures. There are examples of students at the Institute being taken through the FtP process and being subject to remedial action, demonstrating the rigour of the process in ensuring public protection.

We found that mentors and sign-off mentors are effectively prepared for their role in the assessment of practice. The mentors have all completed annual updates and, where appropriate, have undertaken triennial reviews. However, there are inconsistencies between the central mentor register, held by the Institute, and mentor information held in practice placement areas. The Institute should coordinate the mentor registers to ensure the maintenance of accurate and up-to-date mentor registers are held centrally and in practice placements. This is required to prevent students being supervised by mentors who do not meet NMC requirements.

We conclude that practice placement providers have a clear understanding and the confidence to initiate procedures to address issues related to students' poor performance in practice. This process, whilst supportive, also ensures that students are competent and fit to practise in accordance with both university and NMC requirements to protect the public.

We are confident that programme learning strategies and support in practice placements enable students to meet the majority of programme learning outcomes. However, it is unclear whether all nursing students complete periods of night duty. This is in breach of the NMC requirements for students to experience the 24 hour cycle of care sufficient to meet the programme outcomes required for protection of the public.

The joint action plan between the UEA and the Institute, in collaboration with practice partners, includes the implementation of the UEA transcript of hours template at the Institute. This ensures that each student maintains a transcript of hours of practice to demonstrate experience of the 24 hour cycle of care at appropriate points in the programme. Evidence submitted in fulfilment of the action plan demonstrates that each student at the Institute has an individual transcript of hours document which must record the required number of night duty hours to fulfil NMC requirements. The NMC requirement is now met (08 April 2016).

Students in year three of the programme report that they feel confident and competent to practise and to be registered as nurses on the NMC professional register. Mentors and employers describe students completing the programme as fit for practice and purpose.

We conclude that significant progress has been made in the implementation of the joint action plan to manage education and wider governance issues and ensure practice placements provide effective practice learning opportunities for student nurses.

We are confident that students, for whom the programme delivery was suspended, have been reintroduced into quality learning environments which will promote effective student learning experiences and protect the public.

Summary of areas for future monitoring

- Effective implementation of contingency plans for staff resources to ensure that students continue to be well supported in both theory and practice.

- Successful appointments of lecturers to replace those who have left or been promoted.

- Adjustments to the programme calendar to ensure that students do not progress to the next part of the programme unless they have satisfactorily achieved all learning outcomes for the previous assessed period.

- Ensure consistency between the central mentor register and registers held in practice placement areas.

- Ensure there is documentary evidence that all pre-registration nursing students fulfil the requirements of the 24 hour cycle of care experience during the programme.

- Opportunities for students to experience adult nursing district nursing placements.

Summary of notable practice

None identified

Summary of feedback from groups involved in the review

Academic team

We found close working relationships between academic staff in the Institute and those based at UEA. The lecturers at the Institute told us that relationships with HSSD have improved since UEA's monitoring review in February 2015.

We were told that the academic teams and HSSD have worked hard over the last few months to implement the joint action plan and successfully return second and third year student nurses to practice placements, with clear plans for the return of first year students at the end of November 2015.

Lecturers from UEA and the Institute were open and honest about the challenges they face in maintaining staffing levels in the Institute over the next few months. UEA submitted an extraordinary report to the NMC on 28 October 2015 highlighting the number of unfilled lecturer vacancies at the Institute. However, there are contingency plans in place to manage these vacancies effectively. The academic team operate a personal teacher and link lecturer system to support theoretical and practice learning.

Mentors/sign-off mentors/practice teachers and employers and education commissioners

Mentors/sign-off mentors and practice placement managers told us that they were disappointed when UEA removed student nurses from practice placements in HSSD. This had a significant negative impact on the morale and self-confidence of practice placement staff.

Mentors/sign-off mentors and practice placement managers appeared enthusiastic about students returning to practice learning areas. They told us that they have received excellent support from link lecturers in preparation for the return of students. All students are assigned to a due regard mentor/sign-off mentor during periods when this is a requirement of the programme. Practice placement providers receive requests for student placements well in advance of the date when placement is required.

There are currently no capacity issues within practice placements as we found there are sufficient mentor/sign-off mentor numbers to meet student allocation demands. Mentors/sign-off mentors have a clear understanding of their role and responsibilities in relation to the formative and summative assessment of students and in determining the achievement of essential skills. Students work their mentors' shift patterns; however mentors indicated that students are given a choice about working night shifts. There is evidence of strong partnership working with the Institute and the practice placement providers value the support offered by link lecturers.

Mentors told us they are well prepared and updated for their roles. There is a general concern that low student numbers may hinder future mentor preparation and stifle

professional development. There is also a concern that triennial reviews will not be achievable. Managers and senior HSSD personnel confirm that students are fit for purpose and practice on completion of the programme.

Students

Nursing (adult)

The students told us that they value their experience and enjoy being on the programme. Whilst the temporary suspension from the programme was difficult to cope with they had received excellent support from staff at the Institute but were less satisfied with the communication from UEA. They felt that the time spent working as care assistants was a valuable experience that they could draw upon to inform their studies. They value the support of their lecturers who are available and responsive. Students told us that mentor supervision is in excess of the required 40 percent and they regularly work in excess of 80 percent of their time with their mentor or associate mentor. Students understand there is a strong culture of support for escalating concerns. Some students had used the process and received support, feedback and action.

Nursing (mental health)

Students told us they had recently returned or will soon return to practice placements. During the period when students were removed from placements they confirmed that they received positive support and information updates from Institute staff. However, they perceived support and communication from UEA was less effective during this time.

We heard that Institute staff provided students with learning updates and third year students had an opportunity to work on their dissertation assignment. Students told us they receive good support from Institute staff during all periods of theory and when undertaking periods of practice learning. All students are allocated a personal teacher and there is a requirement that students meet with this teacher at least three times each year.

During practice placements students told us they spend a minimum of 40 percent of practice time working directly with the allocated mentor. We heard that link lecturers provide positive support to students during practice learning periods, visiting the practice placement area a minimum of three times, at the preliminary stage of placement, at the mid-point and at the formative/summative assessment point of the placement.

We heard that students are confident that they have achieved the necessary skills and knowledge for the stage of programme they are currently studying.

Service users and carers

We spoke to a service user who had participated in student selection and who had

received preparation for this role. Service users are involved in teaching pre-registration students within the Institute and provide feedback to them following assessment presentations during theory periods.

Service users receive feedback from students following episodes of classroom teaching and find this beneficial for their own self esteem. They told us they receive remuneration in the form of payment or vouchers when they participate within the pre-registration curriculum.

Practice placement partners told us that they frequently request that users and carers evaluate students' performance during periods of practice learning. This evaluation information is captured verbally. At the moment there is no formal process for users and carers to give written feedback about students' performance. Users are complimentary regarding the care they have received from students and they told us they would welcome further and extended involvement in the pre-registration nursing programme.

Relevant issues from quality assurance reports

These quality assurance reports provide the QA reviewing team with context and background and attribute to the reasons that informed the review into pre-registration nursing education.

NMC extraordinary LSA review, PEH, HSSD, Guernsey, October 2014

In August 2014 the NMC was informed of escalating concerns relating to supervision of midwifery and the provision of midwifery care within maternity services at PEH, Guernsey. An NMC unscheduled extraordinary review took place between 1–3 October 2014. The key findings indicated that PEH did not meet six of the seven Midwives rules and standards (NMC, 2012). Whilst this review pertained to midwifery supervision student nurses did provide care for women within the maternity ward and were mentored by midwives. Interviews with second year students undertaking short spoke or visit placements in the maternity ward demonstrated negative experiences.

The maternity ward had no completed educational audit. However there were notes from the link lecturer that acknowledged this should be carried out. As the maternity ward and community midwifery experience was not a hub placement the students' hub mentor was not required to communicate with the placement areas or staff supporting the students. The escalating concerns identified by students were not noted in any documentary evidence provided by the Institute Guernsey (1).

NMC additional evidence obtained during the extraordinary review, PEH, HSSD, Guernsey, October 2014

The review team identified additional concerns which fell into the following themes: the care environment; policies and procedures; governance; leadership and management;

and, organisational culture. Issues identified in these themes posed a potential risk to the quality of the student nurses' learning experience (2).

Following the extraordinary review of the PEH, HSSD, Guernsey the school has been communicating with the NMC on a regular basis and an exceptional report was submitted to the NMC in October 2014. A full investigation of the concerns was undertaken, with support from the UEA partnerships office (3).

NMC monitoring UEA, February 2015 (3)

Monitoring of the pre-registration nursing (adult) programme at UEA included the endorsed programme at the Institute, Guernsey. At the monitoring event reviewers were told that the academic team from UEA had visited Guernsey and audited 40 placements where pre-registration (adult) nursing students were located. The team confirmed that the physical environment was an unsuitable learning environment.

A report provided to the NMC and HSSD defined a reduced placement circuit and priority was given to third year students. All nursing students were given a period of study leave, following which:

- A planned return of third year students was completed in January 2015.

- First and second year students suspended from practice were redeployed as health care assistants.

- From January 2015 the Institute provided monthly study days for redeployed students.

- The rested placement areas were to be re-audited in June 2015. Subject to satisfactory audits a phased return of second year students would take place.

- The first year students were due to recommence their programme in November 2015.

- No new intake was planned for the academic year 2015–2016, nor subsequent academic years.

The third year student nurses we spoke to had only been suspended from practice for a short period and did not consider their progression had been delayed. However, first and second year student nurses were less satisfied with the support they have received. Nevertheless, several valued the study days that were being organised for them and acknowledged that staff at the Institute were working hard in difficult circumstances (see 3.1.1).

At a strategic level a new chief officer was appointed in September 2014 who then appointed an interim chief nurse and director of clinical governance. Update meetings were taking place between the head of school at UEA and HSSD every fortnight and a joint action plan had been developed. We reviewed the most recent action plan between UEA, the Institute and HSSD. Several actions had been completed and others had

completion dates in the near future (3).

NMC Interim review of progress against the actions implemented by the HSSD, PEH, HSSD, 24–25 February 2015

This follow up visit mainly reviewed progress in midwifery and maternity services. However, the reviewers interviewed third year adult nursing students who had been suspended from practice for a short period. Overall students were content as they had been able to complete their dissertation during the period they were removed from placement. Students were aware of how to raise and escalate concerns but some students reported that they had thought the issues they raised about the maternity placement, with staff in the Institute, had been escalated, only to be told that this had not happened. Some students felt that there were issues in some of the nursing placements where mentorship and learning opportunities could be limited (4).

Follow up on recommendations from approval events within the last year

There have been no approval events within the last year.

Specific issues to follow up from self-report

All actions highlighted in the 2014–2015 self- report are complete (3).

Findings against key risks

Key risk 1 – Resources

1.1   Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC

1.2   Inadequate resources available in practice settings to enable students to achieve learning outcomes

Risk indicator 1.1.1 – registrant teachers have experience / qualifications commensurate with role.

What we found before the event

There are seven nursing lecturers employed at the Institute (one being the acting head of school). Five of these are registered adult nurses; one is a registered mental health nurse; and, one has dual registration in adult and mental health. All the lecturers have experience and qualifications commensurate with their role. Four of the nursing lecturers have an NMC recorded teaching qualification and one recently completed a postgraduate certificate in education. The acting Head of the Institute and both programme leads are registered on the appropriate part of the NMC register and are recorded teachers (6–7).

UEA has a robust process for checking that pre-registration nursing lecturers maintain an active NMC registration. At the Institute the staff student ratio is 1:6 and there was one vacancy. At the commencement of the programme all students at UEA are allocated a personal advisor who will provide advice and support through the three year programme. Each lecturer is allocated a group of advisees and meets with them face-to-face as a group in the first week of the programme. Thereafter there are one-to-one meetings between the personal advisor and student three times per year, as a minimum requirement of the university.

Students are encouraged to contact their personal advisor more frequently if they have a change of circumstances or require extra support. Personal advisors follow their students' progress by monitoring achievements in theory and practice. At the Institute students are supported by personal teachers who fulfil the same role as their UEA partners. Students told us that they had good support from their personal teachers who each support between one and two students (3).

What we found at the event

The teaching team told us that the Institute has an agreed establishment of 12 whole time equivalent (WTE) lecturers but this has not been required to date. All academic staff members at the Institute are honorary lecturers of UEA and have access to a range of continuing professional development (CPD) opportunities (12, 41– 42).

Nursing (adult)

Currently there are six WTE equivalent adult nursing lecturers with one retiring shortly. Four of the lecturers are recorded as teachers on the NMC register and two are working towards the teacher qualification. All hold due regard for their respective field of nursing (7, 12).

Students told us they value the support offered by the academic team. They describe the team as knowledgeable, approachable and responsive. Issues arising are dealt with in a timely manner whether they originate during study or placement experience (13).

Students confirm that at commencement of the programme they were allocated a personal teacher who is following them through the three year programme. They report being well supported by personal teachers who they find approachable and accessible (13).

Nursing (mental health)

There are currently two lecturers with an NMC mental health nursing qualification, both

with a recorded teacher qualification. One of these lecturers also holds an adult nursing qualification and until recently was programme lead for the adult nursing programme but retires shortly (December 2015). The other mental health qualified lecturer is a field lead but has been promoted to academic lead, quality assurance. Consequently, the Institute is actively trying to appoint a replacement (7, 12).

A new nursing lecturer qualified as a registered nurse – learning disabilities nursing field commences in January 2016 (12).

Due to concerns about the number of unfilled vacancies in the Institute teaching team, UEA submitted an exceptional report to the NMC. The report identifies the following risks: five academic vacancies have recently arisen within the Institute and the lead for pre-registration nursing retires in December 2015; the internal Guernsey processes for recruitment, in the first instance, for a mental health nursing lecturer have been unsuccessful and a licence has been obtained to advertise in the UK press for an adult and mental health nursing lecturer.

UEA is concerned about the staff shortages at the Institute in the coming months because if recruitment is successful it will still be four to six months before new appointees are in post and, actions are required to ensure the requisite number of staff with the necessary experience and qualifications are recruited to deliver the programme. In October 2015 there were discussions between the Institute and UEA to: explore the various governance roles and responsibilities of current Institute staff; consider due regard and level of teaching qualification for pre-registration nursing; and, explore other commitments, for example, CPD and mandatory training for HSSD (43).

Contingency plans have been put in place to cover the next six months. The three second year mental health nursing students will be supported by the existing mental health lecturer. UEA will supply an experienced adult nursing lecturer for two days per week, from December 2015 to May 2016, to support the adult field. UEA will work closely with the Institute and HSSD in their recruitment and staffing plans (12, 39, 41–43).

We conclude from our findings that currently there are adequate appropriately qualified academic staff to deliver pre-registration nursing (adult and mental health) programmes to meet NMC standards.

Risk indicator 1.2.1 – sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students

What we found before the event

At UEA the allocation of students to practice placements follows a two year cycle. The placement team notify the placement providers of the proposed number of students to be allocated 16 weeks in advance. Placement providers respond within four weeks, having checked the number of mentors on the live register. Students are informed provisionally of their allocated placement area ten weeks in advance with final confirmation six weeks in advance. The same process is followed at the Institute (3).

What we found at the event

HSSD has agreed with UEA an annual recruitment of approximately 15 students every September (10 adult and five mental health field). This includes the academic year 2014-15. No further recruitment will take place. Field leads, the placement lead and the practice education lead meet to confirm and plan placements at the beginning of the academic year. Modern matrons/directors meet with the field lead, practice education lead and mentor preparation lead biannually to map placement journeys, taking account of the following: the placement area learning opportunities will enable the module learning outcomes to be achieved; recent feedback from mentors and students; confirmation of student numbers; confirmation of mentor capacity; and, student allocation for the forthcoming year. There is a clear flow chart of the process culminating in students being informed of their placement area four to six weeks before going into practice. Confirmation of the named mentor and arrangements for the pre allocation meeting is given two to four weeks before placement (49).

Nursing (adult)

Managers indicated that they were not up to full complement of qualified staff and often use agency nurses. These agency nurses work for a minimum of three months in an area thus providing consistency of care. Despite these staffing issues students are well supported in practice and are often allocated more than one mentor (13, 15–17, 20–26, 32–33).

Discussions with mentors, sign-off mentors and students confirm that there are sufficient appropriately qualified mentors and sign-off mentors available to support the numbers of students (13, 15–17).

In placements where adult students are gaining care experience of clients from the other fields of nursing, for example mental health, their mentors hold due regard for that field (13, 21).

In the final placement of the programme students are also allocated a sign-off mentor who has due regard for adult nursing and has undertaken additional training (13, 15–17, 20–24, 26, 33).

When students visit 'spoke' placements for a short duration they are supported by a suitably qualified professional (13, 15–17, 20–26, 32–33).

Students, mentors and managers told us that the allocation of students to mentors is usually one to one and students, in most cases, have an associate mentor who contributes to the assessment of the student. Students are well supported in the absence of their mentors (13, 15–17, 20–26, 32–33).

Placement managers and mentors told us that they are notified of the proposed number of students to be allocated in good time to hold a pre-placement meeting between the proposed mentor and the link lecturer. Mentors told us that these meetings are very useful in understanding placement learning outcomes and any particular needs of students. Students told us that they are informed of their allocated placement six weeks before it is due to commence and have the opportunity to speak with the mentor in person or by telephone prior to starting the placement (13, 15-17, 27-30, 34-36).

Mentors confirm that they supervise students for a minimum of 40 percent of their time in placement and students confirm this. As there are a small number of students and ample numbers of mentors the mentor student ratio is 1:1 (13, 15–17, 27–30, 34–36, 89).

Nursing (mental health)

We found that practice learning areas are notified at least six weeks before student allocation to help determine if they can support student placements and that there are sufficient mentors/sign-off to support student learning. The Institute currently assumes responsibility for the management of the mentor register therefore the availability of the necessary mentors/sign-off mentors can be determined when student allocation is being planned. We found that there are no capacity problems associated with student allocation, with all practice learning sites having sufficient mentors/sign-off mentors to meet allocation demands. All students report that they are allocated a named mentor/sign-off mentor for each practice placement. Students have an opportunity to meet with mentors and link lecturers in advance of all periods of practice learning (12, 14, 18–19, 27–28, 30, 34–35, 84).

Mentors told us that effective processes are in place to ensure that mentor support is maintained during periods of spoke learning, with the hub mentor monitoring student progress and obtaining student performance data from the spoke site (14, 29, 31, 34–36, 85).

Students who had recently completed the programme at the Institute told us they had been allocated a sign-off mentor for the duration of the final placement of the programme .We found that there is currently a small student population and that the existing complement of mentor/sign-off mentor adequately meets the practice learning support requirements of students. We found that students spend in excess of 40 percent of time working with the allocated mentor and an associate mentoring system operates to support student learning in the absence of the allocated mentor. A number of off-duty rotas were checked to validate that mentors work with students for more than 40 percent of practice learning time (14, 18–19, 29, 34–35, 86).

We were told that the placement circuit for both adult and mental health nursing has been reduced from 40 to 28. There are currently 55 appropriately qualified mentors on the mentor register (12, 40).

We conclude from our findings that there are sufficient appropriately qualified mentors/sign-off mentors available to support the number of students in the pre-registration nursing programme in adult and mental health nursing. All mentors/sign-off mentors act with due regard.

Outcome: Standard met

Comments:

- We are confident that students are well supported at this time. However, continuance of this state is dependent on effective support from UEA and the successful appointment of a further adult nursing lecturer and programme lead for mental health nursing.

Areas for future monitoring:

- Effective implementation of staffing contingency plans to ensure that students continue to be well supported for both theory and practice.
- Successful appointments of lecturers to replace those who have left or been promoted.

Findings against key risks

Key risk 2 – Admissions & Progression

2.1   Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification

Risk indicator 2.1.1– admission processes follow NMC requirements

What we found before the event

To encourage applicants to the nursing programmes the Institute advertises in Guernsey newspapers and lecturers attend career fairs across the island to generate interest and provide information about the programme. In addition, student nurses are salaried employees of HSSD and have no tuition fees to pay. Selected applicants have individual face-to-face interviews by a panel which includes: a lecturer, practitioner and service user. Panel members, including service users, have equality and diversity training prior to participating in interviews. All applicants meet the university requirements for literacy and numeracy, in line with recommendations of the NMC, and have literacy and numeracy tested at interview. At UEA, applicants accepting a place on the programme have a DBS check which is verified by a member of the admissions team. Successful candidates also have occupational health screening. Students are not allowed to undertake practice placements until all clearances have been obtained. The same recruitment processes are used for the endorsed programmes at the Institute but successful applicants become salaried employees (3).

UEA and the Institute have a clear policy and procedure for the protection of students who are under 18 years of age at the time of entry to the undergraduate programmes. There had been no students under 18 years old accepted. However, if there had been, trained designated mentors were available to provide appropriate support and guidance.

What we found at the event

The Institute has a detailed process for the recruitment and selection of students to the nursing programmes and this conforms to NMC requirements. No recruitment has taken place this academic year and there will be no further recruitment under this endorsement agreement (44).

The programme team told us that practitioners and service users are involved in selection; all have relevant training, including equality and diversity training. Once applicants have been offered a place on the programme the 'Hub' process starts. This involves: sending out a contract, appointment and indemnity forms; appointments for attendance at DBS and occupational health form completion sessions. No students have been allowed on placement until they have satisfactory DBS and health screening completed (12, 44).

Nursing (adult)

The students told us that the recruitment experience was thorough and included face to face interviews and testing for literacy and numeracy (13).

One placement manager told us that they had been involved in the interviewing process having been appropriately prepared. The majority of practice staff indicated that they would like to be involved in the process should the opportunity arise. Release from practice for this activity is not viewed as problematic. A number of students told us that service users are on interview panels with a minority saying they were not. Programme team leaders said service users have been on recruitment panels but they are not always available and often cancel at short notice due to health issues (15–17, 20–26, 32–33).

The students told us that they have DBS and occupational health screening on commencement and that DBS clearance is repeated annually. In the main the practice mentors and placement managers assume the DBS is in place as the students are actually employees of HSSD. The manager from the independent sector placements confirmed that the Institute advises them of the students' clearance prior to the placement commencing (13, 15–17, 20–26, 32–33).

Nursing (mental health)

Selected applicants have individual face-to-face interviews by a panel which students told us usually includes a lecturer, practitioner and often a service user. We found that a number of practice placement partners have been released to participate in student selection activities, while others have not been involved. As the student population is small, this may explain why a limited number of practice placement partners have been involved in student selection. We found that all students complete an assessment of literacy and numeracy during selection (12, 14, 19, 85).

We confirmed that all students complete a DBS and health assessment prior to entry and prior to commencement of each new year of the programme. The Institute has a

policy for the admission and support requirements of students who may be under the age of 18 years. There are currently no students on the programme who are aged less than 18 years of age. Practice partners are notified of the students DBS status and good health clearance on entry to the programme and at the beginning of each new year of the programme. This information is communicated via written confirmation which is contained within the student's skill log. We found that some practice partners are unaware that DBS and good health clearance confirmation is available within the student's skills log (14, 34–35, 62–65).

The student handbook indicates that students have access to a wide range of disability services. We found that some students were dissatisfied; believing that they cannot access the full range of disability support services offered to the UEA students. We investigated these concerns and found that the full range of disability services is available to all students. We observed an academic support plan for a student which identified the assessment of needs following screening and the action plan developed to support this student, including reasonable adjustment requirements (87-88).

Attrition figures for the last three years show: one (1/9) adult student from the 2012 intake intercalated and joined the 2013 cohort; for the 2013 intake one adult field student withdrew (1/12); one mental health student transferred to training in England; and another mental health student is on long term sick, likely to intercalate (2/4).

The 2014 intake had their programme suspended and are due to recommence in November 2015. Out of the 12 students recruited to this group: one adult student left to pursue a different career; one withdrew to pursue other avenues in health; and, one student transferred to pursue studies at UEA in Norwich. The three mental health students from this intake have all transferred to the adult programme (46).

Both adult and mental health nursing students at the Institute are required to attend an end of year meeting with their personal teacher to check their progression in both theory and practice and to sign the declaration of good health and good character. (15–17; 27–30; 34–36, 44, 47).

The student handbook for both adult and mental health nursing indicates that students are allowed to resubmit failed work beyond the progression point. This is in breach of the NMC standard (R3.10.1) which stipulates that, unless there are exceptional circumstances, students should meet all required outcomes, including extra attempts, within the assessed period for that part of the programme before progressing to the next part of the programme. The teaching team, from UEA and the Institute, acknowledge this is the case (62, 79).

We conclude from our findings that the current structure of the nursing programme does not meet the NMC standard for progression. Safeguards are not adequately in place to prevent potentially unsuitable students from progressing to a subsequent part of the programme before meeting the learning outcomes of the previous part.

Risk indicator 2.1.2 – programme providers' procedures address issues of poor performance in both theory and practice

What we found before the event

UEA has a robust fitness to practise (FtP) policy and process which is closely aligned to the UEA professional misconduct and/or unsuitability processes. The FtP review group (FPRG) is convened when there is deemed to be a continuing risk to the public. There is joint membership of FPRG by UEA and the Institute staff.

In February 2015 the FtP spreadsheet for the Institute showed five students for whom concerns were raised in the previous year. Concerns included: completion of academic documents; student wellbeing; or, nature of contact with others. All were reported as 'retained on file' and no students were progressed through the FtP process (3).

What we found at the event

We were told that there has been one FtP case, at the Institute, during this academic year. This concerned an adult field student for whom a series of professional misconduct issues led to a parallel investigation. This involved both UEA and the Institute investigating according to their relevant policy and processes. This was required as Guernsey students are employed by HSSD which has specific disciplinary procedures. During the investigation the student was suspended from practice. The outcome was that the student received a Head of School of Health Sciences at UEA warning and an HSSD final written warning and was allowed to resume the programme (39, 45).

At the time of the progression meeting if students are experiencing any difficulties a student early warning support and intervention system (SEWSIS) form is completed; areas of concern are RAG rated and if required an action plan is agreed. The form is forwarded to the relevant course director. The completion, achievement and signing off process is clear in the student handbook. Mentors and sign-off mentors confirm they are aware of these (47, 62).

Our findings confirm the Institute has effective policies and procedures in place for the management of poor performance in theory and practice. These are clearly understood by all stakeholders. We are confident that concerns are investigated and dealt with effectively and the public is protected.

Risk indicator 2.1.3 – programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in

practice

What we found before the event

UEA has a comprehensive process for practice placement providers to raise concerns about students' performance in practice. Should a member of the academic/placement staff or a fellow student have concerns regarding a student's behaviour or health and well-being, a designated form is completed and submitted to the academic lead for FtP (3).

What we found at the event

Nursing (adult)

Managers and mentors are aware of the FtP policy and the process for escalating concerns about students. Mentors report using the process and gave examples. These predominantly related to students' interaction with service users and a lack of confidence. Mentors report feeling well supported by link lecturers. They said discussion with link lecturers and three way meetings between mentor, link lecturer and student had resulted in action planning to support students which usually resolved any issues (15–17, 27–30, 34–36).

Two mentors told us that they had failed a student on their final placement. On both of these occasions the mentors had reflected with colleagues, who had previously assessed the students, in order to actively learn from the experience and to support others in developing the skills and confidence to fail a student when this is necessary (22, 33).

Mentors reported that escalating concerns and 'failing to fail' were elements included in mentor training and updates and they felt confident in using the process (15–17, 27–30, 34–36).

Nursing (mental health)

Practice placement partners told us that they have previously had to address poor student performance and they provided a synopsis of these events. Practice partners are confident with the procedures that are in place to manage poor student performance in practice and believe that they are well supported by link lecturers when poor performance issues arise. We found that practice partners are satisfied that poor student performance problems are investigated rigorously and resolved effectively (18, 30, 34).

We conclude from our findings that practice placement providers have a clear

understanding of and confidence to initiate procedures to address issues of students' poor performance in practice. This process, whilst supportive, also ensures that students are competent and fit to practise in accordance with both the Institute and NMC requirements to protect the public.

Risk indicator 2.1.4– systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency

What we found before the event

UEA has a clear process for managing accreditation of prior learning (APL) and certificated learning (APCL) with a dedicated pre-registration APL co-ordinator. A guide for candidates accepted on the programme depicts a flow chart and mapping tool to be used as part of the APL claim (3).

What we found at the event

There have been no APL applications at the Institute this year (12).

The student handbook clearly indicates that students can apply to have prior learning recognised as contributing to their programme. However the students told us they have not applied for this. Three students in their first year have transferred into the adult field from mental health and their academic credit has been acknowledged and transferred (13, 62, 79).

We conclude that there is a robust policy for the accreditation of prior learning and achievement.

Outcome: Standard not met

08 April 2016: Follow Up Documentary Evidence from University of East Anglia. Standard Now Met

Comments (08 April 2016):

Following the monitoring review, the UEA and the Institute took immediate action in adjusting the programme calendar. This ensures that no students at the Institute

progress to the next part of the programme unless they have satisfactorily achieved all learning outcomes for the previous assessed period. An action plan was developed detailing how assessment planners and schedules would be updated to explicitly highlight the location of the progression point. A timetable of submission and resubmission deadlines for coursework (including portfolios and assessment of practice documents) demonstrates that these all now fall within the assessed period for that part of the programme. A list of planned dates for assessment boards confirms that they fall within the assessment period for that part of the programme. Furthermore, the revised student handbook, for the pre-registration nursing programme, clarifies the progression points and makes explicit that students must meet all required outcomes, including extra attempts, within the assessed period for that part of the programme before progressing to the next part of the programme.

Evidence to support the standard is met includes:

- Revised Guernsey course planners, 18 November 2015

- UEA, BSc Nursing (adult, child, mental health and learning disability), September 2015, year one, submission deadlines for coursework including portfolios and assessment of practice, 18 November 2015

- BSc Nursing (adult and mental health) September 2013, year two, Guernsey revised schedule, submission deadline for coursework including portfolios and assessment of practice, 18 November 2015

- IHSCS Guernsey, pre-registration nursing programme examination boards 2015/16, 24 November 2015

- UEA, BSc Nursing, student handbook, academic year 2015/16, revised, 08 April 2016

Areas for future monitoring:

- Adjustments to the programme calendar to ensure that students do not progress to the next part of the programme unless they have satisfactorily achieved all learning outcomes for the previous assessed period.

Findings against key risks

Key risk 3 – Practice Learning

3.1   Inadequate governance of and in practice learning
3.2   Programme providers fail to provide learning opportunities of suitable quality for students
3.3   Assurance and confirmation of student achievement is unreliable or invalid

Risk indicator 3.1.1 – evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations

What we found before the event

At the monitoring review at UEA in February 2015 reviewers found that there were effective working relationships between UEA and the Institute but partnership working with HSSD Guernsey was less clear. A joint action plan promised closer liaison between the HSSD interim chief nurse and director of clinical governance , the Institute and the Head of the School of Health Sciences at UEA (3).

The latest update of the action plan shows that the majority of actions have been completed. A recent summary of the action plan reports that: Institute staff are members of all UEA course committees; regularly attend UEA's teaching committee; and are 'buddied' with module organisers at UEA to strengthen coordination in the delivery of modules on both sites. As teaching committee meetings involve video conferencing with staff in the Institute, the teaching director from UEA follows up each teaching committee meeting with direct contact with the quality lead at the Institute to discuss the items and any specific issues of relevance to the endorsed provision.

Following the suspension of the programme at the Institute, UEA introduced a joint implementation group to monitor and implement the actions identified in the exception report. This group has met monthly since January and has taken formal oversight of the continued actions, in particular the return of the students and their amended completion plans. The UEA strategic lead for mentorship also plays a key role in this group, working with the placement teams to ensure training levels of mentors are fully up to date, and to monitor mentor numbers (8-9, 71).

UEA and the Institute have been developing a shared audit tool. Following the exceptional report relating to the Institute, further enhancements were made to the audit tool. For example, an enhancement was made that ensures auditors give detailed evidence as to what informs their judgements about the quality of the learning environment. The most recent action plan shows that the audit tool has been updated and efforts are being made to roll out the electronic audit tool to the Institute once IT issues have been resolved. Currently the Institute carry out educational audits annually but a recent meeting of the implementation group suggested that this should be increased to biennially to align with the UEA policy (3, 8, 10).

UEA has a detailed process for raising and escalating concerns in practice. There is a clear flow chart advising actions at each stage and a report form to document the incident. At the review lecturers at the Institute told reviewers that the raising and escalating concerns policy had been strengthened and students conform to the same

process as UEA students (3).

The removal of pre-registration nursing students from practice at the Institute caused disruption for some students. The chief officer and the Minister of HSSD, joined via video link with key staff from the UEA, as well as lecturers from the Institute and informed student nurses about the decision to suspend students studying the pre-registration programme, the reasons why this had happened and how students would be supported and temporarily redeployed during the suspension of the programme.

The third year students did not consider their progression had been delayed. However, the first and second year students felt let down by the Institute and reported that they were given no explanation as to why their programme was suspended and considered that their redeployment as health care assistants was rushed and ill conceived. Lecturers from the Institute reported that the decision to remove students from placement had been made in December 2014. It was important to safeguard the students' economic stability, hence redeployment of first and second year students as health care assistants.

From January 2015 the Institute provided monthly study days for redeployed students. The aim of the study days was: to enhance the student experience of working in health and social care; and to maintain students' ability to engage in learning activities in order to make a seamless transition back to the pre-registration programme later in 2015. The evaluations of the study days showed mixed responses. Whilst some students felt they had gained further insight into caring, empathy and disability, others felt that the approach was patronising, teaching them what they knew already and was not a good use of time. There was, however, recognition by some students that the lecturers were trying to make the best of an unprecedented situation (3).

At the end of April 2015 staff from UEA and the Institute jointly audited the practice placement areas. This resulted in a number of the practice areas being returned to the placement circuit, and year two student nurses were successfully able to return to their programme in June 2015. The September 2014 student group, for whom the programme was suspended before they began their placement experience, are due to return to the programme in late November 2015, and will be counted as the September 2015 cohort. The university will ensure that, for the returning first year students, the theory and practice patterns return to a synchronised state as soon as possible. All placement patterns, theory blocks, and assessment patterns have been amended accordingly (9, 48).

What we found at the event

The governing board for the island of Guernsey and a cluster of smaller islands (the Bailiwick) is made up of elected politicians. However, we were told that in the future the

governing board in addition to the chief officer of HSSD, will include the medical director, director of communities and the newly appointed chief nurse and director of clinical governance. This will bring clinical leadership to the board. Two board meetings per year focus on workforce and educational programmes and representatives from UEA and the Institute attend. In addition, students have attended the board presenting their views and experiences of patient care and the pre–registration programme.

We heard that since the last monitoring review partnership between HSSD and UEA/IHSCS has significantly improved. The HSSD has strengthened the joint clinical governance committee (JCGC) and developed a risk management process. The JCGC oversees, co-ordinates, supports and monitors the implementation of and the development of the joint clinical governance strategy for the Bailiwick. The meetings are attended by the head of the Institute. Additionally, there are informal meetings between senior staff from the Institute and the interim chief nurse and director of clinical governance (11, 38–39, 50–52).

We were told that partnership between UEA and the Institute remains strong and the establishment of the implementation group has further strengthened joint working to address governance issues. However, UEA has given notice of its intention to withdraw from the partnership with the States of Guernsey in August 2018 when the student groups will have completed the pre-registration nursing programme. We were assured that full support to students will continue until then.

The Institute and HSSD are currently seeking another approved education institution (AEI) partnership to provide a pre-registration nursing programme for an intake of students in September 2016. We were told that staff at the Institute have experience of managing a transition from one AEI to another and they are confident that this will be managed without any detriment to continuing or future students (10, 39, 43).

The HSSD senior officers told us that any clinical incident involving a 'live' student placement area would be reported immediately to the head of the Institute and communicated electronically to the field leads. The head of the Institute shares the information with the Institute quality lead, link lecturer and head of school at UEA. Subsequent action plans following adverse clinical governance and risk incidents are managed through the JCGC (39, 52).

The education governance committee includes senior representatives from the Institute; matrons/managers from acute services; community, elderly care, disabilities, maternity and paediatrics. Currently there is a vacancy for a mental health representative. The purpose of the committee is to monitor the quality and performance of practice education (53–54).

The development of a framework to support clinical governance is underway. This will include the appointment of two new staff to fill the post of practice education facilitator and educational development coordinator (56).

The teaching team confirmed that at the September 2015 meeting of the teaching committee it was agreed that the education audit cycle in Guernsey should be aligned to the UEA biennial cycle. This decision was taken as the audit process is now considered robust in that action plans are monitored and a log of link lecturer contact is maintained. Additionally, audits are now recorded using the on-line 'dynamic forms' format so that new developments and progress can be recorded as it happens. This ensures clear safeguards are in place as new information about the quality of a learning/care environment may lead to a placement being rested if necessary and re-audited after a suitable interval (12, 55).

We were told that in April 2015 during the joint UEA/IHSCS audits, there was some confusion among service providers about the process of raising concerns. Consequently, a training session was provided. The UEA policy relating to responding to concerns is now appended to the HSSD whistle blowing policy. All placement areas are now familiar with the escalating concerns process and we were shown examples of how it has been used. A log of escalated concerns is maintained and since April 2015 there have been six incidences recorded, four in maternity and two in the acute sector.

Nursing (adult)

We found that there is a strong partnership of mutual trust between the Institute and the practice placement areas. Mentors and managers describe effective working relationships with the link lecturers who visit the areas regularly. Mentors and managers describe a range of mechanisms used to alert the Institute to placement reconfigurations, serious incidents, staffing concerns and bed closures. Some communication is at strategic level but local issues are escalated through the link lecturers. Examples of such incidents are clearly articulated in the link lecturer logs. Recording in this way ensures effective communication. This promotes action to address the issues raised in a timely manner. This also ensures that due care is taken to ensure such incidents do not impact on the students' practice learning experience. Actions taken to address the issues raised are clearly documented in the logs (15–17, 20–26, 3–33, 80–82).

There is a strong culture of encouragement to escalate concerns. Students offer examples of when they have raised concerns in practice. They told us that they are actively encouraged to verbalise concerns and when they do so they are listened to, supported and receive feedback on the outcomes. These are also clearly articulated in the link lecturer logs (13, 66, 80–81).

Mentors and managers describe a 'no blame culture' which actively encourages escalation of concerns. When staff have done so the response has been valued and timely actions have taken place to address the issues (15–17, 20–26, 32–33).

An example was given of a student raising a concern where medication instructions were written illegibly by a medical consultant. The student raised the concern with her line manager who escalated the concern to relevant individuals. The student was

supported throughout by her personal teacher and feedback was given. A further cause for concern was raised by the district nursing teams regarding inadequate staffing levels. As a result they considered that they could not provide effective mentorship for adult student nurses. Subsequently, the district nurses have produced an action plan which involves an analysis of the current workforce; external peer support and supervision; and, development of evidence based practice. HSSD is committed to the development and implementation of the action plan to ensure positive audits and the inclusion of district nursing as part of the placement circuit (see 3.2.2 and 4.2.1) (39, 57, 67).

Mentors and managers told us that the audit is completed on an annual basis in partnership with the link lecturer and these are due in the forthcoming month. Practice partners are as yet unaware of the decision to move to biennial completion of audits. Local audits are up to date and match the copies held centrally by UEA. The educational audit clearly addresses appropriate measures for ensuring an effective learning environment and appropriate allocation of students to both hub and spoke experiences (83).

Some of the HSSD's expectations for mandatory training are considered to be acute trust focused. Such requirements do not always acknowledge the uniqueness of practitioners in the private sector or the financial implications involved in meeting such requirements. The Institute may wish to consider how they communicate such changes in order to enhance a partnership approach and ensure practice staff have realistic expectations (12, 15–17, 20–26, 32–33).

Mentors and managers expressed feelings of anger, disbelief and disappointment about the removal of the students from practice placements in the previous year. They feel that they were being blamed for something that had little to do with nursing and welcome the return of the students (15–17, 20–26, 32–33).

The students echo the feelings of the managers and mentors with regards to their removal however they are very optimistic about their return to practice and the first year students are excited to be returning after such a long time (13).

Despite the break in their education the students have valued the experience they have gained as health care assistants and feel this will contribute to the discussions they have around care in their future education. They feel they are well prepared for the return and feel supported in doing so by academic and practice staff (13).

Students, mentors and managers told us that, once UEA had approved communications, the Institute staff communicated effectively, and provided excellent support during this difficult period (13, 15–17, 20–26, 32–33).

Nursing (mental health)

Practice placements are jointly audited by the link lecturer and placement manager. Each practice learning environment is audited yearly; however it has been agreed that

in future audits will take place on a two yearly basis in line with UEA practices. The joint audit form provides detailed information relating to: the location and contact details for each placement; student and transport information; how the facility maintains a quality learning environment for students; findings related to the assessment of care quality; how a safe environment is maintained; support information for students; and, the overarching action plan for all practice placements within the region. The audit documentation also includes link lecturer contact details and the link lecturer contract. We found that there was consistency between practice area audits retained by the Institute and those which we inspected within practice learning areas during our visit (18, 27–31, 34–36, 86).

We found that each clinical area has a student orientation/welcome pack for student nurses. All orientation/welcome packs contained the following information: the philosophy of care within the practice area; the aim of ward/service; the skills which students could acquire or develop during placement; service configuration information; and details of important clinical policies. In addition, orientation and welcome packs included links to NMC guidance and publications, link lecturer contact details and an action plan for the student for each week of the placement (35, 90).

Previously, joint actions were initiated in response to risk issues affecting nursing students, with students being rested from all practice placements. These actions had an adverse impact on staff morale and professional self-esteem. However, staff are now optimistic and enthusiastic that students have returned or will soon return to the practice placements. We heard that the significant support offered to practice partners by the Institute during the last 12 months has helped them cope with the impact of student withdrawal and to effectively plan for the return of students (18, 34, 36).

Practice partners and students have access to and fully understand the policy and processes associated with and the significance of the escalating concerns policy (14, 18, 34, 36).

Governance leads told us that there have been lessons learned from the removal of students from practice placements. Firstly, there was no clear guidance as to the roles and responsibilities of HSSD and UEA/IHSCS in the education process. For example, audits revealed that several mentors had not had the required mandatory training but it was unclear as to which organisation was responsible for monitoring this and providing the required training. Secondly, the distinction between the Institute and practice placements was unclear. For example, practice staff were unaware that it was their responsibility to maintain accurate and up-to-date mentor registers. Policies and procedures are now in progress to address these issues, through improved communication channels between the Institute and HSSD and addressing mandatory training and mentor registers (see 3.3.2 and 3.3.3) (11, 39).

We conclude that there are well established and effective partnerships between education and service providers at all levels and NMC risks are effectively managed.

Risk indicator 3.2.1 – practitioners and service users and carers are involved in programme development and delivery

What we found before the event

Each programme module has a nominated service user/carer working alongside the module team. These service users/carers are involved in the development, delivery assessment and evaluation of the nursing programmes. Service users for both UEA and the Institute confirmed their involvement in programmes and felt valued for their input (3).

What we found at the event

The programme team told us that practitioners and service users are involved in both adult and mental health nursing programmes as: 'experts through experience ' in the classroom setting; joint assessors for module two presentations; and for role play in the objective structured clinical examination (OSCE) assessments (61).

Nursing (adult)

Students describe a cohesive approach to the inclusion of service users and carers from recruitment through to delivery of the programme. Their input is highly valued by the students who acknowledge the unique perspective they bring to taught sessions. Service users and carers also contribute to the assessment of the students through the OSCE and mentors consider their comments during their final assessment of the students (13, 64).

Nursing (mental health)

We spoke to three service users. One had been involved in programme development and delivery; had very much enjoyed the experience, and felt valued by staff and students. Students told us that there is range of service user input to the programme and that the input is invaluable (13, 18, 34).

Service users told us that they receive feedback from students following all teaching sessions. They value this feedback and the positive comments which they receive. Service users said they give verbal feedback to students who care for them, but rarely in written form and would welcome the opportunity to write comments in assessment books. The Institute may wish to consider the introduction of more formalised methods to capture the written feedback from service users/carers regarding student performance and development (18–19, 28, 34, 85).

Our findings confirm that practitioners and service users and carers are involved in programme development and delivery for the pre-registration nursing programme in

adult and mental health nursing.

Risk indicator 3.2.2 – academic staff support students in practice placement settings

What we found before the event

There is a formal link lecturer system and link lecturer visits are documented in audit documents (3).

What we found at the event

The role of the link lecturer is to maintain links between practice areas and the Institute; contribute to the preparation of the learning environment prior to students commencing placement; be available to students on placement to support and monitor their learning experience; support mentors in the assessment process; and act as a resource for the practice placement area. Normally, link lecturers will be registered nurses from the same field of practice as the student. However, to encourage inter-professional learning and working the NMC accepts that nurses from different parts of the register/other fields of practice or other professions may contribute. This is especially the case in year one of the programme when students are exposed to more generic practice. The course team assured us that students are always assessed by a nurse registrant from the same field of practice; audits are conducted by teams made up of lecturers and practitioners from the same field of practice; and, where students require support beyond the scope of the link lecturer, the personal teacher would visit to give guidance and support (39, 63).

Nursing (adult)

Education staff meet the requirement to spend twenty percent of their time in practice. Link lecturer contracts clearly identify the range of activities the link lecturer undertakes in partnership with the practice areas. Mentors and managers told us that the link lecturers have been instrumental in advancing practice through the development of care pathways and advice on developing evidence based care plans. Students told us that the link lecturers are supportive in practice and enhance their learning experience (13, 15–17, 20–26, 32–33, 80–82).

We were told that the role is negotiated with individual link lecturers and the areas they support. This leads to some variation in the nature of support offered but there is a minimum expectation and all placement managers and mentors told us they feel well supported (15–17, 20–26, 32–33, 80–82).

We were given an example of the four district nursing teams which, following audit,

were temporarily taken out of the placement circuit. The link lecturer worked with the teams for a period of ten months, establishing a journal club for evidence based practice; providing bespoke mentor updates; and developing an action plan to address deficiencies identified in the audit. Unfortunately, due to staffing difficulties the teams still do not have the capacity to take students (see 4.2.1) (66).

Nursing (mental health)

Practice partners told us they feel well supported by link lecturers. They also said that the link lecturer attachment to practice placements has improved significantly during the last 12 months. Link lecturers have developed contracts with some practice placements to help formalise attachment and clarify their role. Link lecturer contracts contain some standardised information but there are variations across all practice learning environments. These variations are informed by the unique features and requirements of each individual practice learning area. We found that some practice partners were not aware of link lecturer contracts or had only recently received a copy of this contract and had limited understanding of its purpose. However, we found that practice partners who are currently working with link lecturer contracts feel they are worthwhile and help to maintain positive relationships with link lecturers (18–19, 27–31, 34–36, 91).

We conclude that academic link lecturers effectively support students and mentors in practice placements for the pre-registration nursing programme in adult and mental health nursing.

Risk indicator 3.3.1 – evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice

What we found before the event

UEA has an NMC approved mentorship programme for delivery at the Institute. However, HSSD mentors interviewed in February 2015 had all mapped onto the mentor register having undertaken a teaching programme recognised by the NMC. (3)

What we found at the event

We were told that the mentorship programme has not run recently as there are more than the required numbers of 'live' mentors on the register. However, a programme will commence in April 2016 but participants will be carefully selected to ensure that mentors are prepared for areas with insufficient mentors (40, 58).

Nursing (adult)

Some mentors indicated that gaining a place on a course can be problematic. Due to

the small number of students prospective mentor opportunities are limited. Mentors told us they were concerned that in the future colleagues may find it difficult to undertake the preparation and this would impact on their professional development (15-17, 20-26).

Nursing (mental health)

Mentors and sign-off mentors told us they are adequately prepared to undertake practice assessment requirements and meet all responsibilities in relation the formative and summative assessment of practice learning (18–19, 27–31, 34–36, 65).

We conclude that mentors are effectively prepared for their role in assessing practice.

Risk indicator 3.3.2 – mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with

What we found before the event

UEA provides a programme of mentor updates, some of which are an online assessment for the pre-registration nursing programme and include grading of practice. However, there was a feeling amongst students and some mentors that the grading of practice in nursing was inconsistent and subjective. UEA was working hard to address these issues (3).

What we found at the event

We were told that there have been seventeen face-to-face mentor updates provided this year with 93 mentors updated. Sessions are provided at different times of the day to accommodate the shift patterns of nursing staff. The Institute uses the same slides as UEA, which are also provided on line. However, most mentors participate in the face to face sessions (40, 59–60).

Mandatory training is within the remit of the Institute but we are assured that a range of experts deliver the required components of training. An organisational wide training needs analysis of mandatory training is underway to ensure all practice staff, including mentors are suitably updated (11, 40).

Nursing (adult)

Mentors told us they have attended annual updates and prefer face-to-face events to enable discussion around key issues such as the implications of 'failing to fail'. They also told us that release from practice for such updating is viewed as a priority. Where required the mentors have also engaged in triennial review. There is some concern for

the future with regards to maintaining their mentor status. The number of students available to support and assess to meet the triennial review requirements are limited. (15-17, 20–26,32–33)

The assessment of practice document has recently changed. The mentors and students told us that this had taken some 'getting used to'. Mentors are however confident in the completion of the assessment of practice documentation. Overall the assessment of practice documentation is viewed as fit for purpose however the majority of mentors told us that the grading of attributes is a subjective process and further guidance would be welcomed. Mentors are keen to improve the objectivity of grading as they know that this grade contributes to the students' final grade. Students also told us that the grading is subjective and some have raised concerns with education staff about how this element of the assessment is undertaken. The students feel their concerns have been heeded and that mentor updates have addressed grading issues (13, 15–17, 20–26, 32–33, 64).

Nursing mental health

We found that some mentors perceive the practice assessment document (PAD) to be time consuming to complete. We also spoke to some mentors who are critical of the criteria used to assess the achievement of student attributes within the PAD document. These mentors indicated that they find the assessment criteria to be vague and open to subjective interpretation (18–19, 30–37).

For the pre-registration nursing programme in adult and mental health nursing, the Institute may wish to consider the development of clearer and more detailed marking criteria, to assist mentors/sign-off mentors to assess student attributes within the PAD.

We conclude that currently mentors/sign-off mentors attend annual updates sufficient to meet requirements for triennial review and to support the assessment of practice.

Risk indicator 3.3.3 – records of mentors / practice teachers are accurate and up to date
What we found before the event
Mentor registers will be inspected during the review.
What we found at the event
We were told that since February 2015 the Institute has been rebuilding the HSSD live mentor register using the required UEA approved database with reference to verifiable information from mentors. (8, 11, 39).

Nursing (adult)

Education staff in the Institute told us that the mentor register is currently held centrally at the Institute in spread sheet format. The IT systems have recently changed and there is currently no suitable platform in the Institute that would interface with practice placements to facilitate a central single version of the mentor register, with the ability to access for updating purposes. The senior management team told us that they plan to employ a practice-based facilitator who would hold responsibility for maintaining the register in practice. There are slight variations across the central register and mentor information held in the clinical areas. These variances relate to the identification of live/rested status and sign-off mentor status. There is a short time lapse between updates/change of status occurring and the register being updated (11, 39, 79, 84).

Nursing (mental health)

Service managers told us that they do not have direct access to the 'live' mentor database as it is managed by the Institute. They are able to monitor the mentor update requirements of staff within the mandatory training information contained within a separate database. This is an HSSD database for all staff including students who are salaried employees (35).

Institute staff who manage the 'live' mentor register are reliant on practice placement partners updating them in relation to any changes to mentor/sign-off mentor resources to ensure that the mentor register is accurate. Additionally, it is difficult for both practice partners and Institute staff to determine if mentors have successfully completed online mentorship updates. We found that triennial reviews are currently up to date. However, some mentors may have difficulty achieving triennial review requirements in the future especially if mental health student nurses transfer to the other field programme (18, 27–29, 31, 34–36, 84).

We found that all audits within practice learning areas and within the Institute to be accurate (18, 27–31, 34–36).

We conclude from our findings that whilst the Institute maintains an up-to-date centrally held register this is not effectively shared with practice placement partners. However, HSSD and the Institute are working towards this.

Outcome: Requires improvement

Areas for future monitoring:

- Ensure consistency between the central mentor register and registers held in practice placement areas.

- Effect on students and service partners of the transition from one AEI partner to another.

Findings against key risks

Key risk 4 – Fitness for Practice

    4.1   Approved programmes fail to address all required learning outcomes in accordance with NMC standards

    4.2   Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards

Risk indicator 4.1.1 – documentary evidence to support students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for

What we found before the event

The pre-registration nursing programme uses a blended learning approach. A balance between lecturer-led learning activities and experiential student-led learning strategies help the student to develop as an effective independent practitioner. The programme is divided into six modules over the three years of the programme (3)

What we found at the event

Nursing (adult)

Students told us that they value the learning and teaching strategies used on the programme and particularly value the input of practice staff who contribute to the teaching. The theory clearly underpins the practice and students are able to express how important the delivery of evidence care is in promoting health and wellbeing. The students feel well prepared for their practice experience (13).

Additional support and revision has been implemented to ensure students' return to the programme has been well prepared and the mentors confirmed that their return to practice has been effectively managed (15-17, 20–26, 32–33).

The students describe a cohesive approach to enabling them to gain knowledge and

experience relating to the other fields of nursing and the maternity requirements to meet the EU directive. Maternity experience is gained through the simulated packages developed by UEA. Additionally, students spend time with mothers and babies during their health visiting experience. The students feel confident in their ability to address the needs of clients from other fields and many had undertaken placements in areas caring for such clients (13, 15–17, 20–26, 32–33, 42).

Assessment is described by students as being fair however the students feel there is sometimes a difference in the advice offered by personal teachers as opposed to the marker for theoretical assessments. The grading of practice is also seen as subjective and students have raised concerns with the Institute about these issues and have received feedback (see 3.3.2) (13).

Nursing (mental health)

Students told us that field specific theoretical content increases as the programme progresses. We found that students have numerous opportunities to engage in simulated learning. Students reported that they receive appropriate theory preparation within the Institute to help prepare them for future practice learning. Students value and enjoy all forms of teaching and learning within the Institute and describe the lecturing staff as supportive, motivated and enthusiastic (14).

Our findings conclude that learning, teaching and assessment strategies in the pre-registration nursing programme (adult and mental health nursing) enable students to successfully meet the required programme learning outcomes, NMC standards and competencies.

Risk indicator 4.2.1 – documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for

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What we found before the event

Essential skills are addressed in students' ongoing record of achievement and passport documentation. This documentation provides an ideal opportunity for mentors and sign-off mentors to identify poor performance and potentially failing students and if necessary put in place remedial supportive programmes (3).

What we found at the event

Nursing (adult)

The essential skills clusters are firmly embedded in the student passport and contribute to the overall assessment of student performance (64).

Assessment of practice is effective and students receive a formative assessment that ensures effective action planning can take place to address any deficiencies (13).

Managers and mentors clearly value the support of the link lecturer in addressing students who are experiencing difficulty in achieving. A tripartite approach is adopted when developing action plans to promote achievement. Mentors are fully aware of their role in supporting failing students and told us they have the confidence to fail a student should the need arise. Both students and mentors make clear links to the NMC Code and appreciate failing students is a professional duty of care to ensure patient safety (13, 15–17, 20–26, 32–33).

UEA has a clear proforma for evidencing the completion of hours and range of experience gained by students, which includes night duty. All managers and mentors told us that the students on completion of the programme are fit for practice and many of the managers have employed newly qualified nurses from the programme (15–17, 20–26, 32–33).

We were told that due to staffing issues and an unfavourable audit the second year students will be unable to experience a district nursing placement to fulfil the community requirement of their programme. The students will instead spend time with the community mental health or community learning disabilities team. We are assured that this will only apply to this group until the district nursing teams can be developed to their full capacity (39).

Nursing (mental health)

The PAD and skills log provide mentors with the criteria and guidance to complete formative and summative assessments in practice to assist with confirmation of achievement at the sign-off point in the programme. We checked a number of students PADs and skill logs. We found that the essential skills are accurately reflected in the skills log booklet. The required formative/summative assessment of students had been completed and accurately recorded by mentors/sign-off mentors. Student attendance/sickness during periods of practice learning is recorded by the mentor within the PAD and checked by the Institute when it is submitted for assessment and monitoring. These arrangements ensure that students meet the required practice learning hours for the approved programme (65).

Practice partners are confident that the use of the PAD and skills log helps them to accurately and confidently assess the competence and progression of students. If required, students have to provide additional evidence to identify the achievement of learning objectives or to address any perceived deficits in performance (18–19, 27–31, 34–36).

We found that students are confident regarding personal competence and the

knowledge they have achieved for the stage of programme they are currently studying. Practice managers and mentors provided similar assurances and are confident that students exiting the NMC approved programme are safe, competent and fit for practice (14, (18–19, 27–31, 34–36).

All managers and mentors told us that the students on completion of the programme are fit for practice and many of the managers have employed newly qualified nurses from the programme (15–17, 20–26, 32–33).

The joint student handbook for both of the monitored programmes indicates that students will be required to experience 24 hour care and seven days per week nature of health care. Mentors told us that student are able to undertake night duty if they wish. We checked time sheets in student portfolios and found that the number of nights untaken by the Institute students was highly variable and in some cases cannot be verified. We were told that students at UEA are required to complete between 75 and 150 hours of night duty during the course of their programme and enter this on their transcript of hours record. Institute staff told us that students in Guernsey do not complete the UEA transcript form and there is limited evidence to show that students have met the NMC requirement of experience of the 24 hour cycle of care (15–17, 20–26, 32–33, 62, 68, 79).

We conclude from our findings that some students are not experiencing the required 24 hour cycle of care.

Outcome: Standard not met

08 April 2016: Follow up documentary evidence from University of East Anglia. Standard now met

Comments (08 April 2016):

The joint action plan between the UEA and the Institute, in collaboration with practice partners, includes the implementation of the UEA transcript of hours template at the Institute. Differences in the student records systems' software, used at the Institute, meant that the UEA transcript of hours could not be adopted in its current format. However, the UEA transcript template has been adapted to ensure that each student at the Institute now has their own transcript document. Completed transcripts have been provided for the September 2013 student intake. These demonstrate that students will complete 75 hours of night duty during the course of their programme. Hours of theory and practice now meet NMC requirements. Transcripts for the September 2015 intake will be completed on completion of their current placement.

Evidence to support the standard is met includes:

- UEA transcript template adapted for use by IHSC students, 27 November 2015
- IHSC, completed transcripts for all September 2013 intake students, 31 January 2016

Areas for future monitoring:

- Ensure there is documentary evidence that all pre-registration nursing students fulfil the NMC requirement of experience of the 24 hour cycle of care during the programme.

- Review the opportunities for students to experience adult nursing district nursing placements.

Findings against key risks

Key risk 5 – Quality Assurance

5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards

Risk indicator 5.1.1 – student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery

What we found before the event

There is a clear practice evaluation process. UEA students complete an electronic evaluation form at the end of each module. This includes both theory and practice. The Institute adopts a hard copy version of the same electronic form. Student evaluations are fed back to practice areas at operational level by link lecturers and subsequent local plans evolved to develop the learning environment. Mentor evaluations and an overview of student evaluations are fed in twice a year to the educational governance meetings with a view to identifying organisational trends/risks and develop action plans (3).

What we found at the event

At the instigation of the chief officer, HSSD has undertaken a survey of student groups to capture their experience over the past ten months. There was a 77 percent response

rate to the survey and whilst only a third of year three students responded almost all first and second year students completed the survey.

Only ten percent of respondents felt communication from the Institute, UEA and HSSD was effective and comments from students indicated that HSSD was the least effective in keeping them informed. However, the majority of students were happy with their redeployment. Almost all commented that practice staff were supportive, friendly and made them feel part of the team. There was less favourable comment about the study days with only 28 percent of respondents rating the study days as useful and several commenting that the peer support was the most positive aspect of the days. However, the students were very positive about the standard of care in the practice areas with 93 percent agreeing that the standard of care is good and 100 percent agreeing that patients are treated with compassion and dignity. However, only two thirds of respondents agreed that staff attitudes were positive about service development. Comments related to staff being demoralised and feeling undervalued (69).

Nursing (adult)

Students told us that they have various ways of providing feedback which include evaluation of theory and practice and student representation at the staff student consultation committee. They feel their feedback is valued and that action is taken or a rationale for no action is offered (13).

Collated module evaluations for year three students are positive, with detailed comments confirming that students overall found the taught elements relevant; they achieved their learning outcome in practice placements; and, found mentors supportive and helpful. There is evidence that results of student evaluations are reported at the programme committee and actions taken to address issues are raised (72– 73, 76).

In addition to written module evaluations there is also a post allocation meeting at the end of each module. The meeting is chaired by an appropriate nursing lecturer and includes students who have recently undertaken the module and their mentors. Notes of the most recent meeting show attendance from all students and mentors involved with the module and that issues identified are fed back to the relevant individuals (70).

Nursing (mental health)

We found that students have the opportunity to evaluate all modules within the programme and all periods of practice learning they have completed. Following periods of practice learning students meet with the link lecturer and mentor/sign-off mentor to evaluate the placement and to provide evaluation information to practice partners. Students also evaluate all modules of study and participate in staff/student consultative meetings to bring their concerns to the attention of the Institute staff. Students feel their voice is heard and they are confident that staff within the Institute respond effectively to student concerns. Examples of programme change resulting from student evaluations are highlighted within the current student handbook (14, 62, 70, and 92).

Collated module evaluations for third year students show high ratings for the organisation and management; teaching; assessment; and, practice experience. Comments are positive about the suitability of the placements and support from mentors. Minutes of the programme committee show that results of the evaluations are considered and actions taken as required (74–75, 77).

Risk indicator 5.1.2 – concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners

What we found before the event

Minutes of the joint education meeting showed that student concerns were addressed and followed up (3).

There was evidence that the same external examiners moderate work from both UEA and the Institute. However, there was a suggestion by one examiner that the co-ordination of submission dates between the two sites would assist in comparison of consistency, adherence to guidelines and achievement of learning outcomes. In response UEA confirmed that students in Guernsey had the same submission dates, publication of results and examination board schedules. However, due to the smaller number of scripts being managed, scripts from the Institute had been sent to external examiners slightly earlier. At the exam board it was agreed that this would be coordinated so that the external examiner can submit one report per assessment (3).

What we found at the event

The HSSD response to recent governance issues demonstrates that measures are in place to improve the student experience in response to the student survey (11).

Nursing (adult)

The external examiner for the programme has the qualifications and experience to fulfil the role. Although the exam board is joint with UEA the external examiner also visits Guernsey and engages with both the academic and practice elements of the programme. The most recent examination board was held at the end of October 2015 and minutes are not yet available. However, the external examiner provided a detailed commentary of the quality of the practice documents and assessment of portfolios. All the comments were positive with commendation of the evidence students have drawn on and the level of reflection.

The examiner met with students who recounted their experiences of the redeployment period. Most felt although it was a difficult period it was in the past and things had now

improved. There was evidence of excellent student support by module leaders and personal tutors. However, some students commented about a lack of consistency in mentor's grading of practice. The external examiner also visited two ward areas both of which he concluded provided sound opportunities for student nurses (78).

Nursing (mental health)

We found that the external examiner has due regard and has visited practice learning areas and had opportunity to meet with mentors, students and other staff. External examiners moderate theoretical modules within the programme as well as the students PAD and the skills log. Following a recent visit to practice placement areas the external examiner reported that these areas are positive learning environments for students with a motivated and compassionate nursing team (65, 93–94).

We conclude from our findings that UEA/IHSCS have processes in place to ensure issues raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

Outcome: Standard met

Evidence / Reference Source

1. NMC extraordinary LSA review, PEH HSSD Guernsey, October 2014
2. NMC additional evidence obtained during the extraordinary review, PEH, HSSD Guernsey, October 2014
3. NMC monitoring report, University of East Anglia, 26 February 2015
4. NMC report of the interim review of progress made against the actions implemented by HSSD in relation to the wider environment of maternity care, March 2015
5. Teleconference between HSSD, IHSC, UEA and managing reviewers, 8 October 2015
6. Staff CVs, Institute of Health and Social Care studies, 2015
7. NMC register checked, 15 October and 2 November 2015
8. University of East Anglia/Institute of Health and Social Care Studies, Guernsey/Health and Social Services Department, Guernsey, Updated action plan, 27 August 2015
9. University of East Anglia, Director of Teaching and Learning Quality, Update on actions in relation to the issues regarding the PEH Guernsey, as highlighted in the NMC monitoring report of February 2015, 13 October 2015
10. Minutes of the meeting of the Guernsey implementation group, 20 August 2015
11. Senior management teams from HSSD, IHSCS and UEA, Overview of developments / progress made in HSSD relevant to the AEI and LSA reviews, 2 November 2015
12. Meeting with the programme teams, pre-registration nursing programme (adult and mental health), 2 November 2015
13. Meeting with pre-registration nursing students (adult), 2 November 2015
14. Meeting with pre-registration nursing students (mental health), 2 November 2015
15. Practice visit – adult nursing- Victoria Wing, PEH, meeting with managers and mentors, 2 November 2015
16. Practice visit – adult nursing- accident and emergency, PEH, meeting with managers and mentors, 2 November 2015
17. Practice visit – adult nursing – intensive care unit, PEH, meeting with managers and mentors, 2 November 2015
18. Practice visit – mental health nursing – Sarnia Ward, PEH, meeting with managers, mentors and a service user, 2 November 2015
19. Practice visit – mental health nursing – community mental health team (older adults), meeting with managers and mentors, 2 November 2015
20. Practice visit – adult nursing – health visiting and school nursing services, meeting with mentors and managers, 3 November 2015
21. Practice visit – adult nursing – Beauville Learning Disabilities Centre, meeting with

mentors and managers, 3 November 2015

22. Practice visit – adult nursing – Brock Ward, PEH, meeting with mentors and managers, 3 November 2015

23. Practice visit – adult nursing – Carey Ward, PEH, meeting with mentors and managers, 3 November 2015

24. Practice visit – adult nursing – Le Marchant, PEH, meeting with mentors and managers, 3 November 2015

25. Practice visit – adult nursing – Day patients, PEH, meeting with mentors and managers, 3 November 2015

26. Practice visit – adult nursing – De Sausmarez Ward, PEH, meeting with mentors, managers and a service user, 3 November 2015

27. Practice visit – mental health nursing, community adolescent and mental health services outreach team, meeting with mentors and managers, 3 November 2015

28. Practice visit – mental health nursing - Psychological therapies department, meeting with mentors and managers, 3 November 2015

29. Practice visit – mental health nursing – Positive behavioural support team, meeting with mentors and managers, 3 November 2015

30. Practice visit – mental health nursing – Fougere Ward, PEH, meeting with mentors and managers, 3 November 2015

31. Practice visit – mental health nursing, community learning disability team, meeting with mentors and managers, 3 November 2015

32. Practice visit – adult nursing, Summer Land nursing home, meeting with mentors and managers, 4 November 2015

33. Practice visit – adult nursing – operating theatres, PEH, meeting with mentors and managers, 4 November 2015

34. Practice visit – mental health nursing – recovery and well-being, meeting with mentors, managers and service users, 4 November 2015

35. Practice visit – mental health nursing, recovery and rehabilitation, meeting with mentors, managers, 4 November 2015

36. Practice visit – mental health nursing – community drug and alcohol team, meeting with mentors and managers, 4 November 2015

37. Mentor update evaluations 2014/15

38. Meeting with chief officer HSSD and senior team, plus senior academics UEA and IHSCS, 3 November 2015

39. Meeting with clinical governance and quality assurance leads, 3 November 2015

40. Meeting with mentorship leads, UEA and IHSCS, 3 November 2015

41. Institute of Health and Social Care Studies staffing contingency plan, 29 October 2015

42. IHSCS, academic team, undated

43. UEA School of Health Sciences, Exceptional report: progress in recruiting to staff vacancies at the Institute of Health and Social Care Studies, 26 October 2015

44. University of East Anglia (UEA) and the IHSCS, recruitment process, August 2014

45. Health and Social Services Department (HSSD), policy, Dealing with disciplinary matters, 18 October 2012
46. IHSCS Guernsey in partnership with UEA, pre-registration attrition 2014-2015, 16 October 2015
47. The Institute and UEA, guidance notes for the progression meeting for all health and social care students, July 2015
48. The Institute and UEA, student placement allocation, for returning first year students, December 2015 – February 2016
49. The Institute and UEA, Placement allocation process, undated
50. HSC(UEA)/IHSC/HSSD, Shared committee structure, undated
51. HSSD, Remit and terms of reference for the Joint clinical governance committee (JCGC), undated
52. Joint clinical governance committee, notes of meetings held: 16 June 2015, 21 July 2015, 15 September 2015 and 20 October 2015.
53. Education Governance Committee, Terms of reference, updated 23 October 2015
54. Education Governance Committee, notes of meetings held on: 30 June 2015, 1 September 2015, 28 September 2015, 26 October 2015
55. IHSCS and UEA, Paper for teaching committee, Conducting education audits in Guernsey, September 2015
56. HSSD, Job descriptions, lead practice development nurse, undated
57. UEA and IHSCS, Report of outcomes of Guernsey audit review, 28 April 2015
58. UEA and IHSCS, Mentor programme posters for April 2016 intake, undated
59. UEA and IHSCS, Mentor updates at the Institute, January to December 2015
60. UEA and IHSCS, Mentor update, PowerPoint presentation, undated
61. Institute of Health and Social Care Studies in partnership with the University of East Anglia, service user involvement on the Guernsey site, a synopsis, 9 October 2015
62. UEA and IHSCS, Handbook, Endorsed by the NMC for delivery in the Bailiwick of Guernsey, BSc(Hons) adult nursing and BSc(Hons) mental health nursing, academic year 2015/16
63. UEA and IHSCS, Arrangements for supervision and assessment of practice for pre-registration nursing students,2011 curriculum, undated
64. IHSCS, Completed assessment of practice documents (adult nursing), examples, 2014/15
65. IHSCS, Completed assessment of practice documents (mental health nursing), examples, 2014/15
66. UEA and the Institute, Link lecturer log for district nursing teams, November 2014 to September 2015
67. Community nursing action plan, 4 November 2015
68. UEA, Example of student transcript of hours document, undated
69. HSSD/IHSCS, Student experience survey, September/October 2015
70. IHSCS in partnership with UEA, post allocation meetings for adult and mental

health fields, March to September 2015

71. UEA/IHSCS Teaching committee membership and terms of reference, 2015/16
72. UEA/IHSCS Adult field programme committee membership, 2015/16
73. UEA/IHSCS Adult field programme committee meeting minutes, 14 July 2015
74. UEA/IHSCS Mental health field programme committee membership, 2015/16
75. UEA/IHSCS Mental health field programme committee meeting minutes, 20 April 2015
76. IHSCS/UEA, Collated student evaluation, pre-registration nursing (adult), 2015
77. IHSCS/UEA, Collated student evaluation, pre-registration nursing (mental health), 2015
78. UEA/IHSCS, BSc(Hons) pre-registration nursing (adult), Feedback from external examiner, 23 October 2015
79. Supplementary meeting between adult field reviewer and academic staff from UEA and IHSCS addressing issues arising, 3 November 2015
80. UEA/IHSCS Link lecturer logs for Brock Ward- various dates
81. UEA/IHSCS Link lecturer logs for Carey Ward – various dates
82. UEA/IHSCS Link lecturer contract examples from all adult areas visited, November 2014 - April 2015
83. UEA/IHSCS educational audit examples from all adult areas visited November 2014 - April 2015
84. IHSCS register of live mentors spreadsheet, November 2015
85. Clinical audits for mental health practice areas, 2014/15
86. Off-duty rota – Positive behavioural support team, viewed November 2015
87. Disability assessment process, undated
88. Academic support plan for student with dyslexia, undated
89. Mandatory training profile printout, November 2015
90. Student welcome pack – Recovery and rehabilitation team, undated
91. Link lecturer contract – Fougere Ward, undated
92. Post-allocation meeting notes, mental health and learning disabilities placements, S13, module three, November 2015
93. External examiner report, feedback from visit and final BSc Nursing examination board at HSSD, Guernsey, October 2015
94. External examiner report, Long-term conditions (Module four) exam, undated

Personnel supporting programme monitoring

Prior to monitoring event
Date of initial visit: None

Meetings with:
N/A

At monitoring event

Meetings with:
Chief officer HSSD, Guernsey
Interim chief nurse and director of clinical governance, HSSD, Guernsey
Acting head of institute, IHSCS, Guernsey
Quality assurance lead/programme lead mental health nursing, IHSCS, Guernsey
Programme lead, adult nursing, IHSCS, Guernsey
Head of School, School of Health Sciences, UEA
Senior managers, School of Health Sciences, UEA x 3

Meetings with:

Mentors / sign-off mentors	34
Practice teachers	none
Service users / Carers	4
Practice Education Facilitator	none
Director / manager nursing	15
Director / manager midwifery	none
Education commissioners or equivalent	none
Designated Medical Practitioners	none

Other:	2 nurses who were not mentors

Meetings with students:

Student Type	**Number met**
Adult	Year 1: 4 Year 2: 3 Year 3: 3 Year 4:
Mental health	Year 1: Year 2: 1 Year 3: 2 Year 4: